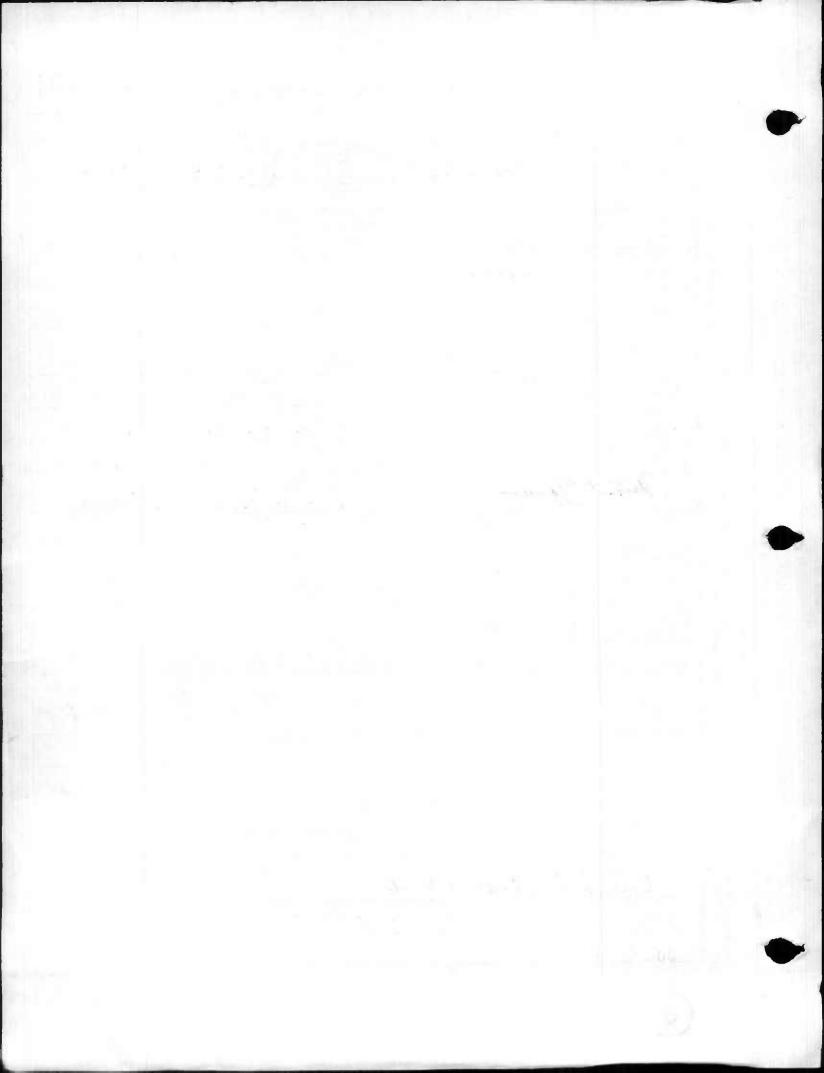
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Not the funeral director, page 5 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	MENT OF H	EALTH AND	MENTAL HYGIEN	E	2 20501
	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH		3. TIME OF DEATN
	Lilian Margar		tatham				1992	FAR
				UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) June 17,	1914	BIRTHPLACE (State or Foreign Country) England
Œ	Stella Maris Hospi	and number)	98	L CITY, TOWN O	R LOCATION OF D			of peath Ltimore
5	RESIDENCE OF DECEDENT							
DIRECTOR	Maryland Baltimore Timonium							10d. INSIDE CITY LIMITS? 1 YES 2XX NO
	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZE						N OF WHAT COUNTRY?	
EB	2308 Chetwood Cir	04						
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	U.S. ARMED 21 NO TES	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexicen, Puerto Rican, stc.) 1 YES 2X NO Specify: 14. RACE — American Black, White, etc. Specify: White					
TED	15. DECEGENT'S EDUCAT (Specify only highest grade cor	ION	16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATIO	N It of working	16b. KIND OF BU	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Office Ad			Brickla	yers U	nion Local #1
SO I	17. FATHER'S NAME (First, Middle, Lest)				18. MOTNER'S NA	ME (First, Middle, Meiden		
BE (Thomas Nathaniel	Watson			Catheri	ne Selkirk		
10	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
	Mr. Elias Robert St	atham	2308 Ch	etwood	Cir., A	pt. 204, T	imoniu	m, MD 21093
	20a. METHOD OF DISPOSITION 1 Gurlet Cremetion 3 Remova 4 Donation 5 Other (Specify)	from State Ceme	PLACE AND DATE OF D stery, cremetory or other tro Crema	place)	me of	The second secon		or Town, Stata
	21. BIONATUM OF FUNERAL SETTINGE MEETING MARTIN D. GANGE	SEE .		22. NAME AN Lemmon			ld, Ind	
EHILICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL CE	PART ii. Other significant conditions contributing to death but not reaulting in the undarlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? AVAILABLE COMPLE						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
								1 TYES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL			28 01 /	ACE OF DEATH (Ch	ant anti-neck		
PHYSICIAN		OSPITAL: Inpetient 2 ER/Outpe		HER:			TT	
-	27. MANNER OF DEATH	280. DATE OF INJURY	26b. TIME OF			8 XOther (Specify) 26d. DESCRIBE HOW II	Hospi	
7	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WOR	IK? ES 2 NO	and acquired from the	NOON OCCON	
00. Di 400 00 til 1000					JURY — At home, form, street, factory office 2st LOCATION (Street and Museluna Duri Duri Museluna)			
4	29a. CERTIFIER							
COMPLEIED	(Check only one) 2 MEGICAL EXAMINER: O	in the beat of my knowle	age, death occurred at end/or investigation, in	my opinion, de	and place, end due of the	to the cause(a) and men time, data and place, and	ner ee stated.	ouse(a) end manner ee stated.
u l	296. SIGNATURE AND TITLE OF CERTIFIER	alexan	delp		29c. LICENSE NUN		29d. DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO			1)			1/0	61/42
	Carla S. Alexander	, M.DStel	la Maris		e-Dulane	y Valley F	dTov	vson 21204
	JUL 24 1992	33. REGISTRAR'S SIGA	andell					





STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIFIC	CATE OF DEA	TH	REG. NO.		
		ZZIĖ,	SMITH		2. DATE MONTO	OF DEATH DAY 23	YEAR 92	3. TIME OF DEATH 750 A M
11	4. SOCIAL SECURITY NUMBER 212-09-6633	1 M 2 F		IF UNDER 1 YEAR IF UNDI	MIN. (Monti	OF BIRTH h, Day, Year) 2.2-1897	Count	HPLACE (State or Foreign bry) GINIA
TOR	9a. FACILITY NAME (If not institution, give some some some some some some some som			BALTIMOR		9c. C	COUNTY OF I	DEATH
DIRECTOR	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCATION BALTIMOR	RE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 611 SOUTH CHAR	LES STREET	r	101. ZIP COI		10g.	USA.	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 D IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT If yes, specify Cub				E — Americen Indian, k, Whita, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)		k done during most of work retired.)	ing 16b.	KIND OF BUSINESS		
OM	17. FATNER'S NAME (First, Middle, Last)		LONGS	HOREMAN 18. MOT	TNER'S NAME (First A	Middle, Maiden Surnam	sel .	
BE C	WILLIAM SMITH				ANNIE S		~,	
TO E	19a. INFORMANT'S NAME (Type/Print)		1	DDRESS (Street and Number				
	HERMAN SMITH			LBERT STREE			_	
	1 Darial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE OF cemetery, crematory or othe GARRISON	disposition (Name of FOREST CEME	ETERY	e 20c. LOCATION OWINGS		
	21. SIGNATURE OF FUNERAL SERVICE/LI	ENSEE A	2000	JOSEPH H.	BROWN JR	. FUNERAL	L HOME	
	23. PART I. Enter the diseases, or ahock, pr heart failura. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause	on aach iina.	enter the mode of dy	ying, auch aa cerd	liec or reapiratory	arrest,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	a. Ath	HAS A CONSEQUENCE OF:	heam't d	ilue			
CERTIF	that initiated events resulting in death) LAST	d. DUE TO (O	AS A CONSEQUENCE OF:	0				
	PART II. Other significant condition					24s. WAS AN AUTOPS PERFORMEO?	SY 24b	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Socral Clan	o stage		cinam allse	2me	1 - YES 2 AMO		COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	DEATN (Check only on			
ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	JURY 28b. TIME (OF 28c. INJURY AT WORK? M 1 YES 2	28d. OES	(Specify) CRIBE NOW INJURY	OCCUREO	
	3 Suicide 6 Could not be 4 Homicida daterminad	28e. PLACE OF II building, etc	NJURY — Al home, farm, stre (Specify)	et, factory, offica	26f. LOCA City o	ATION (Street and Num or Town, State)	nber or Rural I	Route Number,
COMPLETED			knowledge, death occurred ination and/or investigation,) and manner as stated,
BE (29b. SIGNATURE AND TITLE OF CERTIFIES			29c. LIC	ENSE NUMBER	29d, C	DATE SIGNED	(Month, Day, Year)
2	30. NAME AND THESS OF PERSON WH	O COMPLETEO CAUSE	OF DEATN (ITEM 27) (Type Pr	int)	90444		7/	23/92
	* I DESAI		coe 4k	nd Bal	Himore	MD QI	IRK	
	31. DATE FILED (Month, Day, 1881) 32. REGISTRAR'S SIGNATURE JUL 24 1992 Airie Davidson Panders							

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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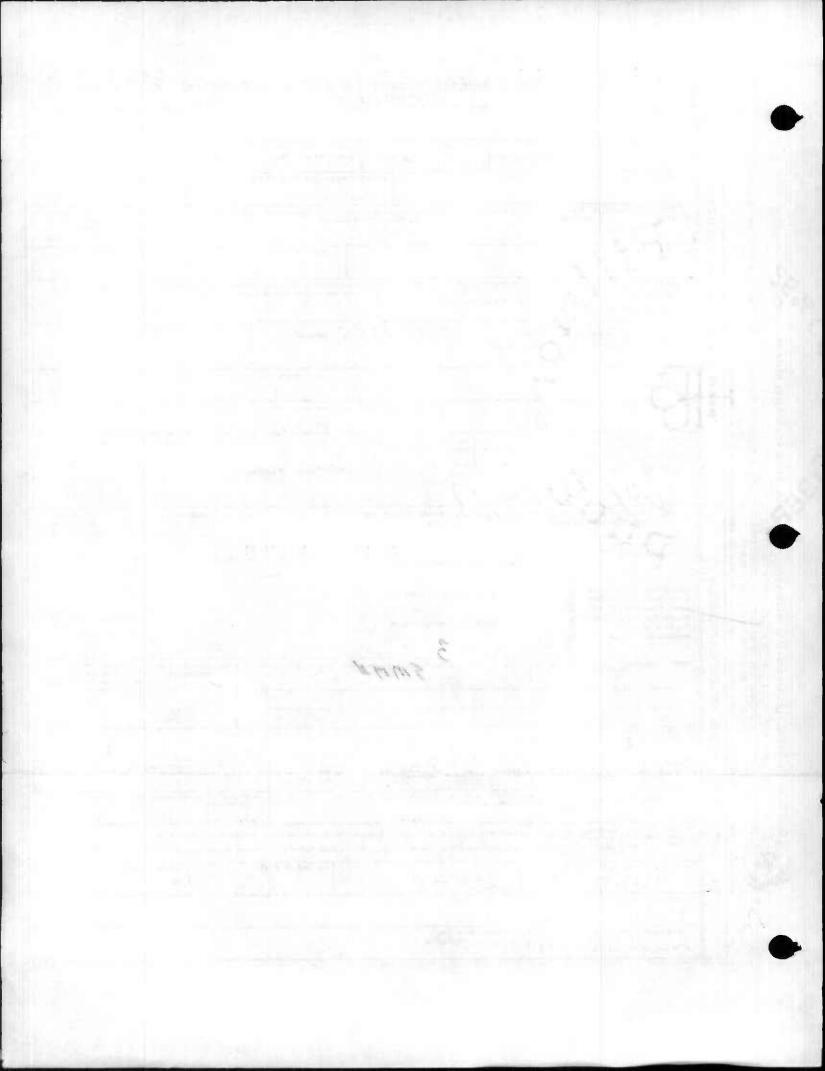
Items: 23 part I,27,28a,b,c,d,e,f per MEO G-690 8/13/92 reb
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 20503 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Shirley Smith 07 1992 2:10 P 4. SOCIAL SECURITY NUMBER 6. AGE (In yes, lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIFTH (Morth, Day, Hur) 01-09-46 B. BIRTHPLACE (State or Foreign 214-42-9791 HOWTHS DAYS HOURS MIN. MARYLAND 1 - w 2 / X F 46 YRS. te. FACILITY NAME (If not institution, give street and number) 8b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Best Western Motel Salisbury Wicomico 10a. STATE IGE. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD WICOMICO SALISBURY 1 K YES 2 □ NO 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1008 E. CHURCH STREET 21801 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES PONO 13. WAS DECEMDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 10 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES E Never Married 2 Marri BY 2XXWidowed WHITE 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION TRe. DECEDENT'S UBUAL OCCUPATION (Give kind of work done during most of working the Do NOT use relief.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only night intery/Secondary (0-12) College (1-4 or 5 +) 11 HOUSE WIFE DOMESTIC 17. FATHER'S NAME (First, Middle, Last) III. MOTHER'S NAME (First Middle Maider Surname 16 HERMAN LEE TOWNSEND MATTIE BE BLANCHE WILLEY notified the, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Fours Number, City or Xeen, State, Zip Code) 2 MATTIE B. TOWNSEND 1730 RIVERSIDE DR. SALISBURY. MD 皇 20s. METHOD OF DISPOSITION
1

Burlal 2

Cremation 3

R 29c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION / Name of DATE must SALISBURY CREMATORY 4 Denution 5 Other (Specify) 7/13 SALISBURY, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES HOLLOWAY FUNERAL HOME 501 SNOW HILL RD SALISBURY, MD 21801 medical 23. PART 1. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one truse on each line. Interval Bety Onset and Daeth IMMEDIATE CAUSE (Final this certificate has been signed by the attending physician and completely filler with the State Dept. of Health and Mental Hygiene prior to burial, cremation, riked, or item 23 shows any injury, or other traumatic event, the disease or condition COMBINED DRUG INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART il. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 - Residence 8 Other (Specify) 4 - Nursi Motel 27. MANNER OF DEATH 26s. DATE OF INJURY marked, 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED FOUND 7/11/92 1 Natural м Ukn. 1 YES 2 NO BY Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 12 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 XX Could not be COMPLETED 52 4 Homicide Motel room Salisbury. Item 29e. CERTIFIER (Check ank) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 XMEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SICHATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) Courte Brethell 2 O.C.M.E 07/12/1992 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAMPANTA . No RF W 111 Penn Street, Baltimore, Maryland 12 31. DATE FILED (Month, Day, Year) 32 REGISTRAN'S SIGNATURE



use as the burial-transit permit. Pages 1, 2, 3 should

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/ the attending phy d Mental Hygiene p injury, or other

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THE FUNERAL DIRECTOR: After this or within 72 hours after death with 1 POHTANT II 11em 28 Is marked,

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DIVISION OF VITAL RECORDS, I	the contract of the contract o
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92 20504 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) Harry R. Strawbridge, Sr. 2. DATE OF OEATH DAY 23 3. TIME OF DEATH YEAR 8:30 AM 1992 HOVEY 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 216-16-2346 1 0 M 2 | F YRS. 10-17-1922 Maryland 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH Good Samarifan FUNERAL DIRECTOR Bathmon Mary land N/A RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Hayland Barmore Bathurin 1 YES 2 1 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 108 Law 45. Cox Lane 21221 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? TE YES 2 NO 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WII COMPLETED 15. OECEDENT'S EDUCATION 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) 11th Grade Electrician City of Baltimore 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Roland Strawbridge BE Catherine Carlson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Judy A. Tirschman 6222 Radeke Avenue, Baltimore, Maryland 21206 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Gardens of Faith Cemetery 7/25 4 Donation 5 Other (Specify) Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John C. Miller, Inc. The 6415 Belair Road, Baltimore, Maryland 21206 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death DUE TO (OR AS A CONSEQUENCE OF):

Metastatic Colon Cancer disease or condition resulting in death) 1-2 mon 840 yeas CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resuiting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Cancer 1 TYES 25 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 1-2 Inpatient 2 - ER/Outpatient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide

1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

Hospital

29c. LICENSE NUMBER

D 16587

29a. CERTIFIER

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILEO (Month, Day, 1647)

JUL 2 4 1992

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LOWD

1, MD.

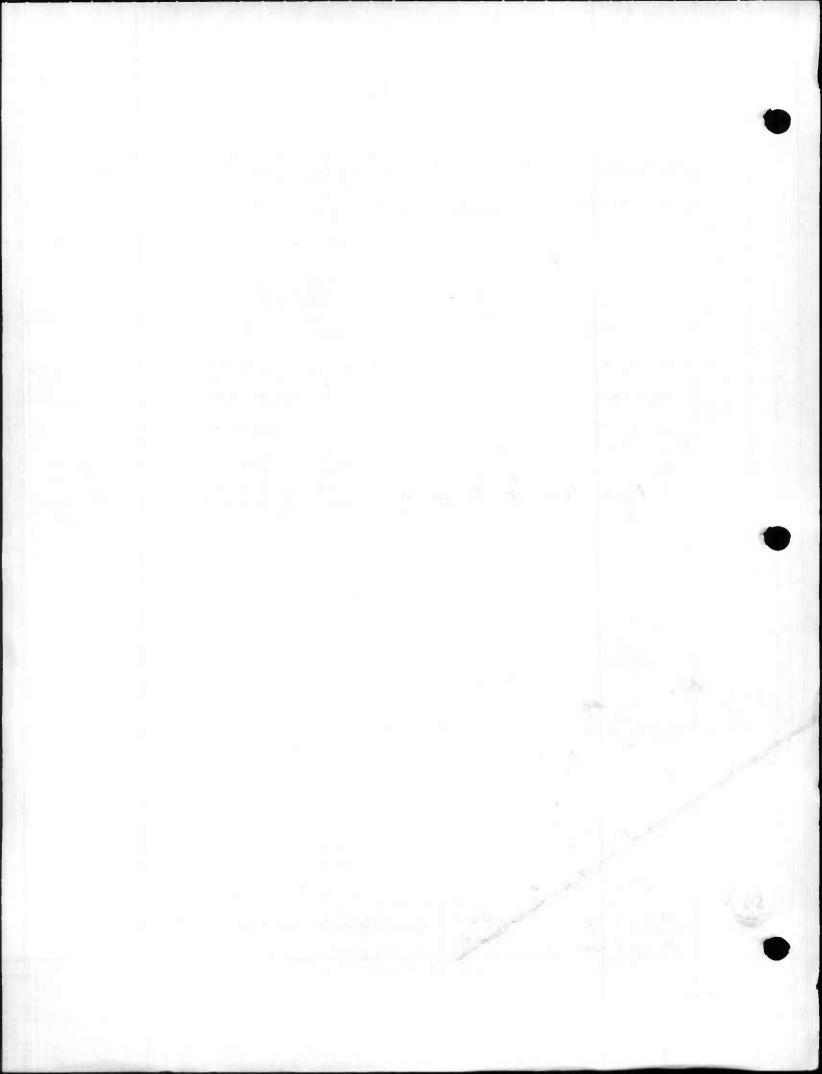
30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

Good Sawarifor

32. REGISTRAR'S SIGNATURE.

29d. DATE SIGNEO (Month, Day, Year)

7/23/92



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IR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	: Afte	vurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	
ATTENDIA	: Afte	the filed within 72 hours after death with the	
NO THE HOS	THE FUNE	the filed within	ALL DOG OCCUPATION

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND A	DEPAR ERTIF	TMEN	T OF H	IEALTH	AND I	MENTAL HYGIE!	ΙE	92 20505
	1. DECEDENT'S NAME (First, Middle, Last) Mae (Mary) Scha	ller							2. DATE OF DEATH MONTH 22-1		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1						IF UNDER	A 24 HRS.	7. DATE OF BIRTH (Month, Day Year) 0-29-1912		8. BIRTHPLACE (State or Foreign Country) Balto., Md.
OR	90. FACILITY NAME (If not institution, give a Francis Scott Key					Y, TOWN O			EATH	_	TY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Baltimore Dundalk								10d. INSIDE CITY LIMITS?		
FUNERAL	100. STREET AND NUMBER 117 Kinship Road	Imore	10f. ZIP CODE 21222						U.S	1 □ YES 2 NO ZEN OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2, 1		13.	WAS DEC	ENDENT (ın, Maxica	IIC ORIGIN? (Specify Yen, Puarto Rican, atc.)	s or No—	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th Grade	CATION completed) College (1-4 or 5) (G	CEDENT'S ive kind of w Do NOT us	vork done e retired.)	during mo	ON st of worki	ng	Restaur	SINESS/INDU	
BE CON	John D. Schalle	er							ME (First, Middle, Meider Taylor		
TO F	William H. Whit	te	19						Noute Number, City or Tow Dundalk,		
	20a. METHOD OF DISPOSITION 1 X Juriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE cometery, cre	matory or of	her place.	emeta	arv	7-2	24-92 Ba		Otty or Town, Stata Md. 21224
CAG	Peter Sterling As	rton i	100011		22.	. NAME AN	D ACORE	SS OF FAC	THE LTTY		Inc. alk, Md. 21222
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Aspir	caused tha de se on aach lina attun (OR AS A CONSE	•		r tha mod	da of dy	Ing, suct	n as cardiac or resp	fratory arra	Approximate Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avants resulting in dasth) LAST	c. atria	OR AS A CONSECUTION OF AS A CONSECUTION OF ACCOUNTY	DUENCE OF	M	isp					
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 No. 24b. WERE AUTOPSY FIND COMPLETION OF CALL OF DEATHY. 1 YES 2 No.						24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 (Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
ву РНУ	27. MANNER OF OEATH 1					UREO					
ED	3 Suicida 8 Could not be 4 Homicide determined	Suicida 8 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number,						or Rural Route Number,			
COMPLET									to the cause(s) and mai		d. csuse(a) and mannar as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7-22-92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (See Origin)										

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CUTTOR WAS MOVED AS AD Eastern Are.

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE Julia Saindres Randons

III 24 1992

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Baltimore MD 21224



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the state of the s
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be field within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HEALTH	AND MENT	AL HYGIENE		2 20000
	1. DECEDENT'S NAME (First, Middle, Last)				2. DA	TE OF DEATH		3. TIME OF DEATH
	LEROY	O SKI	NNER		MO	7 13	1992	2 1:00 PM
	4. SOCIAL SECURITY NUMBER			INDER 1 YEAR # UNDER 2		E OF BIRTH		RTHPLACE (State or Foreign
	215-05-5163	1XXM 2 □ F 9	1 YRS. MON	THE DAYS HOURS		viith, Day, Year) 113/1901	Co	ountry)
	Se. FACILITY NAME (If not institution, give str	reet end number)	9b.	CITY, TOWN OR LOCATION		13/1901	9c. COUNTY O	F DEATH
DIRECTOR	Manor Care Nursing Home Joppa Rd. Towsen Baltimor						more	
<u> </u>	10e. STATE 10b. COUNTY			WN OR LOCATION				10d, INSIDE CITY
Md. Baltimore PARKVILLE						LIMITS?		
						F WHAT COUNTRY?		
106. STREET AND NUMBER 107. ZIP CODE 11.02 Epworth Court 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO 11. Never Married 2 Married 12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Vestor) Region, etc.)						U.S.A		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II	V U.S. ARMED	13. WAS DECENDENT OF	HISPANIC ORIG	GIN? (Specify Yes	or No- 14. R	ACE — American Indian, liack, White, atc.
BY F	1 Never Merried 2 Merried	FORCES? 1 YES		If yes, specify Cuban,	Mexican, Puert Specify:	o Ricen, etc.)		manife.
	3- Widowed 4 Divorced			XX				White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USU (Give kind of work	fone during most of working	- 31	66. KIND OF BUSI	NESS/INDUSTR	Υ
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use reti		i			
M M	7 In mora		Superviso			Oil Co.		
	17. FATHER'S NAME (First, Middle, Last)			16, MOTHE	R'S NAME (First	t, Middle, Meiden S	lumame)	
BE	C. Skinne	r			aine			
5	19e. INFORMANT'S NAME (Type/Print)		196. MAILING ADD	RESS (Street and Number of	r Rural Route Nu	imber, City or Yown	State, Zip Code)
	Roy Skinner		1102 Er	worth Court	: Balti	more. M	d. 212	3.4
	20e. METHOD OF DISPOSITION ſゾ Burlel 2 ☐ Cremation 3 ☐ Remo		PLACE AND DATE OF DI		0/	TE 20c. LOC	ATION - City o	Town, State
	Donation 6 Other (Specify)			etery 7/15 22. NAME AND ADDRESS	102	Bal	timore	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			OF FACILITY			
	My Sain	1	·	Bradley-Ash 2134 Willow	iton Fu	meral H	ome In	nc.
	23. PART I. Enter the diseases, or co	ompilcations that caused	the death. Do not a	NATION TO THE PROPERTY OF A STATE	DDCTI	erdiac or reanin	atory arrest	Approximata
	anock, or haart failure. L	lat only one cause on e	ach iine.		,	Talla of Toopin	atory arroat,	interval Batween
	iMMEDIATE CAUSE (Final disease or condition	01.		-	4		Onset and Death	
	resulting in death)	DUF TO (OR AS (CONSEQUENCE PRO	ralary a	nes	T		mus
-		dish	-	mellitus				
<u>ō</u>	Sequentleily list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	medily	9			
CERTIFICATION	cause. Enter UNDERLYING	les a les.	tieten					j
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
토	resulting in death) LAST							
A.	PART II. Other algnificant conditions	contributing to death b	ut not reaulting in th	e undariying cause gi	ven in Part I.	24s. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
ă						1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
MEDIC								1 YES 2 NO
ä								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEA	TH (Check only	one)		
Š		1 Inpatient 2 ER/Outp	etlent 3 DOA 4 @	HER: Nursing Home 5 - Resi	dence 6 🗆 Oti	her (Specify)		
£ 1	27. MANNED OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?		ESCRIBE HOW IN	JURY OCCURED	
BY I	1 Netural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	IIIJONI	M 1 YES 2	NO			
ED	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, farm, street	factory, office	26f. LC	CATION (Street en	d Number or Ru	al Route Number,
TE	4 Homicide determined		****		CA	ly or Town, Stele)		
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSIC	TAN: To the best of my knowl	edge, death occurred at	the time, date and place a	nd due to the c	ause(e) and mann	or an eleted	
N N		: On the basis of susualnation						e(e) and manner as stated.
	296. SIGNATURE AND TITLE OF CENTIFIER	(1)						
8	PHILLIP	- Charles	herel	TAN DO	SE NUMBER		29d. DATE SIG	IED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27)	111 02	-7/2/		- //	4/72
	BRUCE RO	DENBELL	(13/	YORK	Po	Lura	1501/1	HE MA
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			~1)		HERVI	200-
	JUL 24 1992 A	was Davidson Ba	nde Be					1093

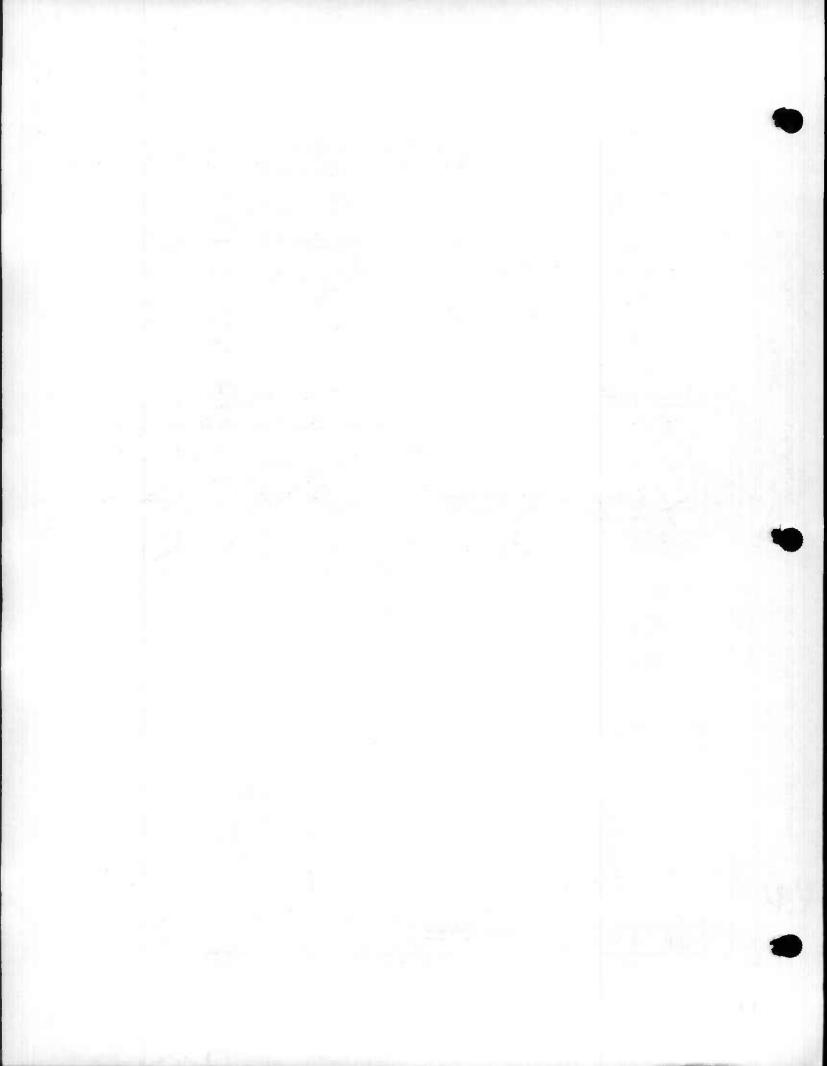


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BALTIMORE, MARYLAND 21203-3	a accorded within the other death. Dans & most be retained by the baseded or otherwise
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DIVISION OF VITAL RECORDS, P.O. BO)

TO FE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, has also within the State fact that has been signed burial-transit permit or removal.	stic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnishing the state of t	IMPORTANT, If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIENI		7 2000
1. DECEDENT'S NAME (First, Middle, Lest) James E. U	Itsev			2. DATE OF DEATH MONTH DA	1992	
4. SOCIAL SECURITY NUMBER 219–16–3857	5. SEX 6. AGE (in	7 YRS. MONT	10 COV 12 OUR 12 O	7. DATE OF BIRTH (Month, Day, Year) 5/16/1925	8. Bil Co	RTHPLACE (State or Foreign unitry) S.C.
Pleasant Manor Nu	ursing Center	I	city, town or Location of Di Baltimore	EATH	9c. COUNTY O	
MD . 10a. STREET AND NUMBER			BAltimore C	ity	10g, CITIZEN C	10d, INSIDE CITY LIMITS? 1
1737 Payson 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	Street 12. WAS DECEDENT EYER IN FORCES? 1 1 Yes IF YES, GIVE WAR OR DATE WWII 1943-	2 NO ES	2 1 2 13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specify	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.)	8	IISA ACE — American Indian, lieck, White, atc. pocity: Black
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION	16e. DECEDENT'S USUA	fone during most of working	16b. KIND OF BUS	INESS/INDUSTR	
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	AME (First, Middle, Malden	Sumame)	
Alonzo Utsey 19a. INFORMANT'S NAME (Type/Print) Deborah Savag	e		Mamie RESS (Street and Number or Rural Iden BAlte)
20s. METHOD OF DISPOSITION 1 1 Burlsi 2 Cremation 3 Remote 4 Donation 8 Other (Specify)	20h		N (Name of cemetery, crematory or	20c. LO	CATION — City o	or Town, State
SIGNATURE OF FUNERAL SERVICE LIC	J. Per	20	Joseph L. 1 2222 W. No	Russ Fune	ral Ho	ome
23. PA Enter the diseases, or of shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Poul	ch line.	1 0	was cardiac or reapi	ratory srreet,	Approximate Interval Batwee Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	c	CONSEQUENCE OF):	mun			
PART II. Other significant condition	s contributing to death bu	t not resulting in th	e underlying cause given in	Pert I. 24a. WAS AN PERFOR	MED?	246. WERE AUTOPSY FINDING MANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	01	26, PLACE OF OEATH (C	heck only one)		
1 Tes 2 No 27. MANNED OF DEATH	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 - Residence	8 ☐ Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCURE	D
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Special	- At home, farm, stree	M 1 YES 2 NO	26f. LOCATION (Street City or Town, State)	and Number or Ru	ural Route Number,
29a. CERTIFIER (Check only			the time, data and place, and du			
29b. SIGNAFURE AND TITLE OF CERTIFIES		and/or investigation, in	29c. LICENSE NU			NED (Month, Day, Year)
J. Punzalan, M.I			Baltimore, MD	21214	*	-172
31. DATE FILED (MORTH, 1992	Ful 22 DECAUSE SA	THE DE				



Pages 1, 2, 3 should

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DIRECTOR: After the hours after death

FUNERAL within 72 h IMPORTANT: If

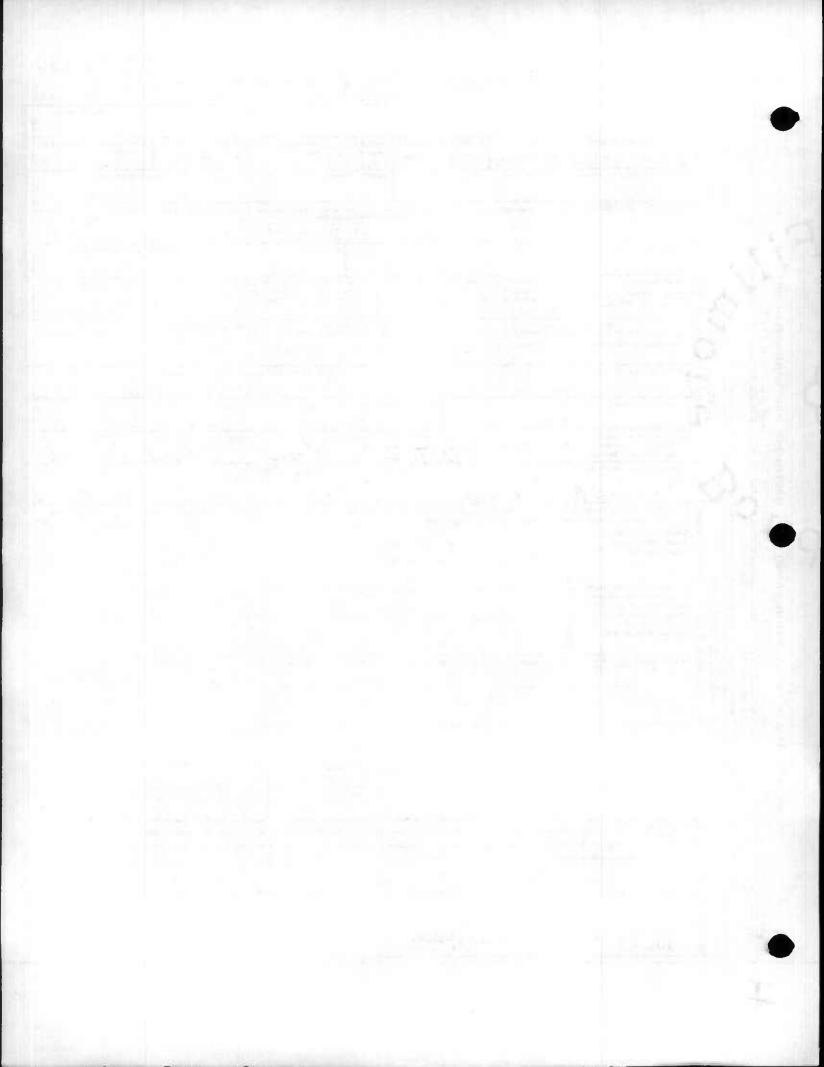
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hour
VISION	ATTENDING
ā	S.
	HOSPITAL

92-4015-510 $_{\rm I}$ tems: 23 part I,27,28a,b,c,d,e,f per MEO STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR 7 / 2 9 / 9 2 REGISTRAR G - 6 8 9 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATH YEAR 1992 Walker Sharon Denise 07 18 3:08 PM 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Morth, Day, Year)
7/11/1961 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 XX 219-84-6845 31 MD 9e, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR 917 Harlem Avenue Baltimore 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore City 1 X YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 843 Harlem Ave 21201 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-II yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried 1 TYES 2 NO Specify: BY Specify: 3 Widowed 4 Divorced Negro COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade com Elementary/Secondary (0-12) College (1-4 or 5+) Carry Out-Foods 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at James Walker-Bey Claudett Johnson H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mitchell Norman 843 Harlem Ave BAlto, MD 21201 90 206 PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Co. 21. WOWLTURE OF FUNERAL SERVICE LICENSEE 22 NAME AND 2232 SA 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) NARCOTIC INTOXICATION DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS shows any MAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 NO YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5- Residence 6 Other (Specify) 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 26b. TIME OF 27. MANNER OF DEATN 26s. DATE OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED F 0(Month, pay, Year)

7 - 18 - 9 2 1 Natural 5 Pending 1 YES 2 (NO BY UNKNOWN 2 Accident Investigation 28e. PLACE OF INJURY — At home, Isrm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 917 Harlem Ave. 3 Suicide Could not be determined COMPLETED 4 🔲 Homicide PRIVATE DWELLING 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and placs, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 07 O.C.M.E. 19 1992 2 WHIC COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 1111 Penn Street, Baltimore Maryland 21201 DATE FILEO (MONT), I A DE REGISTRAN'S SIGNATURE °1992





92 20509 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 317 Rilo 92 a Sal 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. Month, Day, Year) NOROH CORNEINA 38-48 1 M 2 F MONTHS DAYS. HOURS MIN. VRS Sa. FACILITY NAME (If not institution, give street and nur 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Bon Secours Bal Baw 1400 2122 2000 FUNERAL DIRECTOR (1) RESIDENCE OF DECEDENT 10d, INSIDE CITY LIMITS? 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MUD 1 1 L-VES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? MIT Holle 1229 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whita, etc. 11. MARITAL STATUS If yes, specify Cuban, Maxican, Pu 1 TES 2 NO Specify: 1 Never Married 2 Married Black BY 4 Divorced 1943 to 1946 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. OECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) ry/Secondary (0-12) College (1-4 or 5+) 12+4 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) WALL ENORD M. CAROLINE WALL BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, Qly or Town, State, Zip Code 2 Walbrook Ave. Watkins Datto. Md 20a METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3
4 Donation 5 Other (Co.) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE cometery, crematory or oth Owings Mills 10 rest Uet - Cem 17-27-92 Donation 5 - Other (Specify) 22. NAME AND ADDRESS OF FACILITY HARAFT HWES 21. SIGNATURE OF FUNERAL SERVICE LICENSEE E. H. West Dure 3.00 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximata shock, or heart failure. List only one cause on each line. Interval Betwe Onset and Death IMMEDIATE CAUSE (Final disease or condition TALS TEXAL reculting in death) RS neu CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST 30 DUE TO (OR AS A CONSEQUENCE OF): PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? towed obstruction lia 1 TYES 2 NO 1 TES 2 NO

i.	WAS	CASE	REFERRED	то	MEDICAL
		MINEF			
	1 🗆	YES	2 NO		

5 Pending Investigation

6 Could not be determined

HOSPITAL:

OTHER:
4 | Nursing Home 5 | Assidence 6 | Other (Specify) 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?

28d. OESCRIBE HOW INJURY OCCUREO

26. PLACE OF DEATH (Check only one)

29c. LICENSE NUMBER

1 YES 2 NO

NIA 261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

(Check only one)

27. MANNER OF DEATH

Natural Accident

3 Suicide

4 Homicide

BY

COMPLETED

BE 2

TO THE FUNERAL OF THE FUNERAL DE FILE WITHIN 72 HO IMPORTANT: If IN

29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as attated.

NIA

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

9b,		TUBE-AN		OF CER	TIFIER
	A	The	. V.	4	4
	4	100	vu	- >	-

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

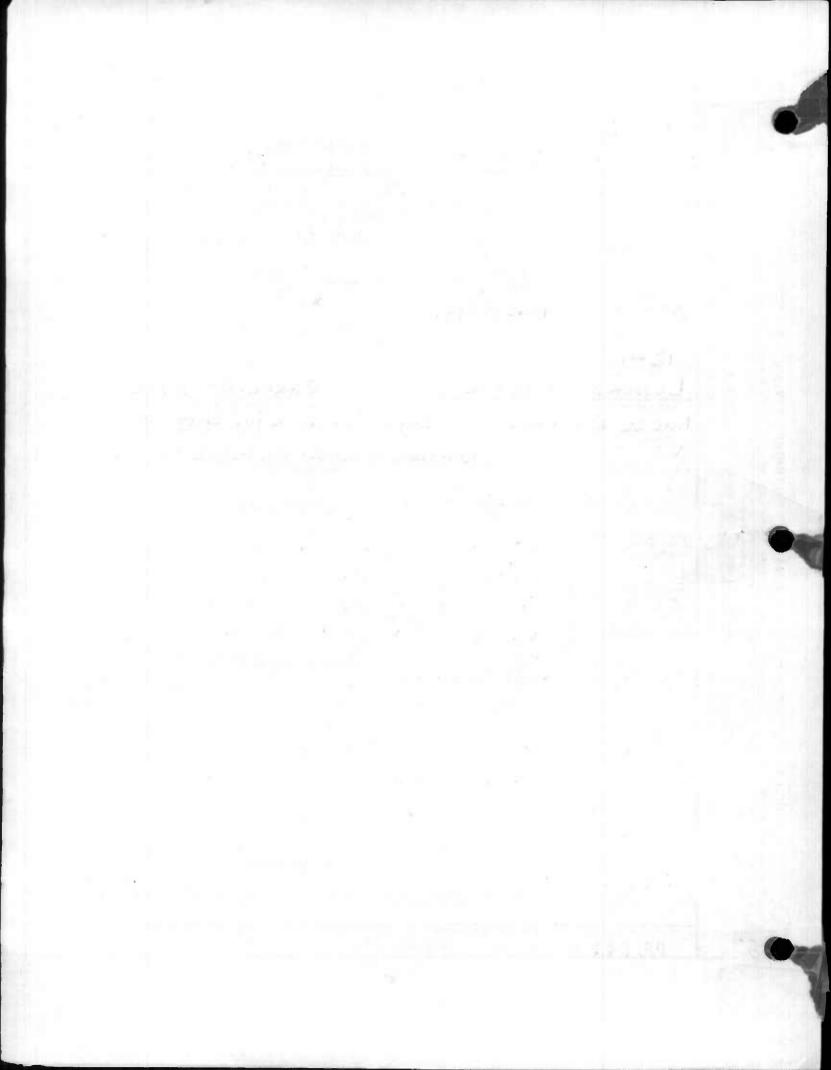
Month, Day, 16

26s. PLACE OF INJURY -- At home,

29d. DATE SIGNEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE increasing Merica.



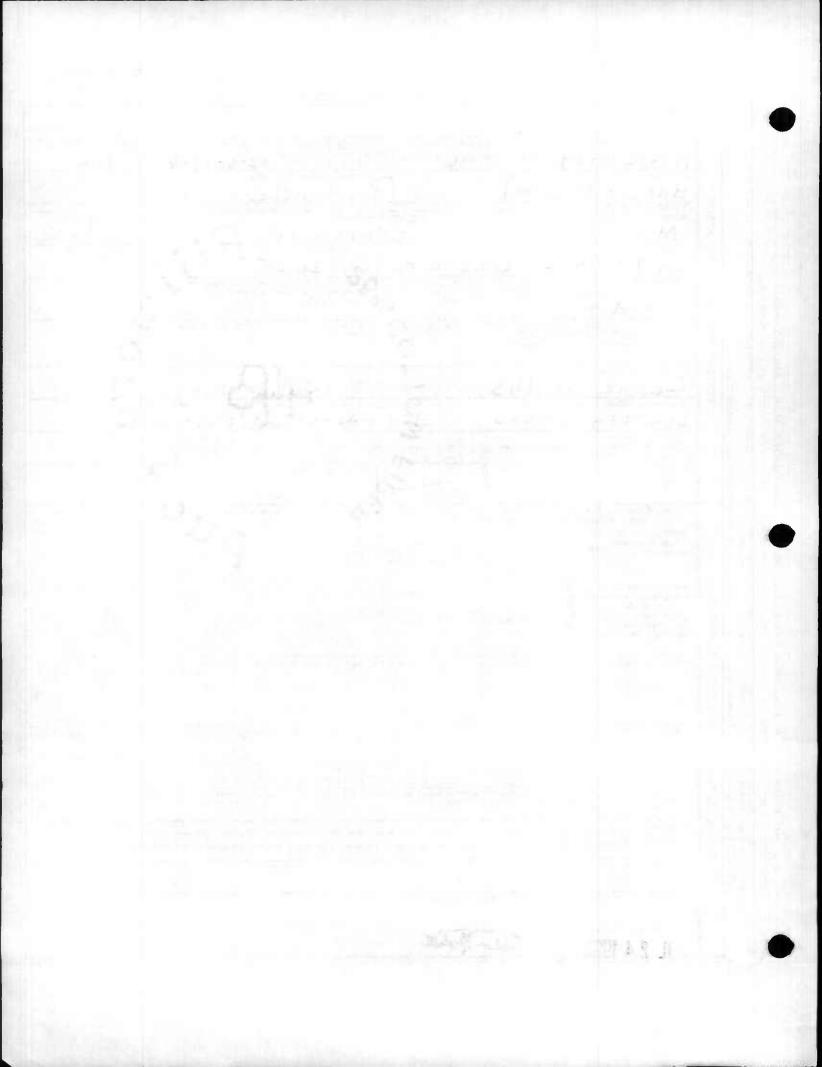


4. SOCIAL SECURITY NUMBER 119-12-34 90. FACILITY NAME (If not institut Harbor t	5. SEX						нтном Г		12 12.47
11 - 1 . 1	14 100	6. AGE (In yrs. In	st birthday) YRS.	IF UNDER 1 Y		UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2 - (- 19	06	BIRTHPLACE (State or Foreign
and the second of the second o	tospita	mber)		Ba	11.	MOF	-	9c. COUNTY	Y OF OEATH
10e. STATE 10e	COUNTY		10c. CITY	, TOWN OR I	LOCATION	0 -			10d. INSIDE CITY
104. STREET AND NUMBER	11 - 0 0 12	(A A I)	B	HLI	10f, ZIP	CODE		10g. CITIZE	1 YES 2 NO
11. MARITAL STATUS 1 Never Married, 2 Mar 3 Widowed 4 Divorced	12. WAS I	DECEDENT, EVER IN U.S. AI ES? 1 YES 2 B, GIVE WAR OR DATES	RMED	13. WAS	DECENDENTS OF THE PERSON OF TH	Çuban, Mexi	ANIC ORIGIN? (Specify Yoan, Puerto Rican, etc.)	les or No- 14	RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDE (Specify only hig Elementary/Secondary (0-12)	NT'S EDUCATION nest grade completed) College (10	ECEDENT'S Silve kind of w	USUAL OCCL rork done duri e retired.)	JPATION ng most of	working	16b. KINO OF B	USINESS/INOUS	TRY
17. EATHER'S NAME (First, Middle COTGL	Will	is			-	Juli	NAME (First, Middle, Meide	9	
LOPETTA	MELL		8104		RFE	of D	Rd. Balt	WIT, State, Zip Co	ode)
20e/ METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 4 Donation 5 Other (Spe		State 20b. PLACE cametary, on	pnatory or ot	of DISPOSITION	FOV	entle	OATE 200.1	OCATION - CIT	y or Town, State
21. SIGNATURE OF FUNERAL SE	RVICE LICENSEE	Scot	t-	22. NA	ME AND AL	ODRESS OF	FACILITY WAS	bash	h Ave
23. PART . Enter the disees shock, or heert IMMEDIATE CAUSE (Finel diseese or condition resulting in death)	es, or complicati fellure. List only a	ACUTE DUE TO (OR AS A CONSE	PNE	UMON		f dyling, su	ich as cerdiec or res	piratory erres	t, Approximate Interval Betwoonset and Do
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		MULTIPLE OUE TO (OR AS A CONSE UN DEIZNU OUE TO (OR AS A CONSE	OUENCE OF	SON S	INS	s U1	LCERS		
PART II. Other significant of	onditions contribu	iting to death but not	resulting I	n the unde	rlying cau	use given i		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 VES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER? 1 VES 2 NO	HOSPIT			OTHER:			Check only one)		
27. MANNER OF DEATH 1. Natural 5 Pence	288.	DATE OF INJURY Month, Day, Year)	28b. TIME	OF 26 JRY	c. INJURY . WORK?	AT	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCUP	REO
3 Suicide 8 Coul 4 Homicide dates	mined	PLACE OF INJURY — AI he building, etc. (Specify)					281, LOCATION (Street City or Town, State	•)	Rural Route Number,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

YURI J. CABALLERO Havbor Center Hospital

-32. REGISTRARIO SIGN



3. TIME OF DEATH 3:00A

10d. INSIDE CITY

1 TYES 2 1 NO

Md

OF DEATH? 1 | YES 2 | NO

Approximate

Interval Between

Onset and Desth

21222

REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

BAI	9
m	Shar
	- dated
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, 00°	Light
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	offs: OB ATTENDING DUNCHIAN: The law consists that the death certificate he executed within 32 hours ofter death
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	DITA

2. DATE OF DEATH DAY 4. SOCIAL SECURITY NUMBER Franklin Wenger 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign DAYS HOURS 229-68-8341 1 M 2 | F YRS 43 July 7. 1949 Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR CHURCH HOSPITAL CORPORATION BALTIMORE CITY RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION Baltimore Baltimore Md permit. FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 525 Bayside Drive 21222 USA Page 6 may be retained by the hospital or attending physician. 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 TYES A TONO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2x Merried BY Specify 3 Widowed 4 Divorced funeral director, page 5 should be detached for use as the White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Glue kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY (Give kind of work done Elementary/Secondary (0-12) College (1-4 or 5 +) Brick Layer Construction notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surneme) BE Wenger June Unkown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Lee Wenger 117 Kinship Road Nancy Baltimore, Md 21222 must be 20e. METHOD OF DISPOSITION
1 Duriel 2000 Cremation 3 Removal from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State ory or other place)
ount <u>Crematory</u> Green Mount 7-24 Baltimore. Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Peter S. Ashton M00011 Bradley Ashton Funeral 2134 Willow Spring Rd Home Inc Baltimore, Tite all. Ver filled in by the fu medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition DIATHESIS BLEEDING resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): ISCHAEMIA BOWEL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING PANCREAS the attending physician I Mental Hygiene prior to CAUSE (Disease or injury that initisted events DUE TO (OR AS A CONSEQUENCE OF)resulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE has been signed by the Dept. of Health and shows any 1 YES 2 KNO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate hy HOSPITAL:
1 Linpellent 2 - ER/Outpetlent 3 - DOA OTHER: 1 YES 25 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 10 27. MANNER OF DEATH 26e. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO death v 8 2 Accident
3 Suicide 26e. PLACE OF INJURY — At home, farm, atreet, fectory, office building, atc. (Specify) 10 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide 28 Hem 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) and manner se stated. TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 hr 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner existed. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER
D 18275 38 29d. DATE SIGNEO (Month, Day, Year) sipur un 7.23.72 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M. L. BI TURIA W.D. Shurell BAR 10 Broading HOSP, 100 N

BEGISTBAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

JUL 24 1992

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Agenting the same of the Same يطرعناهي ووطيوطاهم The second is the second secon IMMEDIATE CAUSE (Final

Sequentially list conditions,

if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury

25. WAS CASE REFERRED TO MEDICAL

5 Pending

Investigat

1 XYES 2 NO

27. MANNER OF OEATH

1 Natural

2 Acciden

290 STONATU

that initiated events resulting in death) LAST

disease or condition resulting in death)

BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physics	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial- in the State Dent, of Health and Mental Hydlene prior to burial, cremation, or removal.	dical examiner must be notified at once.
F VITAL RECORDS, P.O. BOX 68760,	AN: The law requires that the death certificate be executed within 24 hou	certificate has been signed by the attending physician and completely filled in by the in the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
L	SICI	Ce Ce	3, 6

ATTENDING PHYSICIAN: The

DIVISION OF VITAL

Pages 1, 2, 3 should

permit.

DIRECTOR FUNERAL B COMPLETED BE 2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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marked,

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28 Hem

death

OR ATTEND OIRECTOR: A

TO THE FUNERAL O
DE filed within 72 ho
IMPORTANT: If IN

92-4071-510 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ANTHONY MONTH 07 L. YOUNG JR. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH (Month, Day, Year JAN 1 M 2 F #ONTHS DAYS HOURS MIN. 6 MOS .YRS. Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH UNIVERSITY HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c, CITY, TOWN OR LOCATION MD. BALTIMORE 10e. STREET AND NUMBER 10f. ZIP CODE 1411 DIVISION STREET, APT.302 21217 12. WAS OECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ANO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) ANTHONY YOUNG SR. DEMETRIUS BRUNSON 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) DEMETRIUS BRUNSON 1411 DIVISION STREET, BALTIMORE, MD. 21217 20g METHOD OF DISPOSITION 1 @ Burlal 2 Cremation 20b. PLACE AND DATE OF DISPOSITION (Name of DATE nation 3 - Removal from State 4 Donation Other (Specify) MT. ZTON CEMETERY 21. SIGNATURE OF FUHERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN JR. FUNERAL HOME, P.A. 1913 W. BALTIMORE ST. BALTO. MD. 21223; P.O. BOX 4433 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one cause on each line.

OUE TO (OR AS A CONSEQUENCE OF)

OUE TO (OR AS A CONSEQUENCE OF)

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

1 | Inpatient 2 | ER/Outpatient 3 N DOA

28e. DATE OF INJURY

92 20512

2:42

8. BIRTHPLACE (State or Foreign

BALTIMORE, HD.

10d. INSIDE CITY LIMITS? 1 YES 2 NO

YEAR

9c. COUNTY OF OEATH

USA.

20c. LOCATION - City or Town, State

BALTIMORE, MARYLAND

10g. CITIZEN OF WHAT COUNTRY?

14. RACE — American Indian, Black, White, etc.

1992

22

2

1992

16b. KINO OF BUSINESS/INDUSTRY

3. TIME OF DEATH

AM

	Onset and Death
_	

Approximata

24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO 1 YES 2 NO 1-YES 2 NO

26. PLACE OF DEATH (Check only one)					
g Home 5 🗆 Residence	8 Other (Specify)				
Bc. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCURED				
, office	28f. LOCATION (Street and Number or Rural Route Number.				

▶7-22-1992

3 Suicide	6 Could not be determined	building, atc. (Specify)	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
29a. CERTIFIER (Check only		: To the best of my knowledge, death occurred at the time, date and place	o, and due to the cause(s) and manner as stated.

(Uneck only	and place, and doe to the cause(s) and manner as stated.
(1796)	a V services research on the service of the service
1000	2 💢 MEDICAL EXAMINES. On the bests of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) a
	and the state of t

28b. TIME OF INJURY

and observe of authinitation and/or investigation, in my opinion,	death occured at the time, date and place	, and due to the cause(s) and manner as stated.
NE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

OTHER:
4 | Nursing Home 5 | Residence

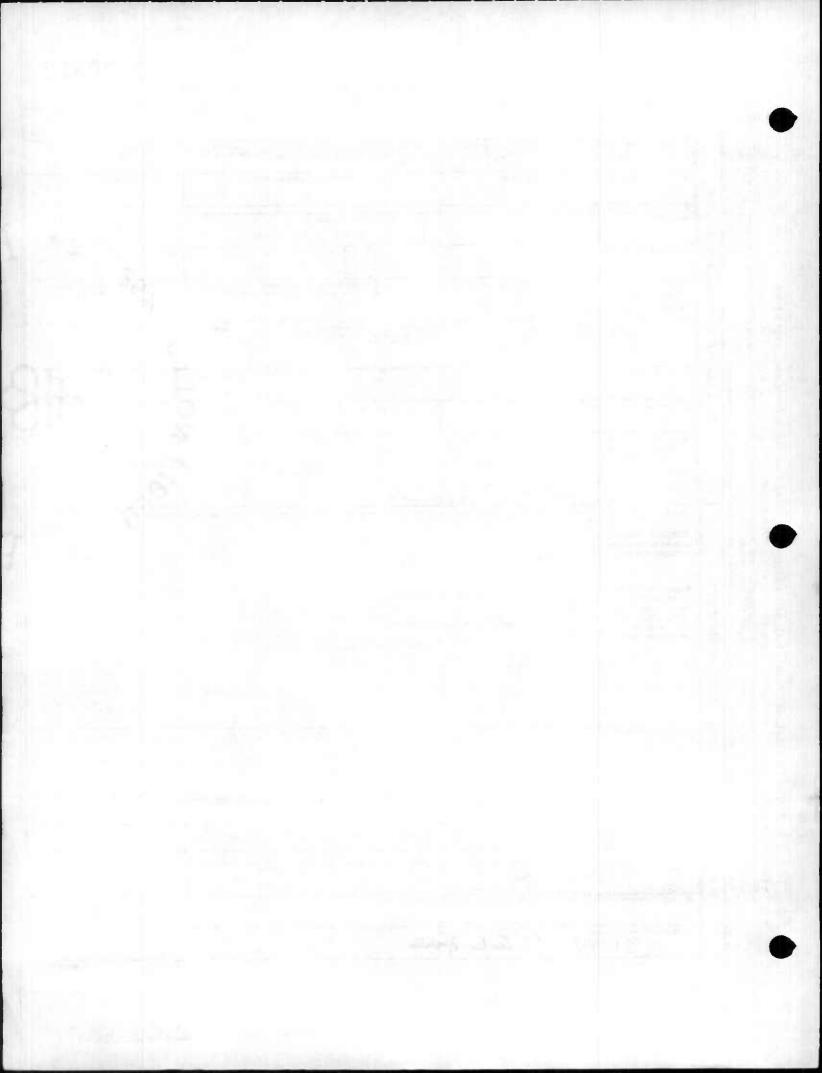
28c. INJURY AT WORK?

O.C.M.E

4				w	21			
50.	NAME AND	ADDRESS!	OF PERSON	WHO COMPL	ETED	CAUSE O	F DEATH (ITEM 27) (Type, Prin	t)

150000	1	11	N.	PENN	ST.	BALTIMORE, MARYLAND	21201
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FRANK J. PERET 31. DATE FILED (Month, Day, Year) 32. RECISTRAR'S SIGNATURE 24 1992

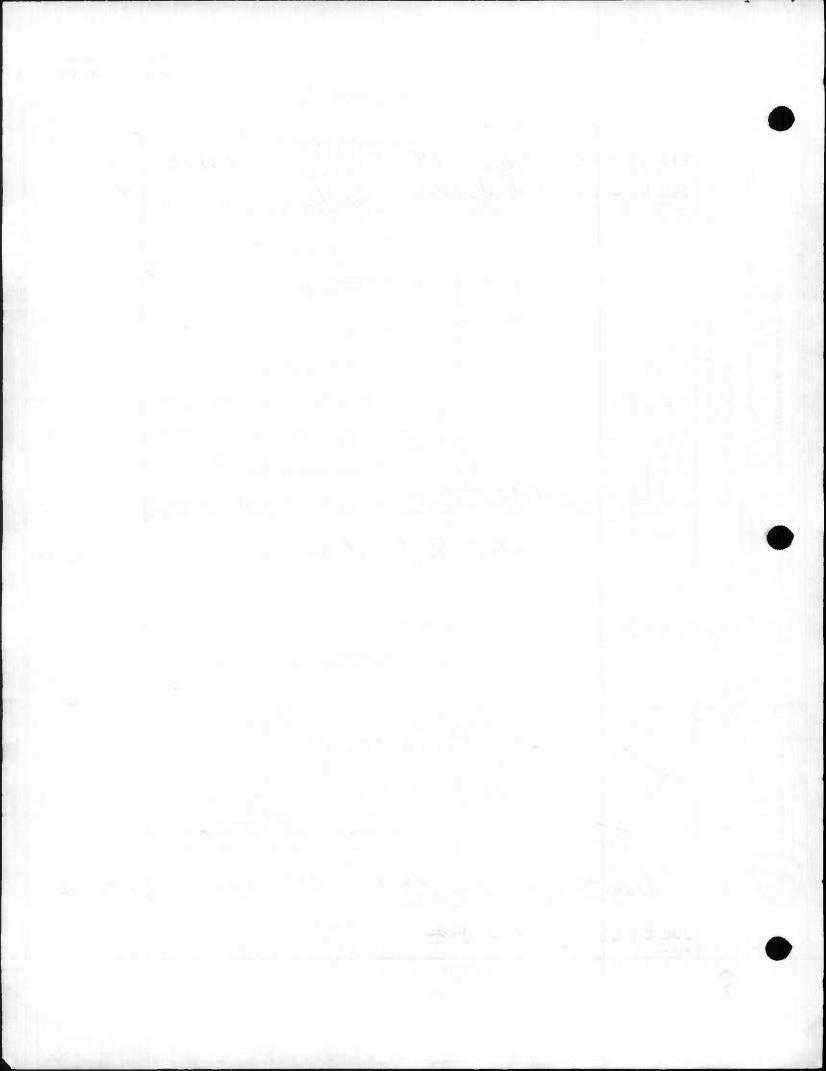


HOTH HOPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	CATE OF	HEALTH AND	MENTAL	HYGIEN REG. NO		Eng V	7010
	1. DECEDENT'S NAME (First, Middle, Lest) BERNICE M	. Austin				2. DATE O	F DEATH D	"/ 9°	EAR 2.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 244-68-4162	5. SEX 6. AGE (I	in yrs. last birthday) 5 8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE C (Month,	-	8.	BIRTHPLA Country)	SSIDDI
OR	Deaton Hospital	MEdical CE	nter	BL CITY, TOWN	OR LOCATION OF E	DEATH		9c. COUNTY		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Y		town on Local						d. INSIDE CITY LIMITS?
FUNERAL D	100. STREET AND NUMBER	+ .	Ιυα	10	H. ZIP CODE			100	OF WHAT	XYES 2 NO
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 Y NO	13. WAS DE	CENDENT OF HISPA pecify Cuban, Mexic S 2 NO Spec	an, Puerto Ri		or No- 14	Black, Wi	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ICATION o completed) College (1-4 or 5+)	Ille. Do NOT use	ork done during m retired.)		16b.	KIND OF BU	SINESS/INDUS	Tack	ζ
OMP	17. FATHER'S NAME (First, Middle, Last)		Disabl	ed	18. MOTHER'S N	AME (First, M	iddle, Maiden	Surname)		
BE C	Sam Auston				Lola	Be11	Will	iams		
TO 8	Manuel Elmore				Ct./B					2
	20e. METHOD OF DISPOSITION 1\(\subseteq \text{ Burial } 2 \subseteq \text{ Cremation } 3 \subseteq \text{ Rerr} 4 \subseteq \text{ Donation } 0 \subseteq \text{ Other (Specify)}	oval from State	PLACE AND DATE O	F DISPOSITION /N	ame of	oate en s	20c. LO	cation – city ndalk	or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME A	ND ADDRESS OF F	ACILITY				RTH AVE.
CERTIFICATION	IMMEDIATE CALLSE (Final	a. Metasta. DUE TO (OR AS A DUE TO (OR AS A	ech iine.	east,			ac or reep	iratory arrest		Approximata interval Between Onset and Death Sy Fans
CERT	resulting in deeth) LAST	d								
N: MEDICAL	PART II. Other algnificant condition	ns contributing to deeth bu	ut not reaulting in	the underlyin	g cause given in		24s. WAS AN PERFOR	MEO?	COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		20. P	LACE OF OEATH (C	heck only one)			
HYS	1 YES 2 NO 27. MANNER OF DEATH	gpatient 2 ☐ ER/Outpi	26b. TIME	OF 28c. IN	ne 5 Residence			NJURY OCCUR	ED	
ВУ Р	1 Vetural 5 Pending Investigation	(Month, Day, Year)	INJU		ORK? YES 2 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, stc. (Speci	— At home, term, st	reet, tectory, offic	ce	261. LOCA City of	TION (Street or Town, State)	and Number or	Rural Route	Number,
COMPLET		ICIAN: To the best of my knowle							nuse(e) end	d manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	011	25	>	29c. LICENSE NU	MBER 7 4 5	9	29d. DATE S	GNED (Mo	rith, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	CON LETED CAUSE OF DEA	TH) (TEM 27) (Type,	Print)	1031	13	•			112
	3 DATE FILED (North 999 Par)	white states and the states of	dues.			_				



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mential Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

(67) (1)

(3 ()

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTRAH		CE	RHIFIC	ATE OF	DEATH	REG. NO.		
1. DECEOENT'S NAME (First, Middle, Li LLOYD	Ray	BURT	'ON			2. DATE OF DEATH MONTH DATE OF DEATH DATE OF D	5, 1992	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		UNDER 1 YEAR	IF UNDER 24 HRS.			9:34 a.m.m
216-42-6390	1 XM 2 - F	47		ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 0/ 18 45	8. BIRT Coun	HPLACE (State or Foreign try)
9e. FACILITY NAME (If not institution, g			.91	b. CITY, TOWN (OR LOCATION OF DE		9c. COUNTY OF	DEATH
THE JOHNS HOP		TAL		BALTIN	ORE CITY	<u> </u>	BALTIMO	ORE CITY
10a. STATE 10b. COL	INTY		10c. CITY, T	OWN DR LOCAT	ION			10d. INSIDE CITY
Md.	Baltimore		Pa	vkvill				LIMITS? 1 YES 2 KND
53 Ferns Way (o	urt			101	21236		10g. CITIZEN DF	what country?
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARE	MED	13. WAS DEC		IIC DRIGIN? (Specify Yee	or No.— 14. RAC	F — American Indian
1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 N	D	If yes, sp	ecify Cuben, Mexice 2 MD Specify	n, Puerto Rican, etc.)	Blac	ok, White White
15. DECEDENT'S I	DUCATION	18e. OEC	EDENT'S US	UAL OCCUPATIO	ON .	16b. KIND OF BUS	INESS/INDUSTRY	11
(Specify only highest g	College (1-4 or 5 -	.)	e kind of work Do NOT use re wn Wo	done during mo Mired.)	st of working	Loca		
17. FATHER'S NAME (First, Middle, Lest)				,0,00				
Donald J. Bu	rton				Alice	ME (First, Middle, Malden .		
19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING AD	DRESS (Street e	nd Number or Rural F	Toute Number, City or Town	n, State, Zip Code)	
Elizabeth A. (2)	Purton					to., Md. 212		
1X Burlel 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	emoval from State	cematery, crem	NO DATE DE D	place)	Gardens	7-28-92 B	elair Md	own, Siste
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	A		22. NAME AN	ID ADDRESS OF FAC	CHLITY	60	N.
· Chale	D. Zin	Sen		Charle	es S. Zei	iler & Son	Inc. Fa	stern Ave.
23. PART I. Entar the disease, shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cau	t coused tha dee se on each lina.		enter the mo	da of dying, auch	as cardiac or respi	ratory arreet,	Approximata interval Between Onset and Death 3 DUS
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO	SCP 5 i S	UENCE OF):		transp	plant		Iwk
PART II. Other eignificent condition	lons contributing to	deeth but not re	eulting in t	he underlying	cause alven in i	Part I. 24s. WAS AN	ALITONOU LA III	. WERE AUTOPSY FINDINGS
						PERFORI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
25. WAS CASE REFERRED TO MEDICAL	T			26.01	LOS OF DEATH OF			
EXAMINER?	HOSPITAL:		0	THER:	ACE OF DEATH (Che	ck only one)		
		ER/Outpatient 3			5 🗆 Residence	8 Other (Specify)		
27. MANNER OF ÓEATH 1 Natural 5 Pending .2 Accident Investigation	28e, DATE DF (Month, De	INJURY by. Year),	9: 74	WO		28d. DESCRIBE HOW IN	JURY OCCURED	
3 Suicide 8 Could not determined	ouliding,	FINJURY — Al hometc. (Specify)	e, ferm, stree	t, factory, office		281. LOCATION (Street er City or Town, State)	nd Number or Rural I	Route Number,
290. CERTIFIER			-					
(Check only one) 2 MEDICAL EXAM	YSICIAN: To the best of ex	my knowledge, deal emination and/or in	th occurred at vestigation, in	t the time, date n my opinion, de	end place, end due-	to the cause(e) and meni	ner se stated. I due lo lhe ceuse(s	s) end manner ee stated.
29b. SIGNATURE AND THELE					29c. LICENSE NUM			
Satist Var	ce in Po	43	. ~		J4H# +		P 7/75	(Month, Day, Year)
30 NAME AND ADDRESS OF PERSON	act.	E DF DEATH (ITEM	27) (Type, Prin			1	., ω	
31. DATE FILED (Month, Day, Year)	32. REGISTINAL	37-Bell	wot	CT, 7	twock,	70515		
JUL 27 1992	guine Havida	A-Northean	-					

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	TO THE HOSPITAL OF ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	ly fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First, Middle, Last)	13129		8.		754		E OF OEATN	100		3. TIME OF DEATN
	JESSIE Vesse T.	F	BURDE	EN	5	r.	MON	LY 23,	1992	YEAR	8:32 P M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. fast i	hirthday)	IF UNDER	1 VEAD	IF UNDER 24 HR	_	E OF BIRTN	1992		
	11.21 24 11211 3 M 2 18/F	10	-	MONTHS	DAYS	HOURS MIN	(Mo	nth, Day, Year)	_	Country,	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street and number)	68		200				30-2	3	1	3.02MZ
Œ	THE JOHNS HOPKINS HOSPITA	A T	- 1			OR LOCATION OF				VTY OF DE	
2	RESIDENCE OF DECEDENT	AL		BAL	TIM	ORE CIT	ГҮ		BA	LTIMO	RE CITY
DIRECTOR	10a, STATE 10b, COUNTY		10c. CITY	TOWN O	R LOCA	TION					10d, INSIDE CITY
E	Md.		Ra	1.1.	4 0		- 41	1-4-1	,		LIMITS?
	10e. STREET AND NUMBER		pal	t/N	0 0	1. ZIP CODE	Zry	and			1 YES 2 NO
FUNERAL	2303 E. Biddle St.				100	1. ZIP CODE	ab		10g. CITI	ZEN OF WI	HAT COUNTRY?
N I	200					2/2/	13		1	150	A.
교	1 Never Married 2 Married FORCES? 1	TEVER IN U.S. ARM	ED)	13, W	WAS DEC	ENDENT OF NIS	PANIC ORIG	IN? (Specify Ye Rican, etc.)	a or No-	14. RACE Black,	- American Indian, White, etc.
BY	3 Widowed 4 Divorced	AR OR DATES		1	YES	2 NO Sp	ecity:	, ,	-	Specify	
8	15. DECEDENT'S EDUCATION	40.000	EDENT'S L	101111 00							ACK
	(Specify only highest grade completed)	(Glvi	kind of we	ork done di	uring mo	ost of working	16	b. KIND OF BU	ISINESS/IND	USTRY	
7	Elementary/Secondary (0-12) College (1-4 or 5 -)								, ,	7
COMPLET	17. FATHER'S NAME (First, Middle, Last)	Valla.	36	UX		ace.		- D	466	/ (Di
	100 1 1	unde				18. MOTHER'S	NAME (First,	Middle, Malder	Sumame)	11.	
BE	19a. INFORMANT'S NAME (Type/Print)		Y	1000500			DEA	d	1-di	ha	ZN
2	Marin Runda	2 2	TA O	TO F	2 1	and Number or Ru	ral Route Nur	nber, City or Tov	vn, State, Zip	Code)	
	20a. METHOD OF DISPOSITION	do	0.5	TIE	1/0	Medi	6.03	tt.D.	Od,	21	213
	1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AN cemètery, cremi			TION (No	ame of	1	€ 20c. LC	CATION -	City or Tow	n, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	J.F.	VIC	N	2	ND ADDRESS OF	28	420 M	LING.	5 10	1115,100-
	D 111000			22. N	AME A	NU AUDRESS OF	FACILITY	011	ICK		2/2/3
	Kandoloh, O. Cine	uck		24	43	IE. DI	INP	PSA	Ra	40	M.
	23. PART I. Enter the diseases, Decomplications the ahock, or heart failure. List only one cau	t ceused the deet	th. Do no	ot enter t	he mo	de of dying, e	uch as ca	rdiec or resp	iretory arr	est,	Approximata
- 1	IMMEDIATE CAUSE (Finel	se on eech line.									Interval Between Onset and Death
1	disease or condition resulting in death)	CFFC	7	Cir	10	212					121
- 1		OR AS A CONSEQU	IENCE OF)	:	20	7.7				_	2001/27
z											İ
CERTIFICATION	Sequentleily list conditions	OR AS A CONSEOU	ENCE OF)	:							
S	CAUSE (Disease or injury										
E I	that Initiated events	(OR AS A CONSEOU	ENCE OF)	;							
8	resulting in death) LAST										
	PART II. Other eignificent conditione contributing to	doub hut not all		40.000						-	
MEDICAL	symbolic conditions continuently to	death but NDt ree	sulting in	the und	leriyin	g cause given	in Part I.	24a. WAS AN PERFOI			VERE AUTOPSY FINDINGS
ă								1 7 YES 2	NO I		OMPLETION OF CAUSE OF DEATH?
_ "										1	☐ YES 2 NO
PHYSICIAN:											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			OTHER:		ACE OF DEATH	Check only o	ne)			
YS	1 YES 2 NO 1 Inpatient 2	ER/Outpatient 3				e 5 🗆 Residenc	e 6 □ Oth	er (Specify)			
표	27. MANNER OF DEATN 1 Metural 5 Pending (Month, De		26b. TIME	OF 2	26c. INJ	URY AT RK?	28d. DE	SCRIBE HOW	NJURY OCC	URED	
À	1 Natural 5 Pending 2 Accident Investigation			M		ES 2 NO					
- 44	building	INJURY - Al home	, farm, atr	eet, factor	y, offici		261. LO	CATION (Street or Town, State)	and Number	or Rural Roo	ite Number,
Ë L	4 Nomicide determined						City	or lown, State)			
2 1	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of	my knowledge, death	occurred	at the tim	ne. data	and place, and d	hin to the co	use/a) and ma	oner en elele	.d	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of ax	emination and/or inv	vatigation,	In my opi	Inlon, d	eath occured at I	he Ilme, dat	and place, ar	d due to the	causolo) s	and manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER				_						
BE	C T. 1	1)			ı	29c. LICENSE N	UMBER		29d. DATE	SIGNED (A	fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUS	F OF DEATH STEEL	370 /3 · · ·	h-2a)						114	7/12
	Eric Taylor MD	L OF DEATH (ITEM 2	er) (Type, P	rint)							
ŀ		L'E GICHATURE									
	31. DATE FILED (Month, Day, Year) JUL 27 1992 Fulle Dec	Missignature Misson-Rand	- 82								
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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

SYLVIA H. BOOTH

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	9	S	100
_	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	HIMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir	within 72 hours after death with the State Dept. of Health and Mental Hydene prior to burial. Cremation, or removal
	F	18	0 7
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1	213-26-1398	5. SEX	8. AGE (In yrs. I	YRS.	MONTHS	DAYS	HOURS M	IRS. 7. DA	TE OF BIRTH onth, Day, Year)		B. BIRTNPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give		- 01	THS.	Oh CITY	TOWAL C	R LOCATION O		1/24/		Va.	
5	CATON MANOR NU	The second second	ME		SUL CITY		BALTIM		СТТҮ	9c. COUNT	TY OF DEATN	
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT			T 40. 01T								
DIRECTOR	MD				ALTIMORE CITY						10d. INSIDE CITY LIMITS? 1 Yes 2 No	
£	10e. STREET AND NUMBER					101	. ZIP CODE				EN OF WHAT COUNTRY?	
	3330 WILKENS A	12. WAS DECEDENT	EVED IN II C	DMEO				21229			USA	
5	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	FORCES? 1 TYES XXNO IF YES, GIVE WAR OR DATES			If yes, specify Cuben, Mexican, 1 YES 2X XNO Specify:			to Rican, etc.)	4. RACE — American Indien, Black, White, etc. Specify: WHITE		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		DECEDENT'S	work done	CCUPATIO	ON st of working		16b. KIND OF BU	ISINESS/INDU	STRY	
	9th	College (1-4 or 5+)	. "	HOM	se retired.) [EMA]	KER						
-	17. FATHER'S NAME (First, Middle, Last)						18. MOTNER	'S NAME (Fire	sl, Middle, Maider	Surname)		
Ш	ANDREW PETERSO	N					GRAC	CE HA	LFPENI	VY		
	199. INFORMANT'S NAME (Type/Print) SYLIVA A. BROK	cos		19b. MAILINO	151	s (Street e	Number or F	Pural Route N	TREET	yn, Stete, Zip C BAT	LO, MD, 2123	
	20e. METNOD OF DISPOSITION 1 Burlei **Excremation 3 Rem	noval from State		E AND DATE (me of	D	ATE 20c. LC	CATION — CI	lly or Town, Slate	
-	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	Priore			oun:	t ce	metery		/28	BALTIN	MORE CITY	
	21. SIGNATURE OF PUNERAL SEGMICE LI	ENSEE	1		C .	HARL	ES L.	STEVE	NS FUNE	RAL HO	OME, INC.	
	Mule	1501 E. FORT						T AVENUE, BAL/TIMORE, MD 21230 such es cerdiec or reepiratory arrest, Approximate				
NO	Sequentielly list conditions,	DUE TO (C	R AS A CONS	EOUENCE OF	F):	RRS						
	If any, leading to immediate											
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	c. DUE TO (C	ERI DR AS A CONSI		1 .	,						
THE DIAM	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	d	eath but not	resulting	F):	nderlyInd	g ceuse give	n in Part I.	24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
THE DIAM	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent condition MULTIPLE RHEWMATO	d	eath but not	resulting	F):	nderlying E N	TIA.	•	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent condition MULTIPLE RHEWMATO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (C	eath but not	resulting	In the ur	nderlying	ACE OF DEATH	N (Check only	PERFO 1 YES	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST PART II. Other algnificent condition MULTIPLE RHEWMATO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 No 27. MANNER OF DEATN 1 Neturel 5 Pending	DUE TO (C	eath but not	reaulting	In the ur	26. PLR: sing Home	ACE OF DEATH	N (Check only	PERFO 1 YES	RMED? 2 ⊋NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
TO DE LINGUISM. MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent condition MULTIPLE RHEWMATO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 10 10 27. MANNER OF DEATN	DUE TO (C	eath but not ES TH ER/Outpatient JURY Year)	resulting R DOA 3 DOA	OTHE	26. PLR: sing Hom 28c. INJ	ACE OF DEATH 5 G Reside URY AT RK? ES 2 G NC	N (Check only once 6 🗆 O 28d. I	PERFO 1 YES: one) ther (Specify) DESCRIBE NOW	RMED? 2 PNO INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
TO DE LINGUISM. MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent condition MULTIPLE RHEWMATO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 1 28a. DATE OF In (Month, Day, 28a. PLACE OF building, et	eath but not ER/Outpatient JURY Year) INJURY — At 1 C. (Specify) y knowledge, c.	resulting ") a DOA 28b. TIM INJ	OTHEI OTHEI OTHEI TEOF	26. PL.R: sing Hom 28c. INJI tory, office	ACE OF DEATH 5 Reside 1RY 1 RES 2 NC	N (Check only once 6 0 0 28d. I	PERFO 1 YES: one) ther (Specify) DESCRIBE NOW OCATION (Street lity or Town, State cause(e) end ma	INJURY OCCU	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
COMP	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificent condition MULTIPLE RHEWMATO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only)	DUE TO (C d. The contributing to d STRO HOSPITAL: 1 Inpetient 2 1 28a. DATE OF In (Month, Dey, 28a. PLACE OF building, at	eath but not ER/Outpatient AJURY Year) INJURY — At It. C. (Specify) y knowledge, of	resulting	OTHEI OTHEI OTHEI TEOF	26. PL.R: sing Hom 28c. INJI tory, office	ACE OF DEATH 5 Reside 1 Review 1	N (Check only) N (Check only) 28d. I 28f. L d due to the time, d	PERFO 1 YES: one) ther (Specify) DESCRIBE NOW OCATION (Street lity or Town, State cause(e) end ma	INJURY OCCU end Number or noer se stated and due to the	AMILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO RED Rural Route Number,	

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

7/25/92

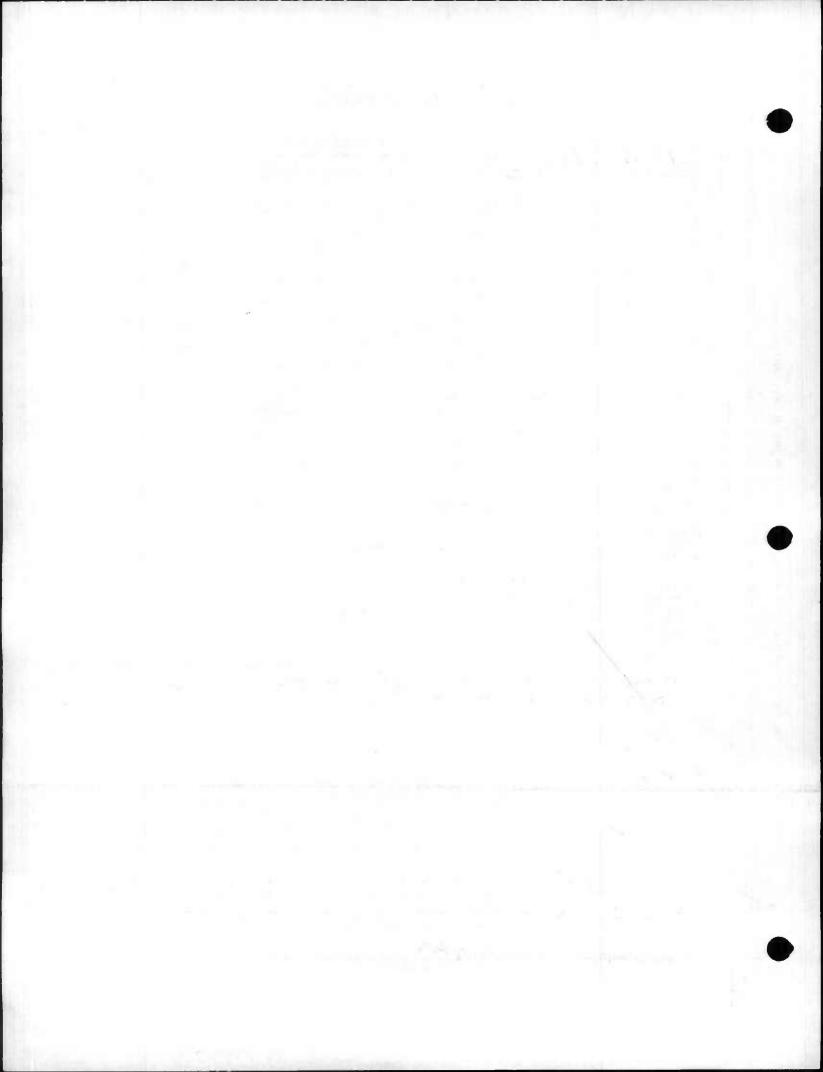
3. TIME OF DEATH

6:20 PM

YEAR

2. DATE OF DEATH MONTH

DHMH-16 Rev 1/89



92 20517

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

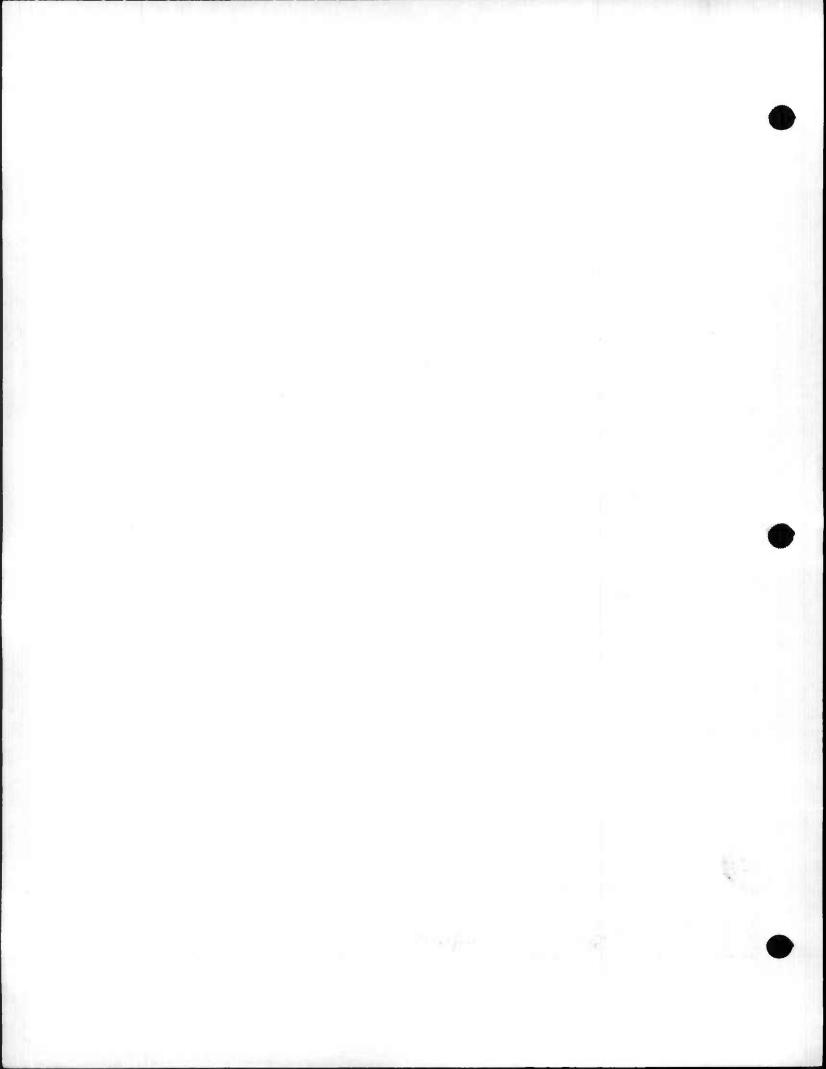
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. HE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND CATE OF DEATH	D MENTAL HYGIEN		2 20011
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	GEORGE	C. BI	LACKWELL	JR	JULY 22.	1992	3:08 A M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HR	S. 7. DATE OF BIRTH	0.	BIRTHPLACE (State or Foreign
	219 40-8251	1)(□)(M 2 □ F	48 YRS.	MONTHS DAYS HOURS MIN			Baltimore, MD
	9a. FACILITY NAME (If not institution, give s	street and number)		9b. CITY, TOWN OR LOCATION OF		9c. COUNTY	
S.	THE JOHNS HOPE	KINS HOSPITA	AL I	BALTIMORE CIT	Y		IMORE
DIRECTOR	RESIDENCE OF DECEDENT				-	DITEL	THORE
E	10a. STATE 10b. COUNTY	Y	1.00	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	MD 10a, BTREET AND NUMBER		Ba	ltimore			1 X YES 2 NO
FUNERAL	1161- 1 1161-			10f. ZIP CODE		10g. CITIZEI	OF WHAT COUNTRY?
NE	1933 W. Lexin			21223			S.A.
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER FORCES? 1 YE	S 2 VNO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me:	rican, Puarto Rican, atc.)	a or No- 14	. RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 W Divorced	IF YES, GIVE WAR OR	DATES .	1 TYES 2 NO Sp	ecify:	- 1	B 1 A C K
	15. DECEDENT'S EDUC	CATION	16a DECEDENT'S	ISUAL OCCUPATION	16b. KIND OF BU		
E	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of w life. Do NOT use	ork done during most of working	166. KIND OF BU	SINESS/INDUS	THY
P	Contentary/Secondary (U-12)	College (1-4 or 5+)	Disa	oled	Bell A	+lan+	ic
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		D134		NAME (First, Middle, Malden		10
Ö	George Blackw	ell Sr.			an Bradle		
BE	19a. INFORMANT'S NAME (Type/Print)		T 105 MAII INC	ADDRESS (Street and Number or Ru		9	
2	Lillian Blackw	e11	1933	W. Lexington	St /Ralt	imoro	MD 21223
10	20a. METHOD OF DISPOSITION	1,		F DISPOSITION (Name of			or Town, Stata
	1) Buriel 2 Cremation 3 Rame 4 Donation 5 Other (Specify)	oval from Stata	ametery, prematory or oth	Temorial Par	k Bal	timor	
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF		CTIIIOT	<u> </u>
	1. /M						
	22 PART I Enter the diseases are	ane		WM C. MARC	H F.H./11	01 E.	NORTH AVE.
- 1	23. PART I. Enter the diseases, or o shock, or heart failure.	List only one cause on	each line.	it entar the mode of dying, a	uch se cardiac or resp	eretory arrest	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)	. End sto	se AIDS				Onset and Death
	disease or condition	DUE TO (OR AS	SA AIDS	:			
NC	disease or condition resulting in death)	· Cimbo	Sis				Onset and Death
ATION	disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate	· Cimbo	A CONSEQUENCE OF				Onset and Death
FICATION	disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. Circhos DUE TO (OR AS Pulmo	STS A CONSEQUENCE OF	Hiana			Onset and Death
RTIFICATION	disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	Hiana			Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initisted events resulting in death) LAST	b. Circhos DUE TO (OR AS C. PUlmo DUE TO (OR AS C. Cardios	A CONSEQUENCE OF	Hanay			Onset and Death
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. Circhos DUE TO (OR AS C. PUlmo DUE TO (OR AS C. Cardios	A CONSEQUENCE OF	Hanay	In Part I. 24a. WAS AN		Onset and Daeth WW. WK LYC 24b. WERE AUTOPSY FINDINGS
SAL SAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initisted events resulting in death) LAST	b. Circhos DUE TO (OR AS C. PUlmo DUE TO (OR AS C. Cardios	A CONSEQUENCE OF	Hanay	PERFOR	RMED?	Onset and Daeth WW. Jy WK 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
SAL SAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initisted events resulting in death) LAST	b. Circhos DUE TO (OR AS C. PUlmo DUE TO (OR AS C. Cardios	A CONSEQUENCE OF	Hanay	In Part I. 24s. WAS AN PERFOI	RMED?	Onset and Daeth WWW. LWK LYC 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SAL SAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initisted events resulting in death) LAST	b. Circhos DUE TO (OR AS C. PUlmo DUE TO (OR AS C. Cardios	A CONSEQUENCE OF	Hanay	PERFOR	RMED?	Onset and Daeth WW. Jy WK 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE
SAL SAL	disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS C. PUlmo DUE TO (OR AS DUE TO (OR AS C. Cardio	A CONSEQUENCE OF	the underlying ceuse given	PERFOI	RMED?	Onset and Daeth WWW. LWK LYC 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SAL SAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Circhos DUE TO (OR AS C. PUlmo DUE TO (OR AS C. Cardios	A CONSEQUENCE OF	the underlying ceuse given	PERFOI 1 VES 2	RMED?	Onset and Daeth WWW. LWK LYC 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SAL SAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS Condition a contributing to deeth HOSPITAL: 1 N Impatient 2 = ERVOL	A CONSEQUENCE OF	the underlying ceuse given 26. PLACE OF OEATH OF S Residence OF 25c. INJURY AT	PERFOI 1 VES 2	PMED?	Onset and Daeth WW. LWK LWK 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS C. PULMO DUE TO (OR AS d. Cardio a contributing to deeth HOSPITAL: 1 Valimpetient 2 = ERVOL	A CONSEQUENCE OF	the underlying ceuse given 26. PLACE OF OEATH OTHER:	PERFOI 1 YES 2 (Check only one) 28 © Other (Specify)	PMED?	Onset and Daeth WW. LWK LWK 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 X NO
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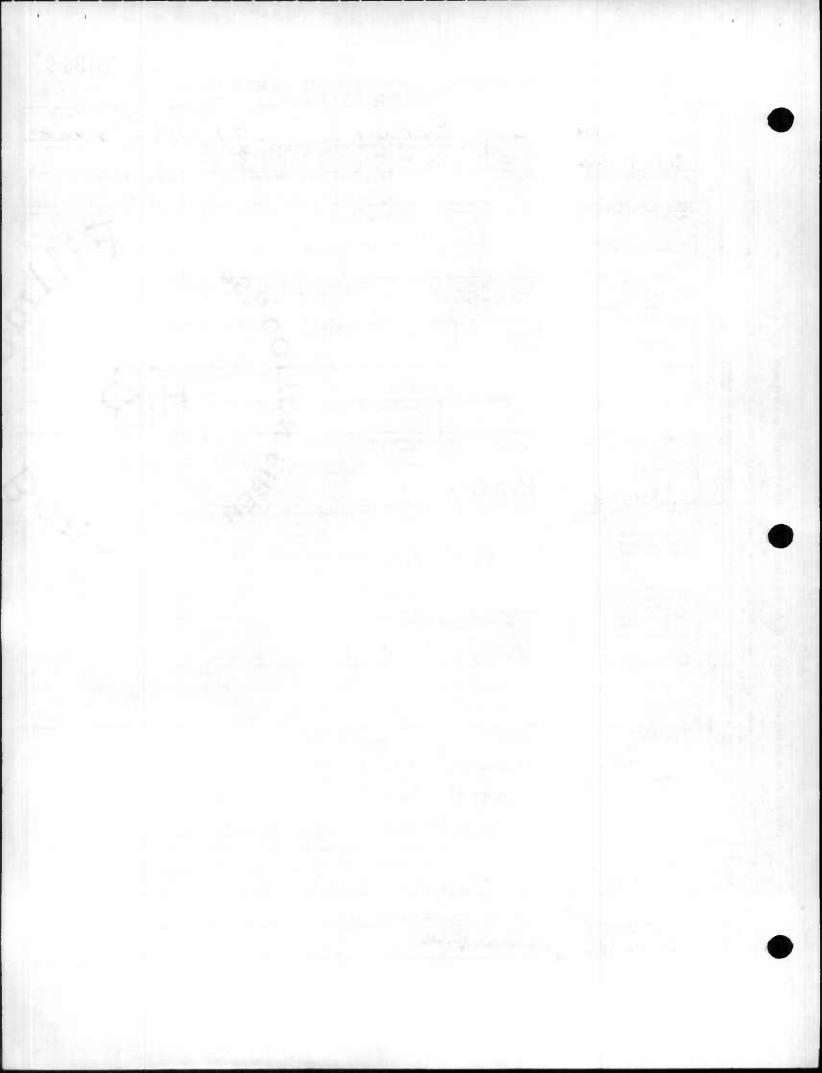
1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

					OAT L	71 527	*****	HEG. N	J		
- 3	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH	DAY	VEAR 3	L TIME OF DEATH
	Mitchell	Alan		Black	well			July 23	199	92 YEAR	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER 1 YE	AR IF UND	ER 24 HRS.	7. DATE OF BIRTH			ACE (State or Foreign
1	217-86-3588	1 X M 2 - F	2	YRS.	MONTHS DA	YS HOURS	MIN.	(Month, Day, Year)	000	Country)	
	9a. FACILITY NAME (If not institution, give st		31					Apr 20 1	_		aryland
~		alice will			96. CITY, TO	WN OR LOCA	TION OF D	EATH	9c. COL	JNTY OF DEA	TH
ō	7120 Minna Roa	ad							I	Balti	more
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,									
2	IOL COOK!			10c. CITY,	TOWN OR L	DCATION				- 1	0d. INSIDE CITY LIMITS?
	Maryland			Ba1	timo	re				1	YES 2 NO
4	10e. STREET AND NUMBER	-				10f. ZIP CC	DE		10g. CI1	IZEN OF WH	AT COUNTRY?
FUNERAL	7120 Minna Ro	h c				2	1207			TICA	
Ž	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	MED	13 WM 9			NIC ORIGIN? (Specify Y	1 20 07 No	USA	- American Indian,
	1 Never Married 2 Married	FORCES? 1	YES 2		If ye	s, specify Cu	ben, Mexic	an, Puerto Rican, atc.)	98 OF PIO-	Black, 1	White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V	AR OR DATES		1 🗆	YES 2 N	O Speci	ly:		Specify:	D11-
	15. DECEOENT'S EDUC	CATION	T 44 . DF								Black
쁘	(Specify only highest grade	completed)	(G	ive kind of wo	SUAL OCCU		king	16b. KIND OF B	JSINESS/IN	DUSTRY	
" "	Elementary/Secondary (0-12)	College (1-4 or 5	-)	. Do NOT use	retired.)						
탈	High School		Sr	. Ope	rati	on M	qr	Data	Vau1	t Co	mpany
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MC	THER'S N	AME (First, Middle, Maide	n Sumame)		
ш	Earl Alan Bla	ckwe11	Jr.					Doretha	Rid	relv	
0	19e. INFORMANT'S NAME (Type/Print)			b. MAILING A	ADDRESS (St	oot and Numb	er or Rural	Route Number, City or To			
임	Earl & Doretha	D1 a ales									1005
	20e. METHOD OF DISPOSITION	DIACK			Minn		aα	<u>Baltimor</u>			1207
	1 X Burlat 2 Cremetion 3 Remo	oval from State	cemetery, cre	matory or oth	er plece)	,				City or Town	
	4 🖺 Donation 5 🗆 Other (Specify)		Wood:	Lawn	Ceme	tery		7/28 Ba	1tim	ore	Co, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22. NAM	E AND ADDE	ESS OF FA	Nutter	Fun	eral	Homes Inc
	> 1 lestet >	h	1110		250	1 Gw	ynns	Falls F Maryland	arkw	ay	
-	HOWEN C	_ / /	unc	<u>ر</u>	Bal	timo	re,	Maryland	21	.216	
	23. PART I. Enter the diseasea, pr c ahock, or heert fellure. I	omplications the	t coused the de	eth. Do no	t enter the	mode of c	lylng, suc	th as cerdiec or res	piratory ar	rreat,	Approximata Interval Batween
	IMMEDIATE CAUSE (Finel					,					Onset and Death
	disease or condition resulting in death)		human	~ ~~	, K	Acces.	1 1	Cartan			
i	resulting in death)	DUE TO	OR AS A CONSE	UENCE OF	1	Vic.	50) UNCIN	R		-
_		Acci	inach	T	1	2	· hi	Sarcon series 5		1	į l
<u>ē</u>	Sequentially list conditions,	OUE/TO	(OR AS A CONSE	DUENCE OF	LIVLEGE	U	CIL	alley S	. 4 h	days	
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING			,				(/		į l
윤	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	DUENCE OF							<u> </u>
Ē	resulting in death) LAST		(rocitor or j.	•						ì
	d	l									
	PART II. Other significent conditions	contributing to	death but not a	ecultinarin	the under	lylpo ceuse	alven In	Part I. 24s. WAS A	N ALTTOREY	1 045 11	FRE AUTOROU CHIRDING
DICAL	Dichmanger	1 001.1	· last	e days	a 6		given ni	PERFO	RMED?	. A	TERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă	Puernonant	1 1414 6	BNUCTO	Meh	ani	1.W -	(DM)	PLLY 1 TYES	2 DNO		OMPLETION OF CAUSE F DEATH?
 		U					/			1	YES 2 NO
2											
CIAN	25. WAS CASE REFERRED TO MEDICAL				2	6 PLACE OF	DEATH (C)	neck only one)			
SIC	EXAMINER?	HOSPITAL:			OTHER:						
<u>"</u>	27. MANNER OF DEATH	1 Inputient 2					Residence	8 Other (Specify)			
PHY	Natural 5 Pending	28e. DATE OF (Month, D		286. TIME INJU		. INJURY AT WORK?		28d. OEŞCRIBE HOW	INJURY OC	CUREO	
B	2 Accident Investigation				M 1	YES 2	□ NO				
	3 Dufclife 8 Could not be	28e. PLACE O building.	F INJURY — At he atc. (Specify)	me, farm, str	eet, fectory,	office		28t. LOCATION (Street City or Town, Steet	end Numbe	or Rural Rou	te Number,
	4 Homicide determined		,					Ony or lown, stem	")		
	IN CERTIFIER TO PROTIEVING PHYSIC	TAN: To the heat of	en la suda da da								
COMPLET	(Check only 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINES										
Ö	2 MEDICAL EXAMINER	. On the basis of s	tamination eng/or	investigation,	. In my opinio	on, death occ	ured at the	time, date end place, e	nd due to t	he cause(e) e	nd menner se stated.
u I	396 GNATURE AND TITLE OF CHRIFTER	1 1	1			29c LI	CENSE NU	MBER	29d. DA1	TE SIGNED (M	fonth, Day, Year)
m	(James WA)	Vista	7/2 /1	11)			28	625	D 4	7- 1	3-90
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH STE	M 27) (Tuna 6	Print)			7-0	-	7	1 /
	CAMPILE 1 PIN	1.50:-	1	رم (۱۱)	102 (7 0-	110	2 01 -	0	11 -	ce 21218
	MINUEL J. W.	2011/11	K,ML	1 3	100)	1/4	(1)	1, 7/2 S	, 150	Churc.	CR UUX
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	82	111)	-		
	JUL 27 1992	guna land	SEL ALABOR	-							



BALTIMORE, MARYLAND 21215-0020	YSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HE HOSPALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	The INTERIOR: After this certificate has been signed by the attending physician and completely filled in by the Interior as hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	DHANK II Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CER	TIFICATE OF	DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Middle, L	ast)	Ra			2. DATE OF DEATH	DAY	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bir	thday) IF UNDER 1 YEAR		7. DATE OF BIRTH	7/40	1/1424
317-18-6006	1 M 2 □ F	000	YRS. MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Morith, Day, Year)	/22	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, of Mercy Med.	TY.		Balt	DR LOCATION OF C	PEATH		sto-City.
							10d. INSIDE CITY
	Balto. Ci	49		timore		10a CITIZE	1 X YES 2 NO
	Falls F	twy.		216	116		NOT THE GOOD THE
3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes, s	cendent of HISPA pecify Cuben, Mexic 3 2 NO Spec	NIC ORIGIN? (Specify) an, Puerlo Rican, etc.) fy:	fes or No — 14	RACE — American Indian, Black, White, atc. Specify: Black.
15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5	(Give k	DENT'S USUAL OCCUPATI tind of work done during m NOT use retired.)			usiness/indus	
Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last		C	ustodian		Towson	Stat	e College
Bernard Br					AME (First, Middle, Meide h Price	n Sumeme)	
19a. INFORMANT'S NAME (Type/Print)	OWII	19b. M	AILING ADDRESS (Street			own, State, Zip Co	ode)
Deporan Swee	ts	33	31 Gwynn	s Falls	Parkway	Bal	to. MD 2121
20a METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 1 4 Donation 5 Other (Specify)		cemetery, cremate	rn Cemete	rv	7/22	OCATION — CH	
≥ Ullron.	R Pacu	Dey	22. NAME A 2501	GWVnns	Falls F MD 2121	arkwa	al Homes Inc
shock, or heert felli immediate cause. Enter UNDERLYING CAUSE (Disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Cra DUE TO C. Cust	O (OR AS A CONSEQUEI O (OR AS A CONSEQUEI TOUTH TO O (OR AS A CONSEQUEI O (OR AS A CONSEQUEI O (OR AS A CONSEQUEI	lune NCE OF): Test NCE OF): Test NCE OF): NOE OF):	led-	7-:		Interval Between
resulting in death) LAST	· Ken	el Ino	uffing	/			
PART II. Other algorificant cond	itions contributing to	death but not reau	iting in the underlyin	g ceuse given ir		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		28. P	LACE OF DEATH (C	heck only one)		l
1 YES 2 NO	1 Inputient 2	☐ ER/Outpetient 3 ☐ [DOA 4 Nursing Hor		8 Other (Specify)		
1 Natural 5 Pending 2 Accident Investigati		Day, Year)	INJURY W	ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
0 0 0 0 0 0	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, term, street, factory, office building, str. (Specify)					t end Number or e)	Rural Route Number,
			occurred at the time, date				euse(s) and menner es stated.
296. SIGNATURE AND TITLE OF CERT		// -		29c, LICENSE NU			IGNED (Month, Day, Year)
Machael	/ Noti	TND.		1)09	646	1 7	117/91
20 MM AND AND THE REAL PROPERTY OF THE PARTY	WILL CO.						
30. NAME AND ADDRESS OF PERSON 31. DATE FILED (Month, Day, Year)	and the	AR'S SIGNATURE	Me 21	102.			



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1					DEATH	RE		
	1. DECEDENT'S NAME (First, Middle, Last)	L BE	DIDENS	chatz	BARN	2. DATE OF DE		3. TIME OF DE
	4. SOCIAL SECURITY NUMBER 217-16-5745	1 M 2 F	E (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	9TH 8. I	BIRTHPLACE (State of Country)
TOR	98. FACILITY NAME (If not institution, give sti	reet and number) Heran Ho	mt-	9b. CITY, TOWN	or LOCATION OF E		9c. COUNTY	
DIRECTOR	10e. STATE 10b. COUNTY	BALL	10c. CIT	TY, TOWN OR LOCA	ATION Lock	earn	/	10d. INSIDE CLIMITS?
FUNERAL	100. STREET AND NUMBER	Are 16	Road	11	OI. ZIP CODE	207	10g. CITIZEN	OF WHAT COUNTRY
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, a	CENDENT OF HISPA specify Cuban, Maxic S 2 NO Spec	an, Puarto Rican,	etc.)	RACE — American II Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +)	18a. DECEDENT'S (Give kind of life. Do NOT us	S USUAL OCCUPAT work done during m use retired.)	ION nost of working	16b. KIND	OF BUSINESS/INDUST	RY
OMP	4th grade 17. FATHER'S NAME (First, Middle, Last)		Cafete	ria Hel		Over	clea High	School_
BE	John L. Bodensch	natz	19b. MAJLING	ADDRESS (Street		ret Roed	el or Town, State, Zip Coo	(a)
2	John Kammerer		709	Sharps (Court Fa	llston,	Md. 21047	
	XIX Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from Stata	ob. PLACE AND DATE emetery, cremetory or o Gardens	of Disposition (A	th	1	Baltimor	
	21. BIGNATURE OF JUNERAL SERVICE LICE		Slom E	Lassa	and Address of F	acility cal Home		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate csuse. Enter UNDERLYING	Conges	S A CONSEQUENCE OF	art q	Talme			
RTII	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE O	·F):				
MEDICAL	that initiated events	contributing to deeth	but not resulting		ng ceuse given in	1	MAS AN AUTOPSY PERFORMED? YES 2 NO	AVAILABLE PRICOMPLETION COMPLETION COMPLETIO
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ED BY PHYSICIAN: MEDICAL	PART II. Other significent conditions Cerebrarace 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ox (Month, Day, Year,	but not reculting dent	26. P OTHER: 4 HTMursing Hori ELOF 26c. IN. WM 1	PLACE OF DEATH (CI	neck only one) 6 Other (Special Describe)	YES 2 NO AMAILABLE PIRK COMPLETION O OF DEATHY 1 YES 2	
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O BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in deeth) LAST PART II. Other significent conditions Cerebrarace 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation Investigation detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER Many OSL Signature Signature Conditions 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: Inpetient 2 ER/Ot 28e. DATE OF INJUR' (Month, Day, Year, 28e. PLACE OF INJUR' of the building, etc. (Sp. 1AN: To the best of my known	but not reculting at part of the second se	26. P OTHER: 4 Thursing Hor IE OF 26c. IN WY M 1 1 street, tectory, office ed at the time, detector, in my opinion, of	PLACE OF DEATH (CI	teck only one) 6 Other (Special Describe City or Town at to the cause(s) as a time, date and pi	YES 2 NO 1 YES 2 F	

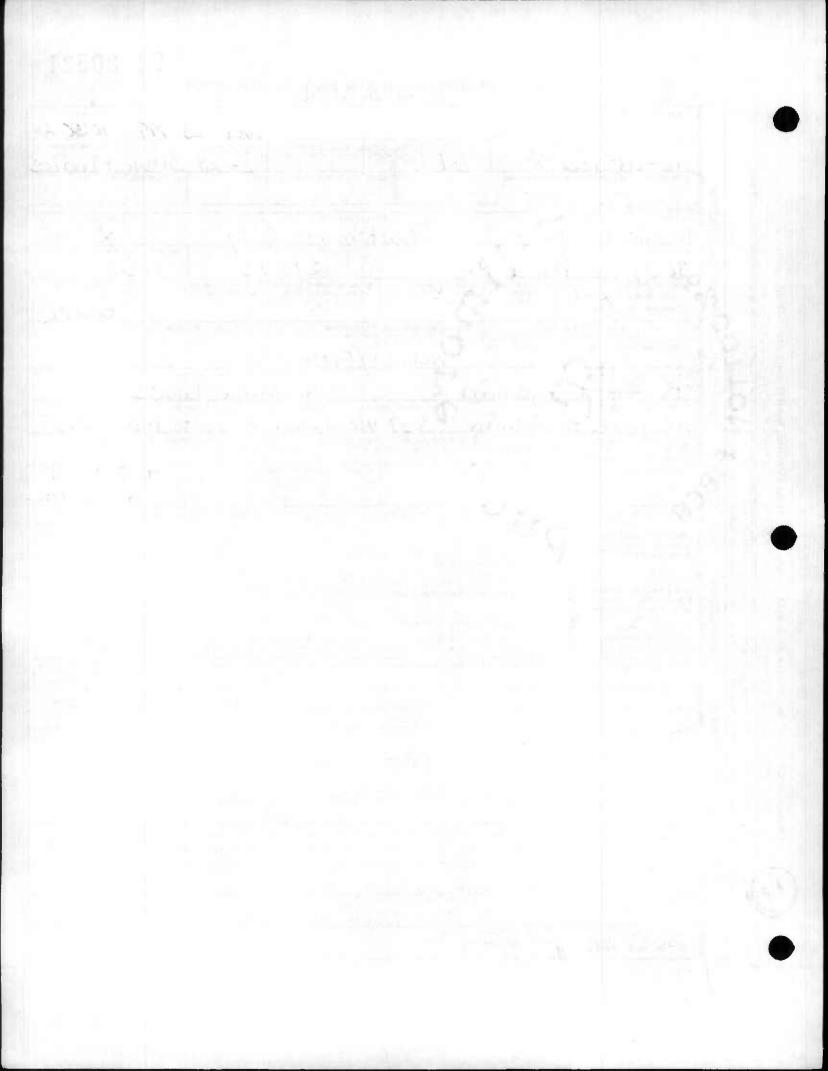
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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	OF VI	PHYSICIAN-
	DIVISION OF VITAL RECORD	OR ATTENDING PHYSICIAN: The law requires that the
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	1. DECEDENT'S NAME (First, Middle, L IVAN RICHAR		N					REG. NO. TE OF DEATH NTH DAY 2.3		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 3.16-63-0183 9a. FACILITY NAME (If not inatitation, g	5. SEX	8. AGE (In yrs.	YRS.	MONTHS DAYS		MIN. (Mo	re OF BIRTH with, Day, Year!	311	BIRTHPLACE (State or Foreign Country) NEST Indi
CTOR	THE UNION MEMORIAL HOSPITAL				BALTII	MORE C			9c. COUNT	Y OF DEATH
L DIRE	10a. STATE 10b. CON			Bo CITY	TOWN OR LOCA	OFE	Con	4		10d. INSIDE CITY UMITS? 1 YES 2 NO
BY FUNERA	30.37 Wood 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? IF YES, GIVE V	YES 2	ARMED	13. WAS DE	CENDENT OF pecify Cuban, is 2 M NO	Mexican, Puerl	GIN? (Specify Years to Rican, etc.)	U	N OF WHAT COUNTRY? S. RACE — American Indian, Black, White, etc. Specify: Black
MPLETED	15. DECEOENT'S (Specify only highest g Elementary/Secondary (0-12)			DECEDENT'S (Give kind of willing Do NOT use	usual occupation done during me retired.)	on ost of working	1	6b. KIND OF BUSI	NESS/INDUS	втич
BE CO	17. FATHER'S NAME (First, Middle Last) Bestie B	43	în			Sur	cany	, Middle, Meiden S	ica.	5
10	19a. INFORMANT'S NAME (Type/Print) 20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 5	Benjam	n	3037	ADDRESS (Street	dlan	d A	Dall Dall	0. M	ode) 1D 21215 ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	~		22. NAME A	NO ADDRESS	OF FACILITY	Al Au	e I	iruPn Carrell
	- 7 - 7	or complications the	t coursed the	desth Do o	Bist	1000li	5 M	d. 21	(21)	Funeral Ho
	23. PART I. Enter the diseases,	ire. List only one ceu	ise on each li	ne.		ode of dying	, such as ca	andlac or reapin	(21)	Funeral Ho t, Approximate Interval Betw
ERTIFICATION	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition	a. CARI DUE TO DUE TO C.	ise on each li	SEDUENCE OF	NARY IVER	ode of dying	, such as ca	andlac or reapin	(21)	Funeral Ho t, Approximate Interval Betw
MEDICAL CE	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	a. CARI DUE TO DUE TO C. DUE TO d.	DIO PUL (DR AS A COMS EMIA (DR AS A COMS (DR AS A COMS	BEDUENCE OF	VARY IVER	pode of dying A FAI	RRES	ardiac or reaping	atory arres	Funeral He Approximate Interval Betw Oneet and D
SICIAN: MEDICAL CE	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. CARI DUE TO C. DUE TO d. tiona contributing to	OP AS A CONS (DR AS A CONS (DR AS A CONS (DR AS A CONS (DR AS A CONS	SEDUENCE OF	VARY I VER the underlyin 26. Pt	pode of dying A FAI g ceuse give	I, such as configuration of the such as confi	24a. WAS AN A PERFORM 1 YES 2 (atory arres	Approximate Interval Betwoonset and D 24b. WERE AUTOPSY FINDIA AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificant conditions of the conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. CARI DUE TO DUE TO C. DUE TO d. HOSPITAL: 1 Paperiant: 2 280. SATE OF (Month, D	(DR AS A CONS	SEDUENCE OF	The underlyin 26. Pi OTHER: 4 Nursing Hore OF 28c. IN, WC M 1 1	g couse give	en In Part I. TH (Check only lence 6 Otto 28d, 0	24a. WAS AN A PERFORM 1 YES 2 (atory arres	Approximate Interval Betw Oneet and D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 12-NO
ETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificant conditions of the condition	a. CARI DUE TO b. DUE TO c. DUE TO d. HOSBITAL: 1 Impetient 2 28a. SATE OF (Month, D) on be d	(DR AS A CONS (D	SEDUENCE OF) SEDUENCE OF) The resulting in the second of	26. Pl OTHER: 4 Nursing Hom OF 28c. INJ RY M 1 reet, factory, office	g ceuse give	en in Part I. TH (Check only lence 6 Other Check only 28d, 0	24a. WAS AN A PERFORM 1 YES 2 (One) Ther (Specify) ESCRIBE HOW IN.	atory arres	Approximate Interval Betw Onset and D 24b. WERE AUTOPSY FINDIA MARILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 2 7000
ED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the diseases, shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificant conditions of the conditions of the conditions of the conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificant conditions of the	a. CARI DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 The patient 2 25a. PATE Or be didning. AYSICIAN: To the best of attining to a series of a series of attining to a series of a series o	(DR AS A CONS (D	SEDUENCE OF) SEDUENCE OF) SEDUENCE OF) A DOA 28b. TIME INJU home, farm, st	Z6. PI The underlyin g ceuse give	en in Part I. TH (Check only lence 6 Other only 28d, p. other only	24a. WAS AN A PERFORM 1 YES 2 (One) Ther (Specify) ESCRIBE HOW IN. POATHON (Street and by or Town, State)	atory arres UTOPSY NED? JURY Occur of Number or	Approximate Interval Betw Onset and D 24b. WERE AUTOPSY FINDIA MARILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 2 7000	

31. DATE FILEO (Month,



BALTIMORE, MARYLAND 21215-0020 Page 6 may be retained by the hospital or attending physic

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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	After	death	Em s
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	JIREC	OULS	Em
	3	72 h	If it
	à	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic
	-46	75	-

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DIRECTOR

FUNERAL

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PHYSICIAN: MEDICAL CERTIFICATION

BY

BE COMPLETED

2

92 20522 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATH Louise Virginia Chase YEAR July 14, 1992 10:00am 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) DAYS MONTHS HOUMS 1 M 2 X F YRS. 219-30-8332A 23 une 1914 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Maryland General Hospital Baltimore City 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 YES 2 NO 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21223 1907 West Mulberry Street USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED FORCES? 1 YES 2 WO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Specify: 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Medical Assist. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Levi Chase Vida Turley 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) Doris Denny 2812 Mary St. Falls_Church, Virginia 20a. METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of cemetery, crematory or other place) OATE 20c. LOCATION - City or Town, Slate 4 ☐ Donation S ☐ Other (Specify) Balto: W. 212/6 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY then 250 23. PART I. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, pproximate shock, or haart failure. List only one cause on each lina. ervai Retween Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) Multi-organ failure DUE TO (OR AS A CONSEQUENCE OF): Multiple malignancies carcinoma of the ovary and uterus Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING and multple myelomas. CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 1 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL . OTHER: 1 TYES 2 THO 1 Compatient 2 ER/Outpatient 3 DOA ng Home 6 - Residence 6 - Other (Specify) 4 Nursi 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Watural 5 Pending 1 YES 2 NO 2 Accident

4 Homicide determined	building, etc. (Specify)		TOW (Street and Number of Hural Houte Number, of Town, State)
	: To the best of my knowledge, death occurred at the time in the basis of examination end/or investigation, in my opin		te(a) and manner es stated, and place, end due to the ceuse(s) and manner as stated.
296. SIGNATURE AND TIPLE OF CERTIFIER		29c. LICENSE NUMBER n/a	29d. DATE SIGNED (Morrith, Day, Year) 7/9/92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

George Mtanos, M.D.

26e. PLACE OF INJURY ... At home

c/o Maryland General Hospital

WALER ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 8, may be residued by the breaken observation of the second of the	IR: After th	is marke
THE HOSPITAL OR A	THE FUNERAL DIRECTO	APORTANT: If Item 28

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -

_	HEGISTIAN		CLATIF	ICATE OF	DEALU	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Last) MARY FLOOD	A/I A DAI	Tura	771.	1	2. DATE OF DEATH	DAY 22 4	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	I s. SEX	LNEZ	F1000	7			2 3:15 1
	246-26-1413	1 M 2 DF	6. AGE (In yrs. last birthday) 77'2 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give		73 THS.			4-19-1	9	N.C.
œ .	CHURCH HOSPI		OODAMTON		OR LOCATION OF E		9c. COUNT	Y OF DEATH
6	RESIDENCE OF DECEDENT	TAL CORE	PORATION	BA	LTIMORE	CITY		
<u>n</u>	10a. STATE 10b. COUNT	ry	10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	Md.	-	RX	LTIM	APE	City		1 YES 2 NO
	10e. STREET AND NUMBER				f. ZIP CODE	118 4	10o, CITIZE	N OF WHAT COUNTRY?
FUNERAL	1316 N. 1 1178	PNEAVE			21012		77	/ c D
3	11. MARITAL STATUS		EVER IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify)	ba or No. 14	I. RACE — American Indian.
	1 Never Married 2 Married		YES 2 NO	If yes, at	ecify Cuban, Maxic	an, Puerto Rican, atc.)	- C - NO	Black, White, etc.
B	3 Widowed 4 Divorced		on units	10 16	2 PNO Speci	ry:		Specify: BLACK
	15. DECEDENT'S EDI (Specify only highest grad			USUAL OCCUPATI		18b. KIND OF 8	USINESS/INDUS	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Him Do MOT	work done during ma se retired.)	est of working			
MP	-		DAMI	STIC		P	RIVA	TE
COMPLET	17. FATHER'S NAME (First, Middle, Last)		,		18. MOTHER'S N.	AME (First, Middle, Maide		
BE	DALLAS		MERRITE	2	MAR	Y ELIZA	9 Jni	YNSDN
P	19a. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or R	own, State, Zip Co	ode)
-	WILLE MASPS	FLOOR	1316	N. LIL	ZERNI	AveiB	9170	Nd.21213
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren	novel from State	20b. PLACEAND DATE	F DISPOSITION (N	ame of	DATE 20c. I	OCATION - CIT	y or Town, Stata
	4 Donation 6 Other (Specify)	noval from State	cemetery, crematory or o	CENCH	yy	28-92 11/	AVCP	oss. N.C.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			ND ADDRESS OF F	CILITY COL	link	E.H.
	Roudelated	14.11.	1	7.	-1	7	TOA I	
	23. PART I. Enter the diseases, or	complications that	R	DAL	TIMOS	E, NOT.	1/2/3	
	SHOCK, OF HEART THINGS.	List only one caus	e on aach line.	ot anter tha mo	de or dying, au	on as cardiac or rea	piratory arres	t, Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Da	00-0	111	101.1	C. T.11	1183	Onset,and Death
A	resulting in death)	a. Of C	OR AS A CONSEQUENCE OF	MUCH	100004	WITH	PICI	(D) 11/12/2
_ I		Jose 10(LINEA CONSEQUENCE OF	1 / 2/	111			
ĕ	Sequentially list conditions,	b. DUE TO (C	M AS A CONSEQUENCE OF	1000	1/10			
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING		No N GONGEGOENGE GI	1.				
프	CAUSE (Disease or Injury that Initiated events	DUE TO (C	OR AS A CONSEQUENCE OF	7:				
E	resulting in death) LAST	4						
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EDICAL	PART II. Other algolificant condition	na contributing to d	leath but not resulting i	n the underlyin	g cause given in		N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
음						t 🗆 YES		COMPLETION OF CAUSE OF DEATH?
ME								1 VES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. P	ACE OF DEATH (C	neck only one)		
S	1 VES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	e 5 🗆 Rasidence	6 Other (Specify)		
Ę	27. MANNER OF DEATH	26s. DATE OF III (Month, Day		E OF 28c. INJ	URY AT	28d. DESCRIBE HOW	INJURY OCCUP	RED
BY	Natural 5 Pending 2 Accident Investigation	(Worki, Day	(NO		PRK?			
	3 Suicide 6 Could not be	28e. PLACE OF building, et	INJURY At home, farm, a	treet, factory, offic		281. LOCATION (Stree	and Number or	Rural Route Number,
	4 Homicide determined	bollottig, st	ic. (Specify)			City or Town, Stat	9)	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of m	y knowledge, death occurre	d at the time date	and place, and du	to the equate and -		
₹								ause(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE		CONCRETE N	1				1
ᆱ	X noin	- (10,0	dy)	29c. LICENSE NU	REM	29d. DATE SI	IGNED (Month, Def. Year)
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	DE DEATH STEW AT CO.	(Parlant)			/	1011
	100N BROADWA			rmm)				
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR				-		
		T SE TICUIS I MAM	3 SIUNALUNE -					

THE VIEW DITES NO. MERCELLE BARRELLE PARTIES which was the said with the state of the parameter of Non-je Zweery Bill Vyenit eines Fall Marganitaed Michael Marga

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DIVISION

permit. Pages 1, 2, 3 should filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. THE MONTH OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. cremation, this certificate has been signed by the attending physician and completely in with the State Dept, of Health and Mental Hyglene prior to burial, crematic riced, or Nem 23 shows any injury, or other traumatic event, the DIRECTOR: After the chours after death in them 28 is mari FUNERAL WENIN 72 =

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH WESLEY 3. TIME OF DEATH HOHTH WILLIAM FOSTER G. 6:02 AM 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign S.C. 248 - 54 - 7728 9-22-35 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1100 EAST PRESTON STREET BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c CITY TOWN OR LOCATION 10d. WSIDE CITY MD Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1100 E. Preston St. 21202 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced Black 8 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe COMPLET Elementary/Secondary (0-12) Disabled 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Jordan Foster Hicksey Murphy 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Alice B. Foster 1100 Preston St./Baltimore, MD 21202 20a, METHOD OF DISPOSITION
1/ Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Garden Cem. Voshell 4 Donation 6 Other (Specify) Dundalk. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MM C. MARCH F.H./1101 E.NORTH 23. PABY 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO nonce 1000 1 YES 2 NO ONLY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 | Nursing Home 5X Residence 6 | Other (Specify) 1 TYES 2 NO 1 | Inpetiant 2 | ER/Outpetiant 3 | DOA 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY Matural 5 Pending 1 YES 2 NO Accident investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29a, CERTIFIER

COMPL IMPORTANT: 300 SIGNATURE AND TITLE OF CHITCHEN 불물 BE 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) RANK

1992

31. DATE FILED (Month, Day, Year)

2 🛄 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occursed at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) ▶ 07- 22- 1992

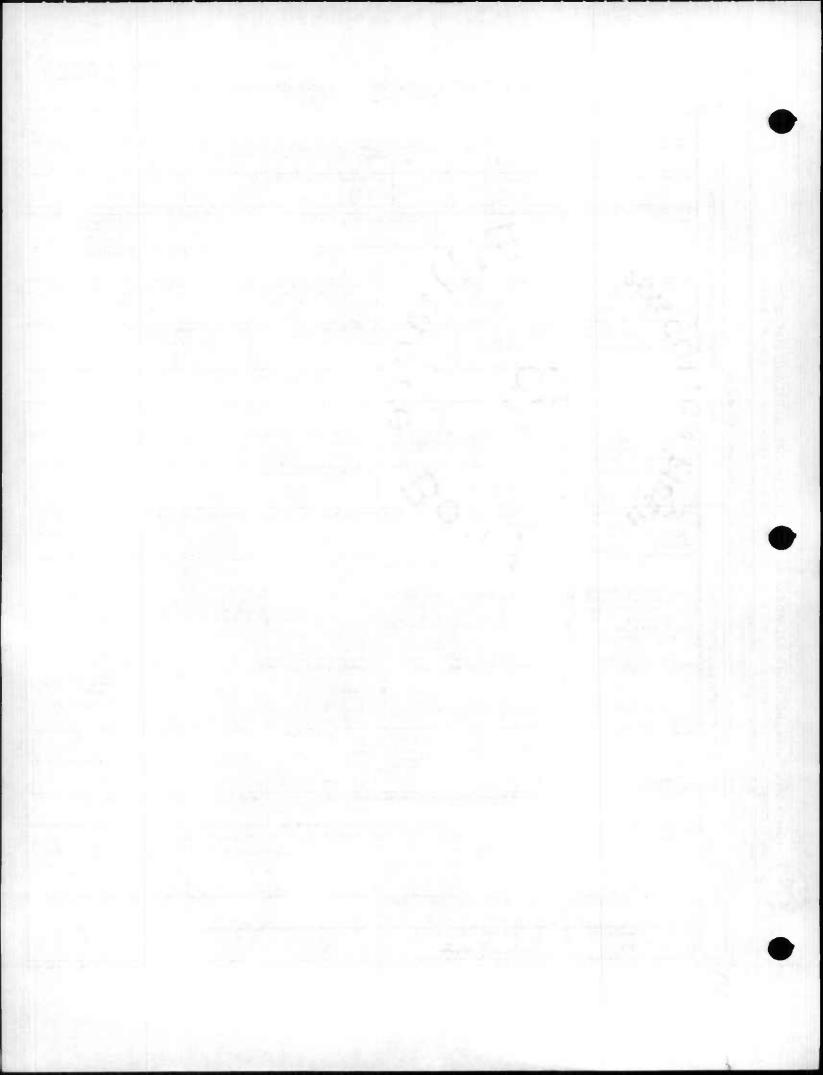
O.C.M.E.

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

111 PENN STREET BALTIMORE, MARYLAND 21201

32. REGISTRAR'S SIGNATURE whice Davidson Randelle

DHMH-16 Rev 1/89



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	ID THE MOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the present demonstrates a second of the completely filled in by the present demonstrates and the completely filled in by the present demonstrates and the completely filled in by the certificate has been signed by the attending physician and completely filled in by the present demonstrates and the completely filled in by the certificate has been signed by the attending physician and completely filled in by the certificate has been signed by the attending physician and completely filled in by the certificate has been signed by the attending physician and completely filled in by the certificate has been signed by the certification of the certificate has been si	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at or
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PHYSICIAN: MEDICAL CERTIFICATION

BY

BE COMPLETED

2

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

296 SIGNATURE AND TITLE OF CER

1 TYES 2 NO

4 Homicide

	FOR	STATE OF B	MARYLAND /	/ DEDAI	OTMENT O	F 11F4			8501781 ·	Walter	9	2	205	25
	1 - STATE REGISTRAR	SIATE OF F	C	ERTIF	ICATE (OF D	EAT	ANU N H		HYGIEN REG. NO.	E			
	1. DECEOENT'S NAME (First, Middle, Last)								2. DATE OF MONTH	DEATH		YEAR	3. TIME OF D	EATH
	WILLIAM		ENRY		F	ORD)		7			92		м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le.	st birthday)	IF UNDER 1 YE		UNDER 24	HRS.	7. DATE OF (Month, D			8. BIRTI	HPLACE (Stelle (or Foreign
	231-16-9034	XXM 2 □ F	71	YRS.					9-1	2-20)		RGINI	A
œ	9e. FACILITY NAME (If not institution, give s				9b. CITY, TO				ATH		9c. COU	INTY OF D		
Ē	1827 N. WASHIN	IGTON ST	REET		BAI	TI	MOR:	E						
DIRECTOR	10a. STATE 10b. COUNTY	1		10c. C/1	TY, TOWN OR L	OCATION	1					-	10d. INSIDE	эту
5	MD			B	BALTIM	ORE							LIMITS?	
AL	10e. STREET AND NUMBER					10f. ZIF	CODE				10g. CIT	IZEN OF	WHAT COUNTRY	
ÉH	1827 N. WASHII	NGTON S	TREET			2	2121	.3				U.S	Δ	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	RMED NO	If yes	DECEND , specify YES 2 5	y Cuben,	HISPANI Mexicen Specify:	C ORIGIN? (S , Puerto Rice	specify Yes n, etc.)	or No-		E — Americen I k, White, etc.	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Becondary (0-12) College (1-4 or 5 +) DISAB					PATION g most of	l working		16b. KII	ND OF BUS	INESS/INI	DUSTRY	DUA	CR
OM	17. FATHER'S NAME (First, Mickle, Last)			DISH	DLLD	10	MOTHE	D'S NAM	IE (First, Midd	N= AA=245= 1				
BE C	CHARLIE FORD								IY WO		,			
TO 8	the INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Str	eet end N	Number or	Rural A	oute Number,	City or Town	, Statu, Zip	Code)		
-	VILORENE FORI	0	1	827	N. WA	SH	ING:	ron	ST.	BAL	TIMO	DRE,	MD 2	1213
	20s. METHOD OF DISPOSITION 1 ★ Burtel 2 □ Cremation 3 □ Remo 4 □ Denation 5 □ Other (Specify)	over from State	cemetery, ora	matory or o	OF DISPOSITION other place! RE CEM				DATE			City or To		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Solo)		WM .	C . M	ARC	НЕ	г.н./	1101	. E.	NOI	RTH A	/E.
	23. PART I Enter the diseasea, or o shock, or heert fellure. I IMMEDIATE CAUSE (Finel disease or condition reculting in death)	Arterio	se on eech iine	is		mode (of dying	g, auch	aa cerdiac	or reapir	retory an	reet,		Imate Between and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente the uniting in death LAST	Hyperte Tobacco	USE (OR AS A CONSEC	DUENCE OF	F):									
AL CE	PART II. Other significent conditions	Hyperches contributing to				vina ce	use alv	en in D	art 1 24-	WAS AN	UITOPEV	244	WERE AUTOPS	v Empirico
≪ ℤ ‼						-						2.40.	THE MOTORS	COLUMNS

Peripheral Vascular Disease

1 YES 2 X NO

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 XNO

26. PLACE OF DEATH (Check only one) ne 5 () Residence 8 □ Other (Specify)

29c. LICENSE NUMBER

D35530

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. OEŞCRIBE HOW INJURY OCCURED

27. MANNER OF DEATH 28c. INJURY AT WORK?
1 YES 2 NO 1 Natural
2 Accident
3 Suicide 5 Pending Investigati 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 8 Could not be determined 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29e. CERTIFIER (Check only one)

1 🖾 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner es atated.

ation end/or investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end menner ee stated.

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

John R. Roberts, M.D. Johns Hopkins Hospital, Baltimore, MD 21218

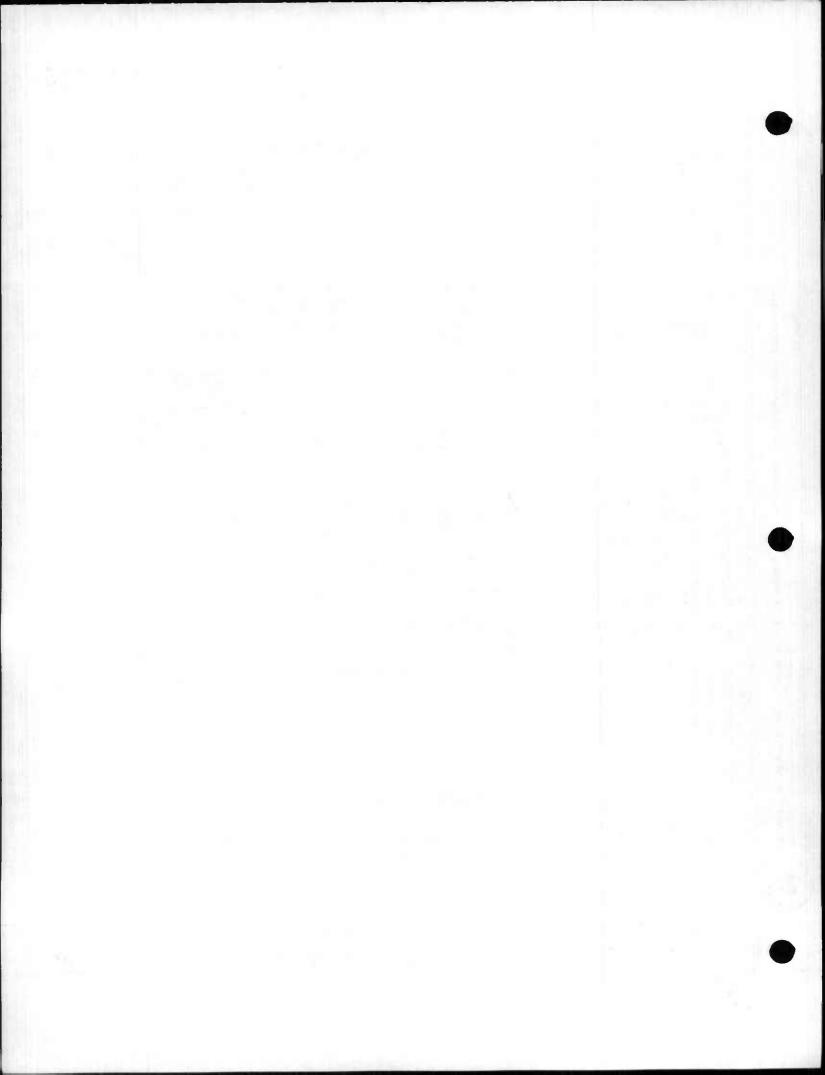
32. REGISTRAR'S SIGNATURE JUL 27 1992 31. DATE FILED (Month, Day, Year) July 27, 1992

who Davidson Mandall

DHMH-16 Rev 1/89

29d. DATE SIGNEO (Month, Day, Year)

7-25-92



BALTIMORE, MARYLAND 21215-0020

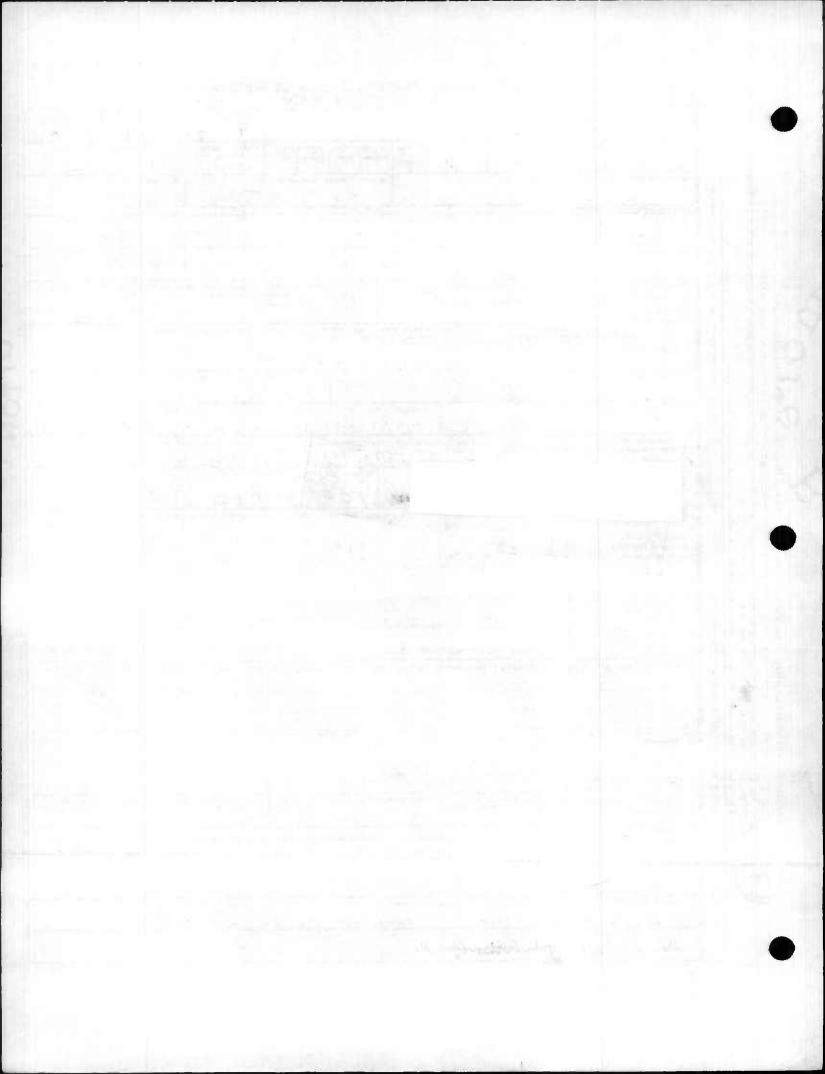
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

WIGHTAL OR ATTENDING PHYSICIAN. The law recurse that the death certificate be esecuted within 24 hours after death. Page 6 may be retained by the hospital control of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transit permit. Pages 1, 2, 3 should wighin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremation, or removal.

TANT: If them 28 is marked, or flem 23 shows any Injury, or other traumatic event, the medical examinar must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		IT OF HEALTH AND	MENTAL HYGIE	NE	72 20021
A I R ICAT 3		Utili		2. DATE OF DEATH	0.00	EAR 2 TIME OF DEATH
4. BOCIAL SECURITY MUMBER 2/5-05-066/ 94. FACULTY NAME/IT NOT INSTITUTED, GAR	5. SEX 6. AGE (In yrs. 1. E.) M 2 [] F	YRS. MONTHS	ER 1 YEAR # UNDER 3H HIG. DAYS HOURS MIN. TY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Mostr. Con. Sur) 3/3-5/11		BIRTHPLACE (State or Foreign Country)
RESIDENCE OF DECEDENT 10a. STATE 10b. COUR	sptal Cen	100. CITY, TOWN	on LOCATION CITY	ety		10d. INSIDE CITY LIMITS7 1 YES 2 HO
106. STREET AND NUMBER	lackson	. St.	101. ZIP CODE/	230	10g. CITUZES	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ANNO 12	I WAS DECENDENT OF HISPA If yea, specify Cuban, Mexic 1 PES 2 NO Spec	ran, Puerto Rican, etc.)	es or No- 14	RACE - American Indian, Black, White pic.
15. DECEDENT'S EI (Specify only highest pra Elementary/Secondary (0-12)	de completed)	DECEDENT'S USUAL (Give hind of very don the Do NOT use reflect	during most of working	E HIS. KIND OF B	USINESS/INDUS	THY
17. FATHERT'S NAME (FIRST, MICHIE LAST)	Kule O	1.24	ar Edi	THE COURT MICHIEL MAIN	io Sumama) .	u
THE THEOGRAPH STRAME (Types Frint)	2. Grube	1451 O	eclard	Poute Number, City or To	t B	at Wel 202
29a METHOD OF DISPOSITION 1 ☑ Burist 2 ☐ Cremetion 3 ☐ Re ☑ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	emoval from State	E AND DATE OF DISPO	ention segment	1/2/12	AN RI	the Heavy
"Elsea	Stellen	Dela	15016	Fort (due	= Brok.
23. FART I. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	B. List only one cause on each li	ne.	e f huny	ch as cardiac or res	piratory arres	Approximate Interval Betwee Onset and Der
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):	jek barn me la Preia			You as
PART II. Other significant condition	ons contributing to death but not	t resulting in the s	enderlying cause given is		N AUTOPSY PRIMED? 2,50 NO	24b. WERE AUTOPSY FWON MANLABLE PRIOR TO COMPLETION OF CAUSE OF OCATH?
28. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	heck only one;		
1 ☐ YES 23Ø NO	HOSPITAL:	Company Company	IR: ursing Home 5 □ Residence	6 Cher (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	25s. DATE OF INJURY (Month, Clay, Year)	266. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	284. DESCRIBE HOW	INJURY OCCUR	(CO
3 Suicide & Could not b 4 Humicide determined	e PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, fa	ctory, office	28f. LOCATION (Street City or Revin, State		Plural Plaute Mumber
	TRICIAN: To the best of my knowledge, NER: On the basis of examination angle					muse(s) and manner as stated.
290. SIGNATURE AND TITLE OF CERTIFI			29s. LICENSE NO		-	CHED (Morris, Cay, Marr)
50. HAME AND ADDRESS OF PERSON W	WHO COMPLETED CAUSE OF DEATH (IT		5. Hanna S	6 B. H.	un l	
31. DATE FILED (Month, Day, Year)	gratia beindan Bond	282	- Park and I	2000	- 1.0	





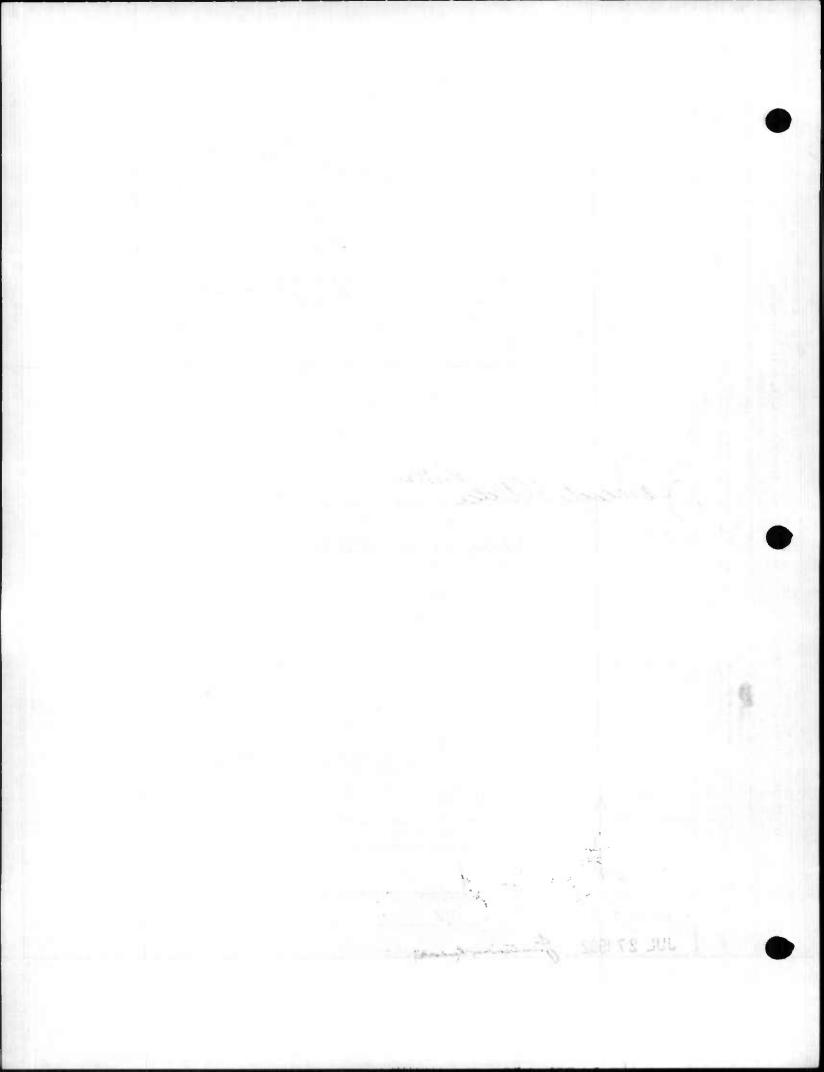
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requise, that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been with the State Dept. or Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 stands any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

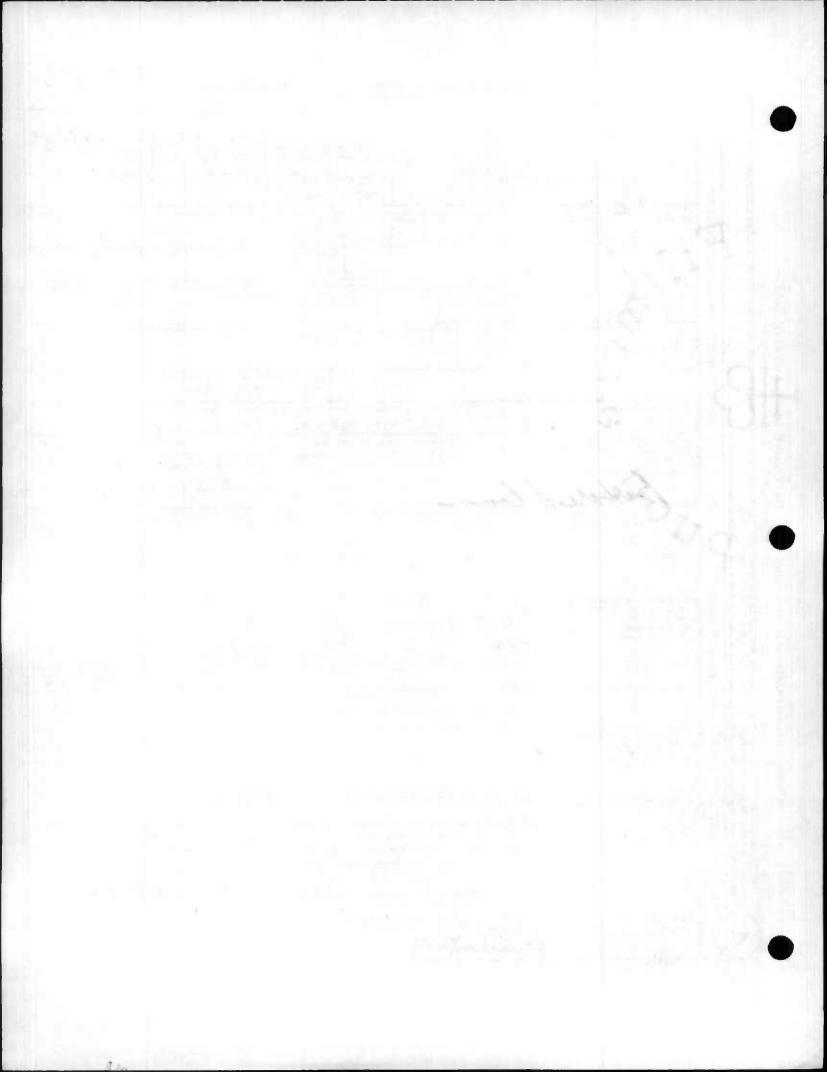
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				ENTIF	ICALE	CF	DEA	1 17	R	EG. NO.			
	1. DECEDENT'S NAME (First, Carol	Middle, Last)	Davis		Green					2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH 06 29 1992 4:45 A				
	4. SOCIAL SECURITY NUMB		5. SEX									15	992	4:45 A. M
	4. SOCIAL SECONITY NOMB		1 M 2 F	6. AGE (In yrs. Ia	st birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF E (Month, De			8. BIRTH Count	HPLACE (State or Foreign ry)
	96. FACILITY NAME (If not in:	stitution, give str			9b. CITY	b. CITY, TOWN OR LOCATION OF DE			EATH 9c. COU			NTY OF D	DEATH	
OR	Baltimore T	ruck P	laza			Ral	time	ore (71+57				NA	
5	RESIDENCE OF DEC			CIIIN	JIC (JI CY				1427				
DIRECTOR	Florida	10b. COUNTY				kson								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				Juac	KSOII		. ZIP COD	E			40- 0/7	2001 00 1	1 YES 2 NO
FUNERAL	1868 Horde	r Stree	> +				"	. ZIP COD	E			10g. CIT	IZEN OF 1	WHAT COUNTRY?
3	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AL	AMED	13	WAS DEC	ENDENT (E HISDANI	C ORIGIN? (S	noolfy Man	as Ma	44 040	E — American Indian.
	1 Never Married 2		FORCES? 1	YES 2		1 1	if yes, sp	ecify Cubs	ın, Mexican	, Puerto Rican	, etc.)	OI 140-	Black	k, White, etc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specific												Spec	w: Black
	15, DECI (Specify only	EDENT'S EDUCA	ATION completed)	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON .		16b, KIN	D OF BUSI	NESS/INC	DUSTRY	
<u> </u>	Elementary/Secondary (0-		College (1-4 or 5	Hila	Do NOT u	se retired.)	ouring mo	at or worki	ng .					
를								1						
COMPLETED	17. FATHER'S NAME (First, Mi	ddle, Lest)			•			18. MOT	HER'S NAM	NE (First, Middle	e, Maiden S	umame)		
H	19a. INFORMANT'S NAME (7)	me/Print)			A MAII INC	ADDRESS	. (0)	-1.01						
임	ocme	parina			D. MAILING	ADDRESS	s (Street e	na Numbei	or Hural H	oute Number, C	aty or Town,	, Stete, Zip	Code)	
	20a. METHOD OF DISPOSITION 1	n 3 🗆 Remon	val from State	20b. PLACE cemetery, cre			SITION /Ne	me of		DATE	20c. LOC	ATION	City or To	own, State
	4 Donation 5 Other	(Specify) <u>ir</u>	state	7		-				1				
	22. NAME AND ADDRESS OF FACILITY State Anatomy 655 W. Baltimore St, Baltimore, MI													
_	23, PART I. Enter the di	4/1	rue	Ce		- 1								עו צוצטו
CERTIFICATION	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST. Due to (or as a consequence of): Due to (or as a consequence of):													
EH	resulting in death) LAST													
	PART II. Other algnificer	nt conditions	contributing to	death but not	reaulting	in the un	derlying	ceuse	given in F	Part I. 24a	. WAS AN A		24b	. WERE AUTOPSY FINDINGS
EDICAL										1.8	PERFORM			AVAILABLE PRIOR TO COMPLETION OF CAUSE
										- 17	122 2			OF DEATH?
2										- '				YES 2 NO
₹	25. WAS CASE REFERRED TO	MEDICAL					28. PL	ACE OF D	EATH (Chec	ok only one)				1
ဗ္ဗ 🛮	EXAMINER? 1 X YES 2 □ NO		HOSPITAL:	ER/Outpatient 3	L DOA	OTHER	₹:			K Other (Spe	и. П	1201201	c Pla	
主	27. MANNER OF DEATH		28e. DATE OF	INJURY	26b. TIM	-	28c. INJ			26d. DESCRIB				dZd
BY PHYSICIAN: M		Pending Investigation	(Month, D	ay, Year)	INJ	URY M		RK? 'ES 2		ACCOUNT IN				
		Could not be letsrmined	28e. PLACE O building,	FINJURY — At ho atc. (Specify)	ome, farm,	itreet, tect	ory, office			281. LOCATION City or Tox	N (Street en vn. State)	d Number	or Rural F	Route Number,
COMPLETED	29e. CERTIFIER (Check only	FYING PHYSICI	IAN: To the best of	my knowledge, de	eth occum	ed at the ti	lme, date	end place	end due t	o the cause(e)	end menn	er ee stat	ed.	
S) end menner ee stated.
BE	SIGNATURE AND TITLE	CENTIFIE	Th	M					O.C.N					(Month, Day, Year) /1992
2	MACO +	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE										
	31. DATE FILED (Month, Day, Y	AU LL	32. REGISTRA	R'S SIGNATURE	11 P	enn s	Stre	et.	Balti	more.	Mary	zland	1_2	1201
	JUL 27 199	32 8	Topis Denie	- Randon	13	1								
					7									



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTAL HYGIEN		2 20528				
	1. DECEDENT'S NAME (First, Middle, Last) PUTHRY V	George 5. SEX B. AGE	(in yrs. last birthday)			2. DATE OF DEATH		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 214-54-3801 9a. FACILITY NAME (If not institution, give at	52	BIRTHPLACE (State or Foreign Country) VA.									
TOR	Univ. hosp.	reet and number)		Baltimo		EATH	9c. COUNTY	OF DEATH				
DIRECTOR	10a. STATE 10b. COUNTY			rown or Locatio	N			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	10e. STREET AND NUMBER 417 E. Fayette			1000	1202		USA	OF WHAT COUNTRY?				
BY FUI	11. MARITAL STATUS 1 🔀 Never Married 2 🗀 Married 3 🗋 Widowed 4 🗋 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, speci		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify B I a C K				
COMPLETED	15. DECEDENT'S EDUC (Specily only highest grade: Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	BUAL OCCUPATION & done during most etired.NONE	of working	ISINESS/INDUST	TRY					
B B	17. FATHER'S NAME (First, Middle, Last) Johnnie George 196. INFORMANT'S NAME (Type/Frint)		10b MAH ING AF		Ella Lo	ME (First, Middle, Meider UISE GEORG Route Number, City or Tox	le					
10 10	Johnny George Sr.	Pasedena,	Md. 2	1122								
ar must	20e. METHOD OF DISPOSITION 1 X) Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20e. PLACE AND DATE OF DISPOSITION (Name of copyetery, grematory or other place) Western Star Cemetery 7/27 Balto., Md.											
AL CERTIFICATION	ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Late only one cause on each line. Interval Onset of the conditions, out to (or as a consequence of): Late only one cause on each line. Interval Onset of the conditions, out to (or as a consequence of): Late only one cause on each line. Interval Onset of the conditions of the conditio											
PHYSICIAN: MEDICAL CI	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. Sickle cell Truit 1 YES 2 NO											
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	CE OF DEATH (Ch							
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Morith, Day, Year)	28b. TIME O	PF 28c. INJUR WORK	Y AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED				
ZE IS	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, ferm, atre-	et, factory, offica	28f. LOCATION (Street City or Town, State		Rural Route Number,					
BE COMPLETED		IAN: To the beat of my know						buse(a) and manner as stated.				
TO BE		ison MD		A	9c. LICENSE NUI U417643	15 AM 2494	29d. DATE SIG	GNED (Month, Day, Year) 23-92				
1	30. NAME AND ADDRESS OF PERSON WHO Bennett Morrise	n 22 5. 6	Freene St		selt. n	id,						
7	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	fandalls									



DIVISION OF VITAL RECORDS, P.O. BOX 687	SOUTH OF ATTENDING PROPERTY TO IT. IN COLUMN TO A STATE OF STATE O
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

PORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netfilled at once.

* 180

STATE	0F	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		CE	ERTIFICATE	OF	DEAT	ГН		REG. NO.

	1 - FOR STATE REGISTRAR		PARTMENT OF HEALTH AND TIFICATE OF DEATH	MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF OEATH						
	ERNEST GARRIS	ON		JULY 21,1992	1:10 P.M						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birth		7. DATE OF BIRTH 8. B	IRTHPLACE (State or Foreign						
	227-34-3285 XXM 2 F 69 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Near) 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH										
DIRECTOR	Total Control of the	AL CORPORATION	BALTIMORE C		J. DEATH						
E	10a. STATE 10b. COUNT	Y 10-	c. CITY, TOWN OR LOCATION		10d. INSIDE CITY						
	Mory and		Baltimore 101. ZIP CODE		1 YES 2 NO						
FUNERAL	4615 Park H	leights Av.	2121	5 LI	S A						
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxico	NIC ORIGIN? (Specify Yea or No.— 14. F	RACE — American Indian, Black, White, etc.						
BY	3 Widowed 4 Divorced	IF YES, BIVE WAR OR DATES	1 YES 2 NO Specif		Specify:						
뛜	15. OECEDENT'S EDU (Specify only highest grade	completed) (Give kir	ENT'S USUAL OCCUPATION and of work done during most of working	16b. KINO OF BUSINESS/INOUSTR	IY .						
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ion use retired.)	-							
S S	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NA	ME (First, Middle, Maiden Surname)							
BEC	Alfred (90	arrison	Flor	ra Mears							
	19a. INFORMANT'S NAME (Type/Print)		ILINO ADORESS (Street and Number or Rural)						
임	Pleasant Man	nor Nursingtone 46	15 Park Heigh	its Av. Dalto.	MD 21215						
	20a METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem	20b. PLACE AND D complete, cremator	ATE OF OISPOSITION (Name of	DATE 20c. LOCATION - City of	r Town, State						
	Constion 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICES.	- Carr	ison forest vit	1/21 Wing3	1117113 1111						
	21. SIGNATURE OF FUNERAL SERVICES	10	22. NAME AND ADDRESS OF FA	Mrs Har lue no	u						
- 1	Yever Ca	ewell	Town Car	MELWOOD	Home.						
	23. PART I. Entar the diseases, or shock, or heart failure	complications that caused the death. List only one cause on each line.	Do not anter the mode of dying, suc	h as cerdiec or respiratory arrest,	Approximata						
- 1	IMMEDIATE CAUSE (Final	cist only one cause on each mia.	A .	. \	Interval Between Onset and Death						
	disease or condition resulting in death)	· Clark	Morne,	/ Lant							
_		DUE TO OR AS A CONSEQUEN	CE OF):	020							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	OUE TO OR AS A CONSEQUENCE	CE OFI:	000							
AT I	ceuse. Enter UNDERLYING		10'								
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUENCE	CE OF):								
	resulting in death) LAST	d									
	PART II. Other aignificent condition	na contributing to deeth but not reault	ting in the underlying cause along in	Book I Day was an arrange							
S S	Day	P. C.	mig in the underlying cause given in	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO						
	The state of the s	facing	0	1 TYES 2 XNO	OMPLETION OF CAUSE OF DEATH?						
Σ	Aus	et ols	al duch		1 TES 2 NO						
₹ I	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Ch								
	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Outpatient 3 De	OTHER:								
PHYSICIAN: MEDIC	27. MANNER OF CEATH		OA 4 Nursing Home 5 Residence TIME OF 28c. INJURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED							
	1 Natural 5 Pending	(Month, Day, Year)	INJURY WORK? M 1 YES 2 NO	THE SECOND TION MOON COCONES	´ I						
BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, fa		281. LOCATION (Street and Number or Ru.	ral Bruta Number						
	4 Homicide detarmined	building, etc. (Specify)		City or Town, State)							
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowledge, death or	Coursed at the time date and place, and due	to the several and an array and d							
<u> </u>		R: On the basis of examination and/or investi			se(a) and manner as stated.						
	296. SIGNATURE AND TITLE OF CERTIFIED		29c. LICENSE NUI								
BE	//www	n'L'	D12	CO . 17/3	NED (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF OEATH (ITEM 27)	,) Ononon no	SPITAL CORPORA	TION						
	104461	x. 141100	10 100 N. BROA	DWAY BALTIMOR	E, MD.21231						
	JUL 27 1992	22. BEGISTRAR'S SIGNATURE									

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FTO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

DECEDENT'S NAME (First, Middle, Last)

MARY

LILLIE HARRIS

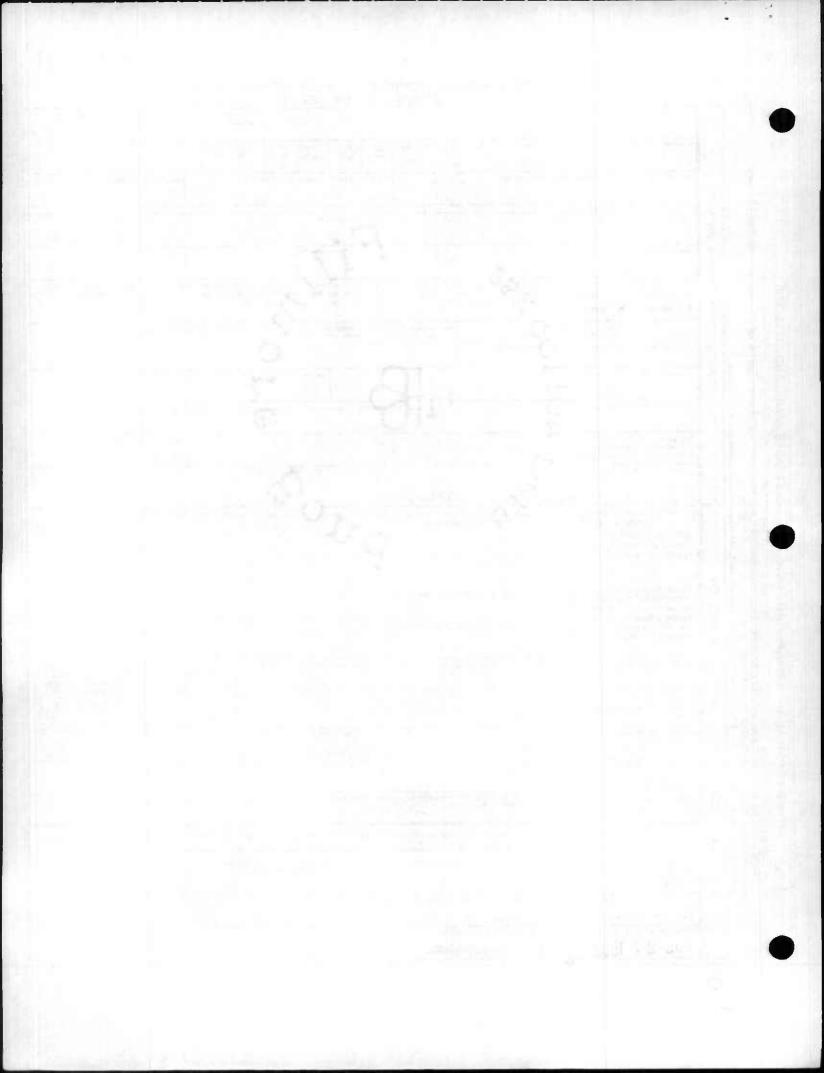
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

2. DATE OF DEATH MONTH MONTH DAY

	1. DECEDENT'S NAME (First, Middle, Last								2. DATE OF MONTH	DEATH	٧	YEAR	3. TIME OF OEATH
	MARY		RRI	S				7	24	9			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF 1	Iv. Your)		8. BIRTH Countr	IPLACE (State or Foreign
	220-12-5522	1 🗆 M 2 💢 F	93	YRS.	MONTHS	OAT 8	HOURS	mire.	46	-18	99	NORTH CAROLINA	
~	Se. FACILITY NAME (If not institution, give				9b. CITY,	TOWN C	R LOCATIO	N OF DE	ATH		9c. COUN	TY OF D	EATH
DIRECTOR	SINAL HOSPIT		BA	BALTIMORE MD BA					LIM	MORE MD			
S	10e. STATE 10b. COUNT			10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
뜸	MD.						10RE					LIMITS?	
	10s. STREET AND NUMBER				DA		ZIP CODE				1 YES 2 NO		
ER/	3701 TOWANDA A	VENUE					2121	5			_	USA.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. V	WAS DEC		_	IIC ORIGIN? (S	pacify Yes			- American Indian.
	1 Never Married 2 Married	FORCES? 1	YES 2 A	Ю	l H	yes, sp	2 X NO	i, Mexica	n, Puerto Rica	n, etc.)		Speci	k, White, etc.
BY	3 🖔 Widowed 4 🗌 Divorced							-,,,,					ACK
TED	15. OECEDENT'S ED (Specify only highest grad	UCATION le completed)	(G	ive kind of	USUAL OC	CUPATIO	N st of working	,	16b, KIN	D OF BUS	INESS/IND	USTRY	
1	Elementary/Secondary (0-12)	College (1-4 or 5)		oe retired.)								
A			υ	NEMP	LOYED								
BE COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First, Middl	le, Maiden S	Sumame)		
8	19a. INFORMANT'S NAME (Type/Print)							-					
2	DAVID HARRIS								BALTII				15
	20g, METHOD OF DISPOSITION		20b. PLACE				_	OE,	_				
	1 Buriel 2 Temation 3 Her 4 Donation 5 Other (Specify)	noval from State	cemetery, cre	matory oc.	ther place)	TERY	me or Z		DATE		ATION — C		MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE //	11111	31011	_		D ADDRES	S OF FAC	CILITY	27	1111111	OKD,	TERRITOR
		1 6	ha)		JU	SEP	1 Н.	BROW	VN JR.	FUNI	ERAL	HOME	P.A.
Н	22 PART I Francis discourse		,,,										P.O. BOX 4433
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final												
	iMMEDIATE CAUSE (Final disease or condition	0.1-										Onset and Death	
	resulting in death) s. PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF):												
_		· SEPS	JOENOE O										
CERTIFICATION	Sequentisity list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):						-		-
8	cause. Enter UNDERLYING CAUSE (Disease or injury	. CONE	SUIZE	HE	ART	FAIL	URS						
	that initieted events resulting in death) LAST		(OR AS A CONSEC										
EH	resulting in destri) LAST	d											
	PART ii. Other significant conditio	na contributing to	death but not n	aulting	in the und	deriving	cause of	ven in i	Part J. 24s	. WAS AN	VPROTILI	246	WERE AUTOPSY FINDINGS
MEDICAL										PERFORM	MED?	1 200	AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED									_ 10	YES 2	□ NO		OF DEATH?
									-				1 TYES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DE	ATH (Che	ck only one)				
PHYSICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	:			8 🗆 Other (Sp	ecity)			
Ť	27. MANNER OF DEATH	28e. DATE OF (Month, De		28b. TIM		28c. INJU	JRY AT		28d. DESCRIE		JURY OCC	URED	
ВУ	1 Natural 5 Pending 2 Accident Investigation		,, iour,	1144	M		ES 2 [NO					
	3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — A1 hor atc. (Specify)	ne, ferm, a	treet, facto	ry, office			28f. LOCATIO	N (Street er wn, State)	nd Number o	or Runal A	oute Number,
	4 Homicide detarmined								Ony or 10	wii, Oleloj			
P	29e. CERTIFIER 1 CERTIFYINO PHYS	ICIAN: To the best of	my knowledge, des	ith occurr	d at the tir	ne, data	and place,	and dua 1	to the cause(a) and manr	er as atate	d.	
COMPLETED	one) 2 MEDICAL EXAMIN												and manner as stated.
ВС	29b. SIGNATURE AND TITLE OF CERTIFIE	R D					29c. LICEN	SE NUM	BER		29d, DATE	SIGNED	(Month, Day, Year)
00	allen DO	funt on)	7/71	1/07
5	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUS	E OF DEATH (ITEM	1 27) (Type,	Print)							1/5	172
	31. DATE FILED (Month, Day, Year)	12. REGISTRA	R'S SIGNATURE	. 60									
- 1	JUL 27 1992	guna vaus	ason-Manor	1									

	LINESTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should		
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AN: IN	tificate	e State	r Item
HASICI	his cert	with the	ked, o
CAPAL UR ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	After to	To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ALIEN	CTOR	s after	28 1
L UK	L DIRE	hour	Item
200	MERA	Ibin 2	NAT: II

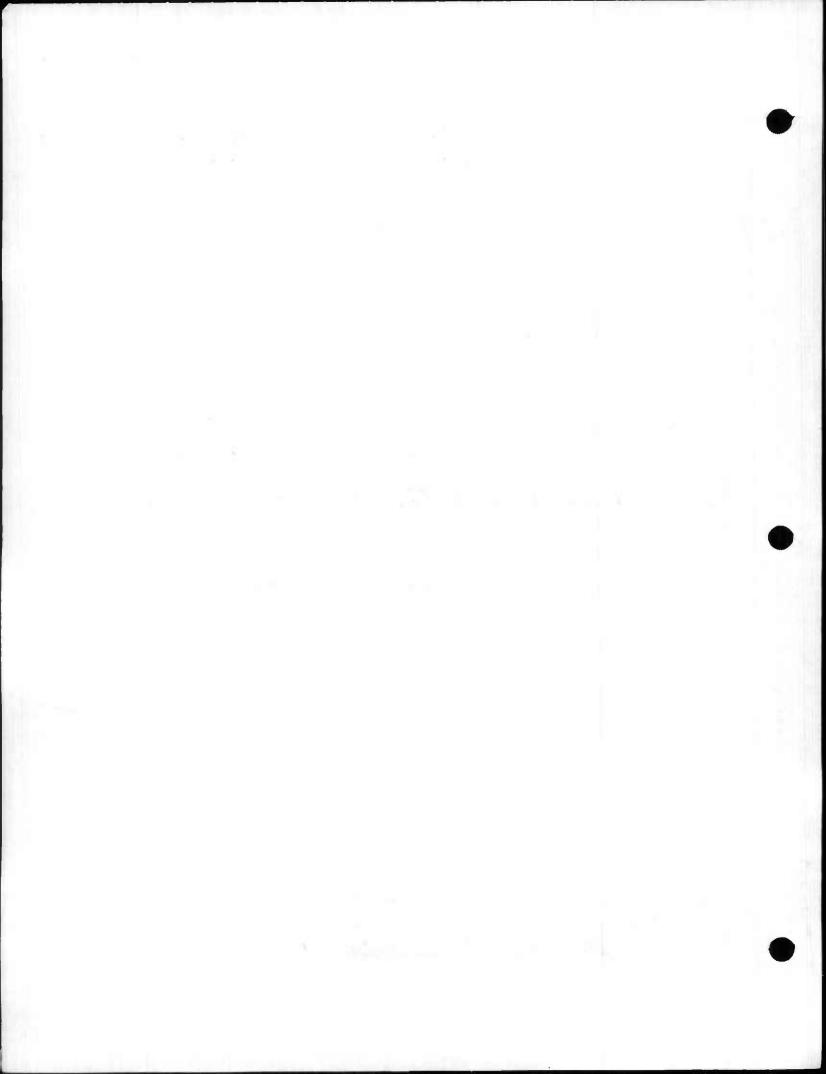
FOR STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR	RTMENT	OF H	EALTH DEA	AND I	MENTA	L HYGIEN		3 2	20001
1. DECEDENT'S NAME Wal			в.		Hor				2. DATE	OF DEATH	MY	YEAR	TIME OF DEATN 2:43 A.
4. SOCIAL SECURITY (220-12-2) 96. FACILITY NAME (#	997	5. SEX 1 💢 M 2 🗆 F	6. AGE (In yrs. Is	65 YRS. MONT			YEAR F UNDER 24 HRS. DAYE HOURS MIN. TOWN OR LOCATION OF DE			OF BIRTH h, Day, Year) - 24 - 2	26	BIRTHPL Country)	ACE (State or Foreign
410 W. F					96. COUNTY OF DEATH Baltimore City								
10a. STATE MD	10b. COUNT	Y			alti								d. INSIDE CITY LIMITS? V YES 2 NO
410 W.	Frankl	in St.				101	21P COD				10g. CITIZI	EN OF WHA	T COUNTRY?
11. MARITAL STATUS 1 Never Married 3 Widowed 4			T EVER IN U.S. A YES 2 () WAR OR DATES	RMED (NO	1 1	MAS DEC	ENDENT (OF HISPAR In, Mexica	n, Puerto	17 (Specify Ye Rican, etc.)		4. RACE — Black, W Specify: Black	American Indian, filte, etc.
Elementary/Second. 8 t h	DECEDENT'S EDU ly only highest grade ary (0-12)	CATION completed) College (1-4 or 5	9	ECEDENT'S Give kind of le. Do NOT u	S USUAL OO work done o see retired.)	CUPATION TO THE PROPERTY OF TH	ON st of worki	ng	166	. KIND OF BU			N.
	17. FATHER'S NAME (First, Middle, Last) James Horton						Kat	her	ine	Middle, Melden Shor	t		
Wilson (J. Hort		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 464 E. 159th Apt. 3-E/Bronx. NY 10 ACEAND DATE OF DISPOSITION (Name of Date 1)										
23. PART I. Enter the shock, IMMEDIATE CAUSE disease or condition resulting in death)	of diseases, or our heart fallure.	complications the	ise on aach iln	a.	W not antar	M C	da of dy	RCH	F . h aa care	diac or reap	01 F	NOF	Approximate interval Batwee Onset and Daa
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. Arteriosclerotic Cardiovascular Disease DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
PART II. Other algo	PART II. Other algnificant conditions contributing to death but not resulti							given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 ※ NO			AM CO	RE AUTOPSY FINDING AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
25. WAS CASE REFERR	ED TO MEDICAL										uiry	1 (YES 2 NO
EXAMINER?)	HOSPITAL:		7	_	l: Ing Nom	5 X R		6 🗆 Othe				
2 Accident	Pending Investigation	28a. DATE OF (Month, D	ay, Year)		JURY M	1 🗆 1	RK? 'ES 2	NO		CRIBE NOW			
4 Homicide	Could not be determined	building,		arm, street, factory, office					281. LOCATION (Street and Number or Rural Route Number City or Town, State)				
(Check only		CIAN: To the best of R: On the beals of e											d manner as stated.
296 SIGNATURE AND T	5 lhe	Knill						C.M.				/23/1	992
30. NAME AND ADDRESS M. M	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MAY MAY D. W. LOW MAIL 11 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Morith, Day, Your) 1 32. REGISTRAR'S SIGNATURE												
JUL 271			- Pondess	•									



DHMH-16 Rev 1/89

o o	within 24 hours after	pletely filled in by the cremation, or removal
T.O. DOV 001	ath certificate be executed	ttending physician and com al Hygiene prior to burial,
THE STATE OF	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal
	TO THE HOSPITAL OR ATTENDING F	TO THE FUNERAL DIRECTOR: After I be filed within 72 hours after death

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMEN	T OF H	EALTH DEA	AND I	MENTAL HYGIE		92	20532
	DECEOENT'S NAME (First, Middle, Last)	ELLA	FIA	1E	S				2. DATE OF DEATH	DAY	4 YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 578 09 2727	5. SEX 8. AGE (In yrs. 75			IF UNDER	DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE OF BIRTH	16	6. BIRTI Count	HPLACE (State or Foreign
FOR	9a. FACILITY NAME (# not institution, give s Liberty Medica RESIDENCE OF DECEDENT				9b. CITY		to.	ION OF OE			JNTY OF D	
DIRECTOR	10a. STATE 10b. COUNT	Y		Ba	I ten	OR LOCAT	ion M	d.				10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
FUNERAL	100. STREET AND NUMBER 727 Druid Park	Lake D	c.			101.	ZIP COD	E		10g. CIT	TIZEN OF V	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olivorced	T EVER IN U.S. AR YES 2	IMEO NO	- 1	If yes, spe	ecify Cubi	OF HISPAN an, Maxican Specify	IC ORIGIN? (Specify n, Puerto Rican, etc.)	faa or No	14. RACE	E — American Indian, k, Whita, atc.	
COMPLETED	15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		(G We	CEDENT'S ive kind of Do NOT u	work done	CCUPATIO during mos	N st of worki	ng	16b. KINO OF E	usiness/in 1th	DUSTRY	
BE CO	John D. Jones	5					18. MOT	HER'S NAI	ME (First, Middle, Maid a Walker	en Surname)		
10	Mr. Herbert Jones 196. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 820 S. Caton Avenue BAlto., Md. 212											
	20b. PLACE AND DATE OF DISPOSITION DATE DATE											
	· James	a 7	nori	ton	ノコ	1701	La	urer	ns St. E	alto	., 1	Md. 21217
	23. PART i Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) OUE TO (OR AS A CONSEQUENCE OF):											
ATION	Sequentially list conditione, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST d.											
PHYSICIAN: MEDICAL C	PART ii. Other significant condition	e contributing to	deeth but not re	esuiting i	n the un	derlying	ceuse (iven in f		N AUTOPSY ORMEO?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IAN: P	25. WAS CASE REFERRED TO MEDICAL					26. PL/	ACE OF O	EATH (Che	ck only one)			1 YES 2 AND
IYSIC	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	HOSPITAL:				1:			3 Other (Specify)			
BY PH	1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF (Month, Da	ry, Year)		M M			NO NO	28d. OEŞCRIBE HOW			
ETED	3 Suicida 8 Could not be detarmined	ounding,	пс. (Specny)		atrast, factory, offica 28f. LOCATION (S City or Town,					(Street and Number or Rural Route Number, n, State)		
COMPLETED	29a. CERTIFIER 1 C(heck only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, daeth occurred at the time, data and place, and due to the cause(s) and manner as stated.											
TO BE	296. SIGNATURE AND TITLE OF CENTIFIER - NO. HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	1		Paris -		29c. LICE	HO TO	491	29d. DAT	E SIGNED	(Month, Osy, Year)
	31. DATE FILEO (Month, Day, Year)	A. RT	7 2	C C	M	_						
	JUL 27	7 1992	Julia Davi	dson-	fandes	2	2					



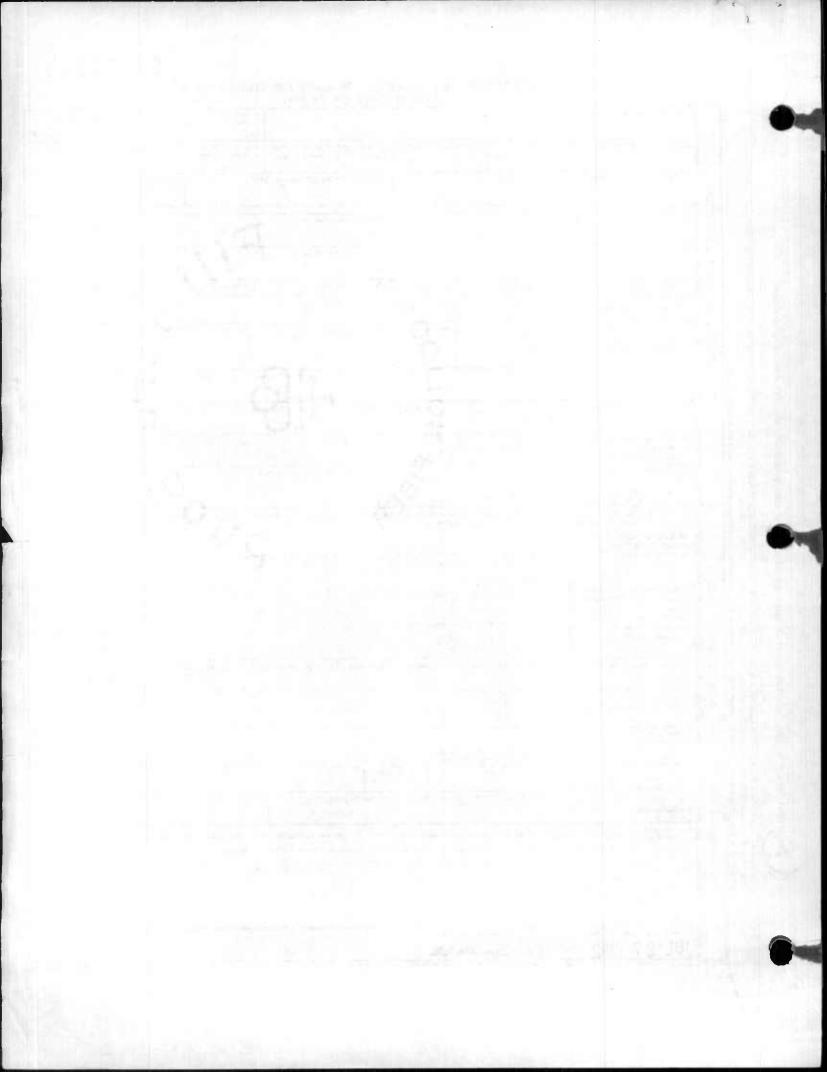
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DIVISION OF VITAL RECORDS	TOWNE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the	TO THE MANERAL DIRECTOR: After this certificate has been signed by the	D	supplement if them 26 to meeted or flow 22 shows any lain
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	1. DECEDENT'S NAME (First	t, Middle, Last)	Ry J.	1/1	YRR	15				2. DATE OF MONTH	DEATH DA		7 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM	BER 5	. SEX	. AGE (In vrs. las	t birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF			7. DATE OF E	TE OF BIRTH & BIRTHE		PLACE (State or Foreign		
	218-10-7759		☐ M 2 💢 F	96	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	1895		Countr	" MD
· c	9a, FACILITY NAME (If not in					96. CITY,	TOWN (R LOCATI	ON OF DE	ATH	Î		NTY OF O	EATH
DIRECTOR	Balto. County General					-					Bal	to.		
REC	10a, STATE 10b, COUNTY				10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?	
	MD Baltimore							1			1 TES 2 NO			
RAI	10e. STREET AND NUMBER				DiO			ZIP COD	_			-		VHAT COUNTRY?
FUNERAL	Meridian Nursing Home 9109 Libert 11. MARHTAL STATUS 12. WAS DECEDENT EVER IN U.S. A.							IIC ODIGINS (S	nanifu Van	USA		- American Indian.		
	1 Never Merried 2	Married	FORCES? 1 FYES, GIVE WA	YES 2 A	10	lf.	yee, sp	ecify Cuba	n, Mexica	n, Puerto Ricar	1, etc.)	01 140-		t, White, etc.
n 3 M Widowed 4 Divorced								Black						
E	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.)													
COMPLETED	Elementary/Secondary (0-12) Coffege (1-4 or 5+) domestic													
S	17. FATHER'S NAME (First, A							18. MOT	HER'S NA	ME (First, Middl	e, Maiden S	Surname)		
BE (JAMES		2011	SON										
0	19a. INFORMANT'S NAME (,,,								Poute Number, C				
	Eddie Hundle			20b. PLACE A					., 56	evern,				
	1 Buriel 2 Crematic	on 3 🗆 Remova	I from State	St. J	matory or ot	her place)	Chu	rch		DATE			t County, MD.	
	21. SIGNATURE OF FUNERA	L SERVICE LICEN	SEE			22. N	AME AN	O ADDRE	SS OF FAC	outy vn JR.	DΑ			
1 4	- We	ende	_10.	12								Balto). N	D. 21223
	23. PART I. Enter the d	liseeses, or con	pilications that	caused tha de	ath. Do n									Approximete
1	IMMEDIATE CAUSE (Fit		Tony one cade	70 0	· 	0	0							interval Bstween Onset and Death
	disease or condition resulting in death) Due to (or as a conscouence of):													
z			332 10 (0	m AS A CONSEC	DENCE OF	7.								
E	Sequentially list condit if any, isading to imme	diate	DUE TO (C	R AS A CONSEC	DUENCE OF	ŋ:								
2	cause. Enter UNDERLY CAUSE (Disease or Inju		DHE TO (C	OR AS A CONSEC	HENCE OF	n.								
CERTIFICATION	that initiated events resulting in death) LAS	т	302 10 10	AS A CONSEC	OLNOL OF	,.								į .
	PART if Other elgolfles	o					200							1
EDICAL	PART ii. Other signification	on de L		out f				g cause (given in		PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
ED	- 6	ngesie	to occ	an I	ace	wo				_ '	YES 2	NO		OF DEATH?
2	- D	emm	un		-					-	/			1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED T	1.000	OSPITAL:					ACE OF O	EATH (Che	eck only one)				
YSI	1 TES 2 NO	- 18	Inpetient 2 🗆 I		□ DOA	-	ng Hom	THE RESIDENCE IN COLUMN	esidence	6 Other (Sp	ecify)			
	27, MANNER OF DEATH	Pending	(Month, Dec		28b. TIME		WO	URY AY	7.44	28d. DESCRIE	BE HOW IN	JURY OC	CURED	
ВУ	a CT Butter	Investigation	28e. PLACE OF	INJURY At ho	me, ferm, s	treet, fector		rES 2	TWO	26f, LOCATIO	N (Street e	nd Number	or Rural B	Inute Number
ᇤ	4 Homicide	Could not be determined	building, et	c. (Specify)			Cheven II	7.5	- 1	City or To	wn, Stete)	11011100	Or Fill and Fr	Controlly,
COMPLE	29s. CERTIFIER 1 CERT	TIFYING PHYSICIA	N: To the Sed of m	y knowledge, de	ath occurre	d at the tin	e, date	end plece	, end due	to the cause(e	end men	ner ee stat	ted.	
OM) end menner ee stated.
ш	29b. SIGNATURE AND TITLE	ф СЕПТИЧЕЛ	17.	.2				29c. LICI	INSE NUM	IDER		29d. DAT	E SIGNED	(Month, Day, Year)
TO B		you	1	//	MI)		27	719	57		>	07	25-42
	30. NAME AND ADDRESS O	F PERSON WHO C	OMPLETEO AUSE	OF DEATH (ITER	4 27) (Type,	Print)	in	201	200	UNTY	100	א אוב	On/	Hr Par
	31. DATE FILED (Month, Day,		32. REGISTRAR	S SIGNATURE		MU	111	- CICE	الال	Chia	00	70	44	110711110
	JUL 27.1	992 7	ma havida	on-hands	BC.									
		7												DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		CERTIFIC	CATE OF DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, L				2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH				
Abdul 4. SOCIAL SECURITY NUMBER	I.		Jones' Bey		1992 6:33 A.				
		No.	F UNDER 1 YEAR #F UNDER 24 HRS ONTHS DAYS HOURS MIN	(Month, Day, Year)	BIRTNPLACE (State or Foreign Country)				
218-84-9353 Se. FACILITY NAME (If not institution, s	_ 1 \ 1 \	2.3		6-22-69	Maryland				
The second secon			b. CITY, TOWN OR LOCATION OF		OUNTY OF DEATH				
University Hos	spital S.T.U.		Baltimore Cit	У					
University Hos RESIDENCE OF DECEDENT 10a. STATE 10b. CO	UNTY	10c. CITY,	TOWN OR LOCATION	44	10d. INSIDE CITY LIMITS?				
		Ba	Itimore		1 X YES 2 NO				
10e. STREET AND NUMBER			101. ZIP CODE	10g. (CITIZEN OF WHAT COUNTRY?				
10e. STREET AND NUMBER 537 E. 23rd 11. MARIYAL STATUS			21218		U.S.A.				
11. MARITAL STATUS 1 V Never Married 2 Married	12. WAS DECEDENT EVI FORCES? 1 Y	ES 2/LINO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Mer	PANIC ORIGIN? (Specify Yes or No- ican, Puerto Rican, etc.)	- 14. RACE — American Indian, Black, White, etc.				
3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	1 TYES 2 NO Sp		Black				
		16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BUSINESS/					
(Specify only highest (Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of wor	k done during most of working wlired.)	TOUR KIND OF BUSINESS!	INDUSTRY				
12th		Unemplo	ved						
15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12) 12 th 17. FATNER'S NAME (First, Middle, Last)	, , , , , , ,		NAME (First, Middle, Maiden Surname	•)				
Herman L. Jo	nes		Shir	ey Anthony					
198. INFORMANT'S NAME (Type/Print)		19b. MAILING AI		al Route Number, City or Town, State,	Zip Code)				
Shirley Jon	es Bey	537 E	23rd St./E	Baltimore, MI	21218				
20e. METHOD OF DISPOSITION	Removal from State	20b. PLACE AND DATE OF		OATE 20c. LOCATION	— City or Town, State				
4 Donation 5 Other (Specify)		King Memo	orial Park	Randa	llstown, MD				
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1	22. NAME AND ADDRESS OF	FACILITY					
Monet	E CINC	- 9	WM C MARC	H F H /1101	E. NORTH AVE				
disease or condition resulting in death) a. GUM LOT WOWN TO TORSO. GULS HOT WOWN DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d								
PART II. Other algnificant cond	tiona contributing to deet	h but not resulting in	the underlying ceuse given	In Pert I. 24a. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINDING				
				1 YES 2 NO	COMPLETION OF CAUSE OF DEATH?				
					YES 2 NO				
11									
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PLACE OF DEATN	Check only one)					
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/C	Outpatient 3 DOA 4	THER:	e 6 Other (Specify)					
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/C	Dutpatient 3 DOA 4 RY 28b. TIME (F) INJUR	THER: Nursing Home 5 Residence Nursing Home 5 Residence Nursing Home 5 Residence WORK?	6 Other (Specify) 28d. OEŞCRIBE NOW INJURY (
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ERK 280. DATE OF INJUITE ON 1991 Day, 160 0 1 / 21 / 19	Dutpatient 3 DOA 4 RY 286. TIME 0 FO 1110 92 2 1 2 4	THER: Nursing Home 5 Residence PF 28c. INJURY AT WORK? 1 YES 2 NO	e 6 Other (Specify) 28d. DESCRIBE NOW INJURY OF Subject Sho	ot				
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigati	HOSPITAL: 1 Inpetient 2 X ER/C 280. DATE OF INJUITED TO 100 100 280. PLACE OF INJUITED TO	Outpetient 3 DOA 4 RY 28b. TIME 6 PO 2 24 URY — At home, farm, stra Specify)	THER: Nursing Home 5 Resident Property 28c. INJURY AT WORK? M 1 YES 2 No et, factory, office	e 6 Other (Specify) 28d. OESCRIBE NOW INJURY (Subject Sho 28f. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,				
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigati	HOSPITAL: 1 Inpetient 2 ER/C 28e. DATE OF INJU FO (1997 Day, 19e 1 be d 28e. PLACE OF INJU 28e. PLACE OF INJU building, etc. (1	Dutpetient 3 DAA 4 RY 28b. TIME 0 PO 11 12 12 12 12 12 12 12 12 12 12 12 12	THER: Nursing Home 5 Residence F 26c. INJURY AT WORK? 1 YES 2 No et, factory, office	28d. OESCRIBE NOW INJURY OF Subject Shot 281. LOCATION (Street and Nurra City or Town, Stetle) Rear of 770	ot ber or Rurel Route Number, W. Saratoga Str				
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigati	HOSPITAL: 1 Inpetient 2 ER/X 28e. DATE OF INJU FO (1997 Day, 196 0 / 21 / 19 28e. PLACE OF INJU 28e. PLACE OF INJU building, etc. (3)	Dutpetient 3 DOA 4 RY 20b. TIME 0 92 274 URY — At home, farm, stra Specify) COURTS nowledge, death occurred	THER: Nursing Home 5 Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence R	28d. OESCRIBE NOW INJURY OF Subject Shows and State of St	ot ber or Rurel Route Number, W. Saratoga Str				
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigat 2 Accident 3 Suicide 8 Could not determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS AND TIME OF SETT	HOSPITAL: 1 Inpetient 2 MERA 28e. DATE OF INJU 1 De Company 16e 28e. PLACE OF INJU building, etc. (3) NYSICIAN: To the basic of examin	Dutpetient 3 DOA 4 RY 20b. TIME 0 92 274 URY — At home, farm, stre Courty nowledge, death occurred	THER: Nursing Home 5 Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence Residence R	28d. OESCRIBE NOW INJURY OF Subject Shows and State of St	ot ber or Rurel Route Number, W. Saratoga Str stated.				
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending Investigati 3 Suicide 8 Could not determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER.	HOSPITAL: 1 Inpetient 2 MERA 28e. DATE OF INJU 1 De Company 16e 28e. PLACE OF INJU building, etc. (3) NYSICIAN: To the basic of examin	Dutpetient 3 DOA 4 RY 20b. TIME 0 92 274 URY — At home, farm, stre Courty nowledge, death occurred	THER: Nursing Home 5 Resident Resident Sec. INJURY AT WORK? Nursing Home 5 Resident Nursing Home 5	28d. OESCRIBE NOW INJURY OF Subject Should be subject to the cause(e) and manner earlier time, date end place, end due to the subject Should be subject to the cause(e) and manner earlier time, date end place, end due to the subject Should be subject s	ber or Rural Route Number, W. Saratoga Str stated. of the ceuse(e) end manner ee stated. MATE SIGNED (Month, Day, Year)				
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EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending Investigati 3 Suicide 8 Could not determine 29e. CERTIFIER (Check only one) 2 XMEDICAL EXAMINED AND TITLE OF CERTIFIER CONTROL OF CERTIFIER AND TITLE OF CERTIFIER OF CERTIFIER AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpetient 2 ER/ 28e. DATE OF INJU FO (1997 Day, 19e 10 28e. PLACE OF INJU 28e. PLACE OF INJU 28e. PLACE OF INJU building, etc. (3) NYSICIAN: To the bast of my ku MINER: On the bast of examin	DUMPHER 3 DOA 4 THE PROPERTY SPECIFIC TO THE	THER: Nursing Home 5 Resident Resident Resident Nursing Home 5 Resident Resident 26c. INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO 2 Resident 3 Resident 4 Resident 4 Resident 5 Resident 4 Resident 5 Resident 6 Resident 6 Resident 6 Resident 7 Resident 6 Resident 7 Resident 8 Resident 1 Resi	28d. OESCRIBE NOW INJURY OF Subject Should be subject to the cause(e) and manner earlier time, date end place, end due to the subject Should be subject to the cause(e) and manner earlier time, date end place, end due to the subject Should be subject s	ber or Rural Route Number, W. Saratoga Str stated. or the ceuse(e) end manner ee stated. MATE SIGNED (Month, Day, Year) 07/23/1992				

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- STATE REGISTRAR	OINTE OF IT	CE	RTIFIC	CATE OF		MENIA	REG. NO			
1. DECEDENT'S NAME (First, Middle, Lest)						OF DEATH			3. TIME OF DEATH
Eula	Α.			Johns	on	MONT	24		YEAR	10.41 A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		F UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		O. BIRTH	PLACE (State or Foreign
151 30 8428	1 - M 2 - KF	86	YRS.	ONTHS DAYS	HOURS MIN.	97	17/19	05	County	C.
9a. FACILITY NAME (If not institution, give	street and number)		-	b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	ITY OF DE	ATH
5501 Lothian I	Road.			Balti	more					
Md .	TY			Balto.	TION					10d. INSIDE CITY LIMITS? 1X YES 2 NO
IO. STREET AND NUMBER		4		10	ZIP CODE			10g. CITIZ		HAT COUNTRY?
5501 Lothian		T EVER IN U.S. ARM	IED.	13 WAS DE	21212 ENDENT OF HISPAI	NIC OBIGIN	7 /Parally Mar	as No.	USZ	— American Indian,
Never Married 2 1 Married Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NI		If yes, sp	ecify Cuban, Mexica 2 NO Specif	an, Puerto I	Rican, atc.)		Specifi Black	, White, atc.
15. DECEDENT'S ED	UCATION	18a. DEC	EDENT'S US	BUAL OCCUPATION	ON	16b	KIND OF BU			J1L
(Specify only highest green (S	College (1-4 or 5 +	Mo.	o kind of wor Do NOT use i DOMES		sl of working		Но	me		
7. FATHER'S NAME (First, Middle, Last) Brawley Arr:	ington				18. MOTHER'S NA	ME (Elrat, Ar	ringt	Sumame)		
90. INFORMANT'S NAME (Type/Print) HOWARD K. Jo	hnson	19b.	MAILING A	DORESS (Street)	nd Number or Russi ian Rd.	Route Numb	Ito,	n, Sare Zip Md	Code 21	212
20a METHOD OF DISPOSITION	moval from State	20b. PLACE A	ND DATE OF	DISPOSITION (NE	me of	7/	E 20c. LO	cation — c	City or Tox	vn, State
Donation 8 Other (Specify)	ICENSEE	- KING	TICINO		ID ADDRESS OF FA		-1 -			
James	a. h	Erton	,	Jame	s A. Mo	orto			M	d. 21217
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	(OR AS A CONSEQUENCE OF A CONSE	UENCE OF):							
	d									
PART II. Other aignificant condition	ona contributing to	death but not re	auiting in	the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
_Alzheimers,I	Diabetes	Mellit	us			_	1 TYES 2	NO NO		COMPLETION OF CAUSE OF DEATH?
							INQ			1 TYES 2 NO
S. WAS CASE REFERRED TO MEDICAL		-		26. PI	ACE OF DEATH (Ch	eck only on				
EXAMINER? 1 TYPES 2 NO	HOSPITAL:	EB/Outpetlant 2		THER:						
7. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME (OF 28c. INJ	e 5 X Residence		CRIBE HOW I	NJURY OCC	URED	
1 Natural 5 Pending Investigation	(Month, De	ny, Year)	INJUR		RK? /ES 2 NO					
2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF	F INJURY — At hom	ne, farm, stre			281, LOC	ATION (Street a	and Number	or Rural A	oute Number.
4 Homicide determined	building,	atc. (Specify)				City	or Town, State)			
The state of the s	SICIAN: To the best of									
/ V		amination and/or in	vestigation,	in my opinion, d	eath occured at the	time, date	end place, an	d dua to the	cause(a)	and manner as stated.
IL MIGHA LINE AND TITLE OF CERTIFI	en lo	1.0			29c. LICENSE NUI			A THE PARTY	110000	(Month, Day, Year)
NAME AND ADDRESS OF DEDOCTOR	HO COMO! CTC		an ~		O.C.M.	E.		0	1/24	1/92
1. NAME AND ADDRESS OF PERSON W	CHIT M	0			eet,Bal	timo	ore M	aryl	and	21201
1. DATE FILED (Month, Day, Year)		a Savidson	Bank.	10						
	0	The state of the s	-	, ,				-		DHMH-18 Rev 1/6

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

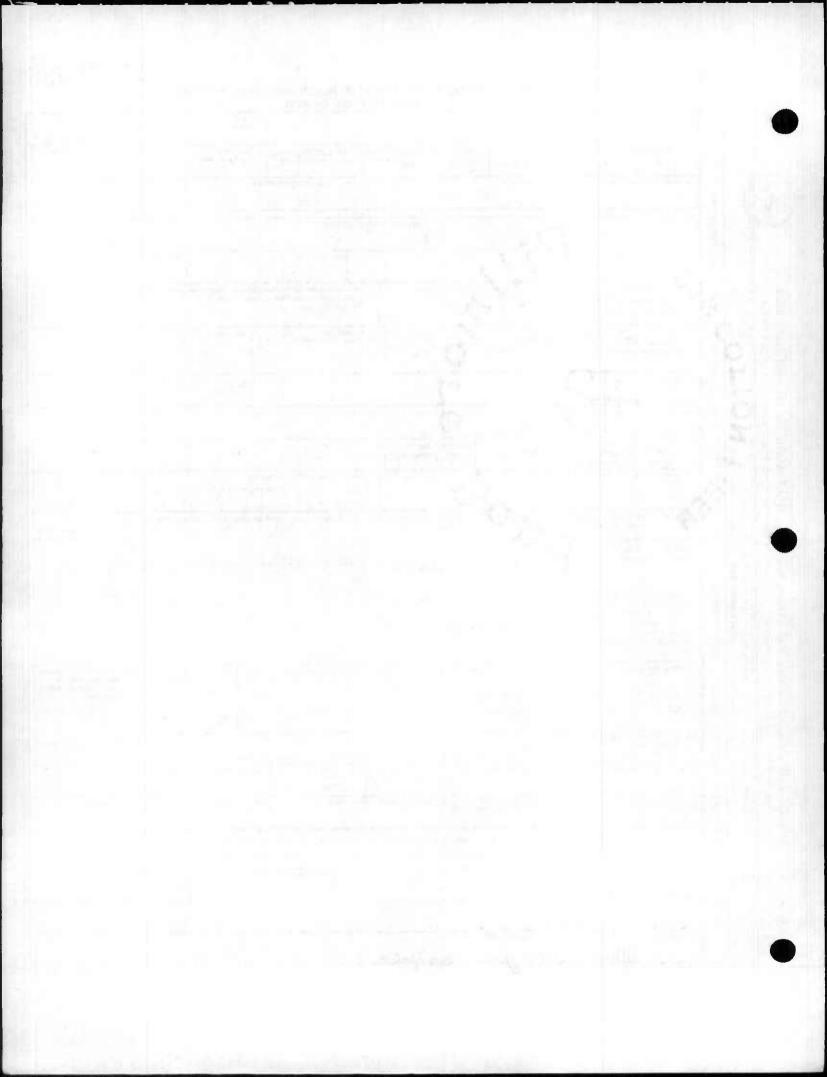
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-18 Rev 1/89



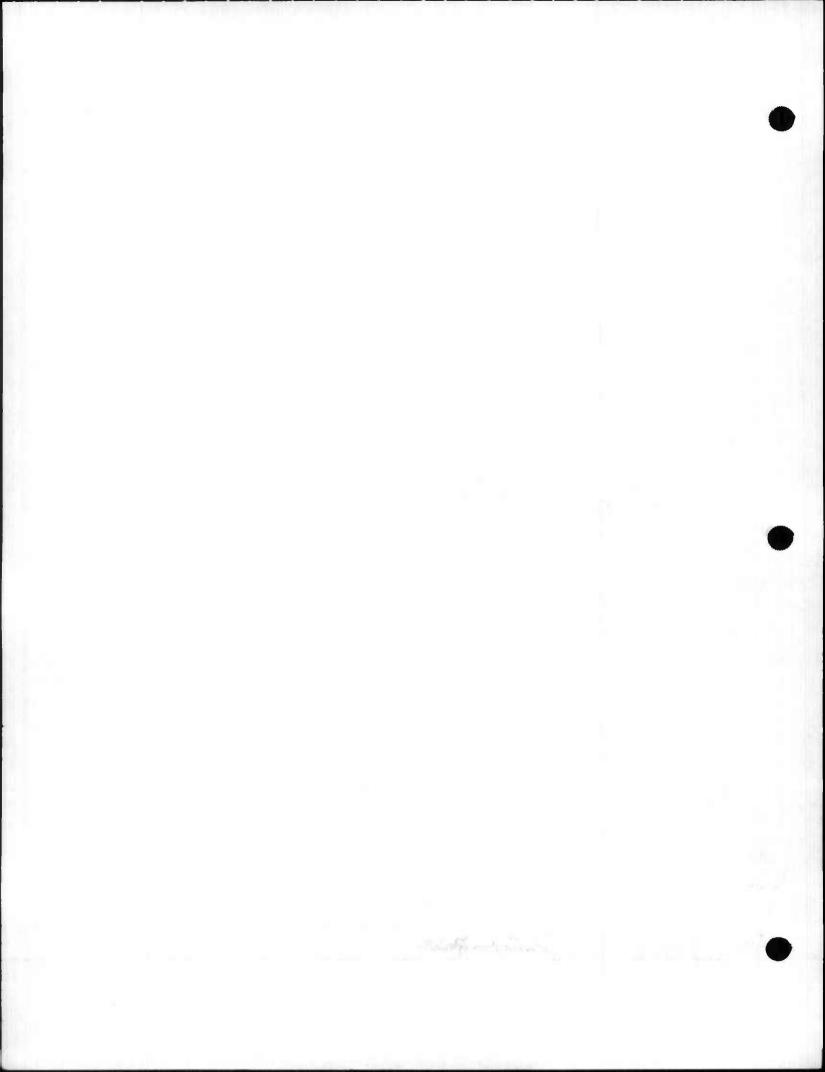
ay be retained by the hospital or attending physician. page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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THE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	MERCIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detachs	NT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ter d	MERCTOR: After this certificate has been signed by the attending physician and completely filled in by the fa- mure after death with the State hard ord Health and Mental Hindens notice in build cremation, or exercise	6
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	BUSTER BO (CHARLIS	JONES			July 17				
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign		
- 1	216-42-5153	1 🖾 M 2 🗆 F 🕹	19 YRS.	MONTHS DAYS	HOURS MIN.	Month, Day Year)		rth Carolina		
	9a. FACILITY NAME (If not institution, give :	street and number)		9b. CITY, TOWN	R LOCATION OF DE	ATH	9c. COUNTY O			
OR	3731 Cedar Dr:	ive		Balti	more					
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT	v	1 40- 07	Y, TOWN OR LOCA						
E		•						10d. INSIDE CITY LIMITS?		
	Maryland 10e. STREET AND NUMBER		<u> </u>	Baltimo	ZIP CODE			1 X YES 2 NO		
RA	3731 Cedar Dr			10		1 2 0 7	- 77 - 735	OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	RINUS ARMED	13 WAS DEC		1 2 0 7 IC ORIGIN? (Specify Yes		SA		
	1 Never Married 2 X Married	FORCES? 1 X YE	S 2 NO	If yes, sp	ecify Cuben, Mexical	n, Puerto Rican, etc.)		ACE — American Indian, ileck, White, etc.		
B	3 Widowed 4 Divorced	ii izo, avz iiki on	DAILS	''''	2 NO Specify		s	Black		
	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)		USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUSTR			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT us	ușeman	_					
M M	12th Grade		Trans	it Ope	cator	Systems	Conn	ection of MD		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden :	Sumame)			
H	Lemon Jones				Depha.	lia Hambı	cick			
2	19e. INFORMANT'S NAME (Type/Print)		1	ADDRESS (Street e	nd Number or Rural R	loute Number, City or Town	, Stete, Zip Code,)		
7	Vonita Jones		3731	Cedar	Drive	Baltimo	re, MI	21207		
	20s. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rem	noval/from State	Ob. PLACE AND DATE (ther place)			CATION — City o			
	4 Donation 5 Other (Specify)		MD Vetera	an Cem/	Garriso	n7/21 Owi	ings M	ills, MD		
- 1	SI SIGNATURE OF FUNERAL SERVICE D	V 00 :						al Homes Inc		
	printa.	4 ochus	_	Balti	more, N	Falls Pa	irkway			
	23. PART I. Enter the diseases, or	complications that ceus Liet only one cause on	sed the deeth. Do r	ot enter the mo	de of dylng, suct	as cerdiac or reeple	retory arrest,	Approximate		
	IMMEDIATE CAUSE (Final	List only one cause on						Onset and Death		
	disease or condition resulting in death)	Jung carenona Dompul								
		DUE TO (OR AS A CONSEQUENCE OF):								
Z	Sequentially list conditions.	sequentially liet conditions,								
Ž	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR A)	A CONSEQUENCE OF	a.						
Ē	resulting in death) LAST			r				į		
8		d						-		
A	PART II. Other algnificent condition	na contributing to death	but not resulting	n the underlyin	cause given in i	Part I. 24s. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS		
엉						1 TES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?		
MEDIC								1 TES 2 NO		
ż										
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF GEATH Chi	sh snly one)				
	1 TYES 2 NO	1 Inpetiant 2 ER/O	utpatient 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 Residence	Other (Specify)				
PHYSI	27. MANNER OF ØEATH 1 Netural 5 Pending	26a. DATE OF INJUR (Month, Day, Year			URY AT	28d. OESCRIBE HOW IN	JURY OCCURED			
à l	1 Netural 5 Pending 2 Accident Investigation			u 10	Control of Principles					
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, a pecify)	treet, fectory, offic		28t. LOCATION (Street et City or Town, State)	nd Number or Ru	rel Route Number,		
PLET										
MP		ICIAN: To the best of my known								
S	MEDICAL EXAMINE	ER: On the beele of examine	lion and/or investigation	n, in my opinion, d	eath occured at the	time, date end place, and	due to the caus	ee(e) end menner ee stated.		
w II	296. SIGNATURE AND TITLE OF CERTIFIE	R/1/1 4	1	a my :	29c. LICENSE NUM	BER	29d. DATE SIGN	IED (Mouth Day, Year)		
0	Murlen	alle 4	une		1)178	73	→ 7/2	0/92		
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)		011	20/1	Setto, MD		
	Manghall A.Le	una, MD	. 4000	0010	Court	Kd. #3	106	2/208		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE "							
	JUL 27 1992	fulia Davidson 1	lastar an							



3. TIME OF DEATH

2. DATE OF DEATN

FOR STATE REGISTRAR

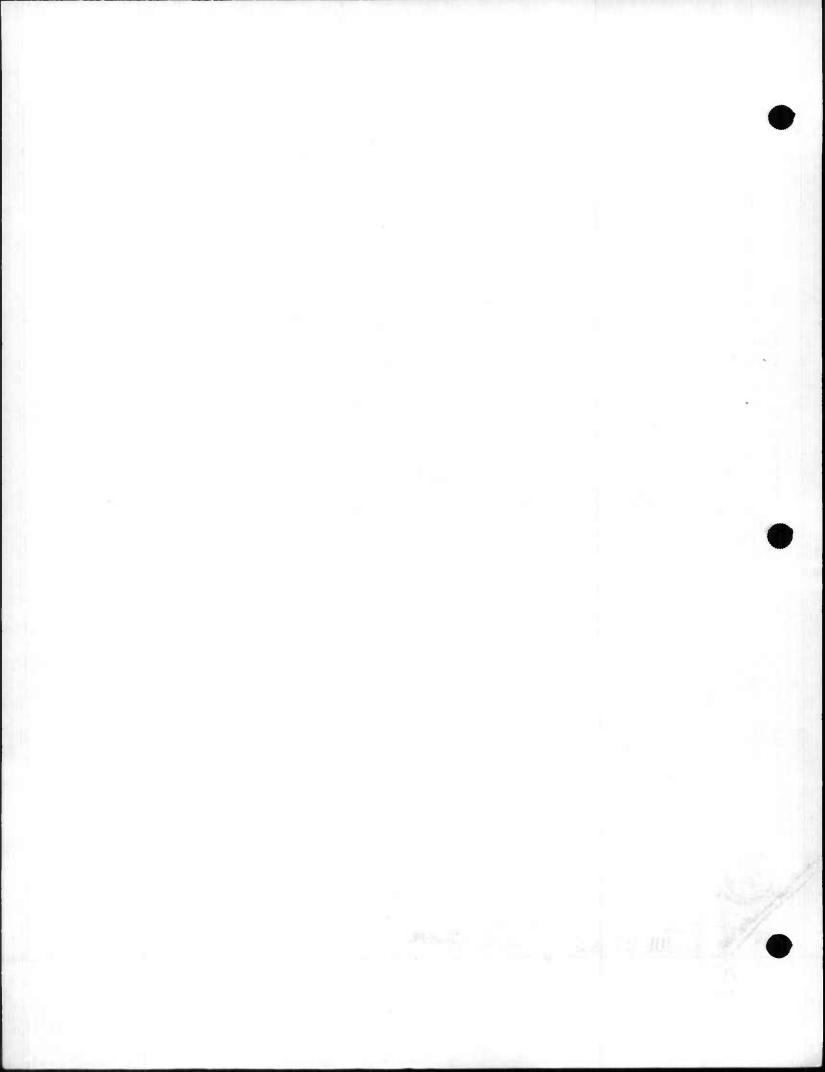
1. DECEDENT'S NAME (First, Middle, Last)

executed within OR ATTENDING PHYSICIAN: The law requires that the death certificate be

6:45P MARY ANN KELMARTIN 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTNPLACE (State or Foreign 1 M 2 F MONTHS DAYS HOURS 215-48-2028 YRS. SEPT.9,1890 101 **IRELAND** permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO COMPLETED BY FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? page 5 should be detached for use as the burial-transit 8909 LOCH RAVEN BOULEVARD 21204 U.S.A. the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES. 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify WHITE 3 X Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8TH GRADE HOMEMAKER once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) notified at JAMES DOYLE 24 hours after death. Page 6 may be retained by ANN WILLEN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 REV. JOHN J. KELMARTIN 4414 WILKENS AVENUE - BALTIMORE, MD. 21229 å 20s. METHOD OF DISPOSITION
1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must filled in by the funeral director, NEW CATHEDERAL CEMETERY Donation 5 - Other (Specify) 07/27 BALTIMORE examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death to burial, cremation, or the disease or condition _____ a event. other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF). 2 the attending physician Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE certificate has been signed by 1 h the State Dept. of Health and any I I YES 2 PNO OF DEATH? Shows 1 TES 2 NO Chemic afrial leef up ben PHYSICIAN: 23 35. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PEACE OF BEATH (Check only Item HOSPITAL:
1 Propertient 2 DENOutpetient 2 DOA OTHER: 1 VES 2 NO g Home 5 | Residence 6 | Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? this c marked, 28d. DESCRIBE HOW INJURY OCCURED 1 TV Natural T YES 2 NO DIRECTOR: After the hours after death vitem 28 is mark BY 2 Accident 29e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Them. State) 6 Could not be COMPLETED 4 [Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. PAL 22 2 MEDICAL EXAMINER: On the beels of exemination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER, 29c. LICENSE NUMBER 29d. OATE SIGNEO (Month, Day, Year) BE Konal lo Daul MD D18362. 7 23 92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUL 27 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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CERTIFICATION

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92 20538 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4.551M W KREISE July Ethel 1992 4. SOCIAL SECURITY NUMBER B. AGE (In yrs. lest birthdey) 7. DATE OF BIRTH (Month, Day, Year BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 214-24-2112 DAYS HOURS MIN. 1 M 2 X F 9-7-1927 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Rossville Baltimore County 10a. STATE 10b. COUNTY IDC. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore Maryland Rosedale 1 TYES 2 X NO 10a. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 8845 Pulaski Highwat 21237 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/VNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried
3 Widowed 4 Divorced If yes, specify Cuben, Mexican, Pu

1 YES 2 NO Specify: FORCES? 1 YES 2 NO Snecify White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12th grade Housewife Homemakina 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) S. Raymond Gohlinghorst Ethel Voat 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Sandra Wagner 8700 Fowler Avenue Baltimore, Md. 21234 20a. METHOD OF DISPOSITION

À N Burtel 2 ☐ Cremation 3 ☐ Re
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State Zion "Church "Cemetery 7/25/92 Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lasselw Lassahn Funeral Home U 2000 7401 Belair Rd. Baltimore. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximeta shock, or haart failure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Acquired Immune Deficiency Syndrome Sepsis Sequentielly list conditions, if any, laading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events DUE TO JOB AS A CONSEQUENCE OF

resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO 1) Inpetient 2 - ER/Outpetient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 4 - Nursi 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 5 Pending Investigation 1 YES 2 NO 26s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, and due to the cause(e) end manner ee stated.

2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end manner as stated.

1518

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER Talossom lodli Malik

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Square Drive, Baltimore, Maryland 21237 Tabbsum Malik

31. DATE FILED (Month, Day, Year) ina Davidson

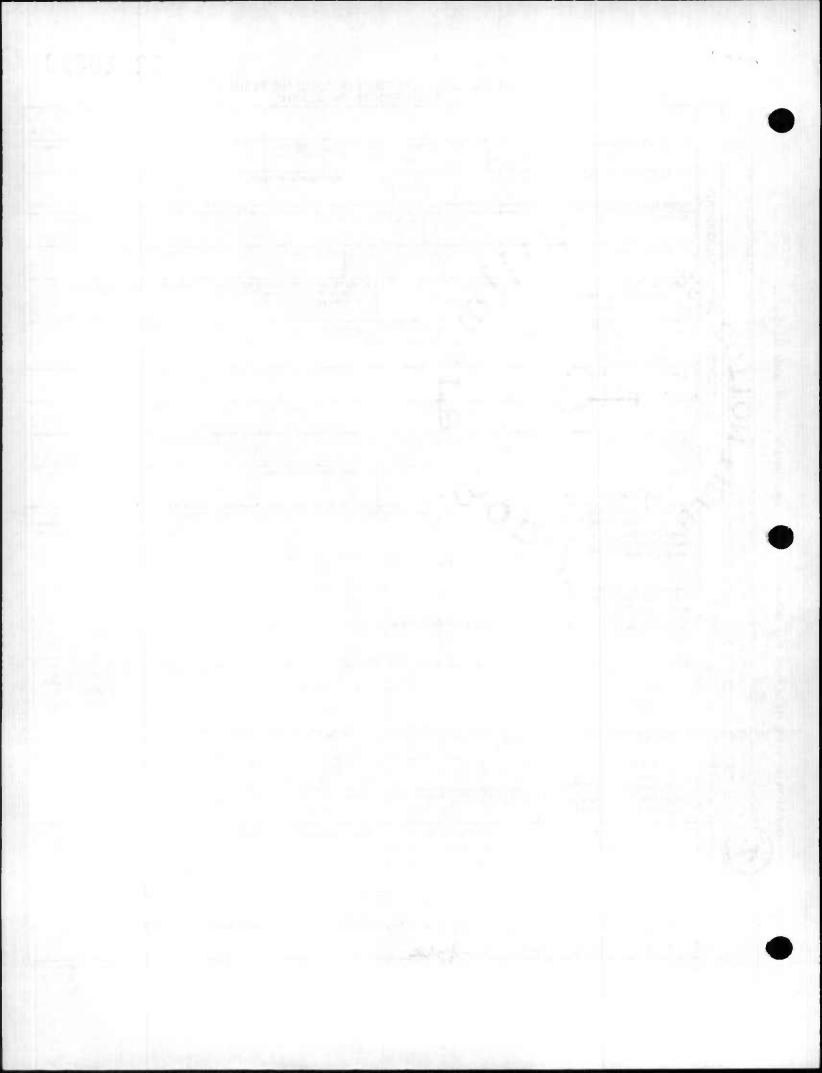
DHMH-18 Rev 1/89

AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

7/22/92

1 TES 2 X NO



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the throtical page 1, 2, 3 should be fetached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	Add at a land				IOATI	_ 01	שבח			EG. NO.			
		MIOGIO, LIIST)								2. DATE OF I	DAY		YEAR	3. TIME OF DEATH
	WILLIAM			J.			L	ECOMP	TE	06	30	19	992 1	1:00 A.M
	4. SOCIAL SECURITY NUME	ER	5. SEX	8. AGE (In yrs. lesi	birthday)	IF UNDER		IF UNDER		7. DATE OF E (Month, De	BIRTH		8. BIRTHP	LACE (State or Foreign
			1 M 2 D F	64	YRS.	MONTHS	DAYS	HOURS	MIN.		/1928		Courney	
	9a. FACILITY NAME (If not institution, give street and number)						, TOWN	OR LOCATION	ON OF DEA		1,520		TY OF DE	ATH
5	ST.AGNES HOSPITAL						TITI	ORE	CTTV				na	
F	RESIDENCE OF DECEDENT						TIT II.	IOIGE	CIII					
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	TION					1	10d. INSIDE CITY
ā	Maryland na Bai						re						Ι,	LIMITS?
7	10e. STREET AND NUMBER						10	. ZIP CODI	E .			10a. CITIZ		IAT COUNTRY?
3	4713 Edmo						Tog. of the control o			IX. 000//////				
FUNERAL	11. MARITAL STATUS		12 WAS DECEDED	IT EVER IN U.S. AR	450	1 40								
	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Hyes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — Helder of Helder					- American Indian, White, atc.		
B	3 Widowed 4 Divo	rced	IF YES, GIVE V	MAR OR DATES			1 TYES	2 🗌 NO	Specify:				Specify:	White
	15. DEC	EDENT'S EDUC	CATION	see DE	PEDENTIO	LIGUAL O	COMPATI	241		1 405 100		1	-	
E	(Specify only	highest grade	completed)	(G/		S USUAL OCCUPATION work done during most of working				16b. KIND OF BUSINESS/INDUSTRY				
21	Elementary/Secondary (0	-12)	College (1-4 or 5	+)						1				
COMPLETED	17. FATHER'S NAME (First, M	Internal Control			_									
	In PAIRIER S NAME (PISt, M	room, cast)						18. MOTI	HER'S NAMI	E (First, Middle	le, Maiden S	umame)		
BE	ocme													
2	19a. INFORMANT'S NAME (7	/pe/Print)	,	, 19b	MAILING	ADDRES:	(Street a	ind Number	or Rural Ro	ute Number, C	City or Town,	State, Zip	Code)	
-														
	20a. METHOD OF DISPOSITE	s 3 Beme	numi from State	20b. PLACE A			ITION (Ne	me of		DATE	20c, LOC	ATION — C	ity or Town	n, State
	4 Donation 5 DOther	(Specify)	state	camatary, crei	natory or c	other placa)								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board													
	Milled 7/21/92 655 W. Baltimore St., Balto., MD 21201													
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	23. PART i. Enter the di abook, or h	seases, or c	omplications the	it caused the da	nth. Do	not antar	the mo	da of dyl	ng, such	aa cardlac	or respire	atory arre	est,	Approximata
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MEDICAL	PART ii. Other aignifica	nt condition	a contributing to	death but not re	sulting	in the ur	darlyin	g cause g	lven in Pa	art i. 24e	. WAS AN A			VERE AUTOPSY FINDINGS
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S	EXAMINER?		HOSPITAL:	7		OTHER	a :		EATH (Checi					
₹	1)XYES 2 □ NO 27. MANNEN OF DEATH			ER/Outpatient 3			-			Other (Sp.				
	. /	Pending	28a. DATE OF (Month, D		28b. TIN	JURY		RK?		28d. DESCRIE	BE HOW IN	JURY OCC	URED	
B		nvestigation				M		rES 2	NO					
		Could not be	28a. PLACE O building,	of INJURY — At hor	ne, farm,	street, fact	ory, offic	•	2	281. LOCATIO	N (Street an wn, State)	d Number o	or Rural Rou	ite Number,
E	4 Homicide	Setermined												
COMPLETED	29a. CERTIFIER (Check only 1 CERT	FYING PHYSIC	CIAN: To the best of	my knowledge, das	th occurr	ed at the ti	ime, date	and place.	and due to	the cause(s	and mean	or an state	d	
<u> </u>												and manner as stated.		
	29h. SEMATURE AND TITLE													The trial and stated.
H	WOWA THEE	OF CHITTER	1/2.10	/ 114	0				NSE NUMB					fonth, Day, Year)
2	4 ymme	11)	your	M				0.0	C.M.E			▶ 07	-01-	1992
	SE NAME AND ADDRESS OF	PERSON WNO			27) (Type	, Print)								
	the will and	12 1	K BUET			111 E	PENN	STRE	EET B	ALTIM	ORE M	ARYL	AND 2	21201
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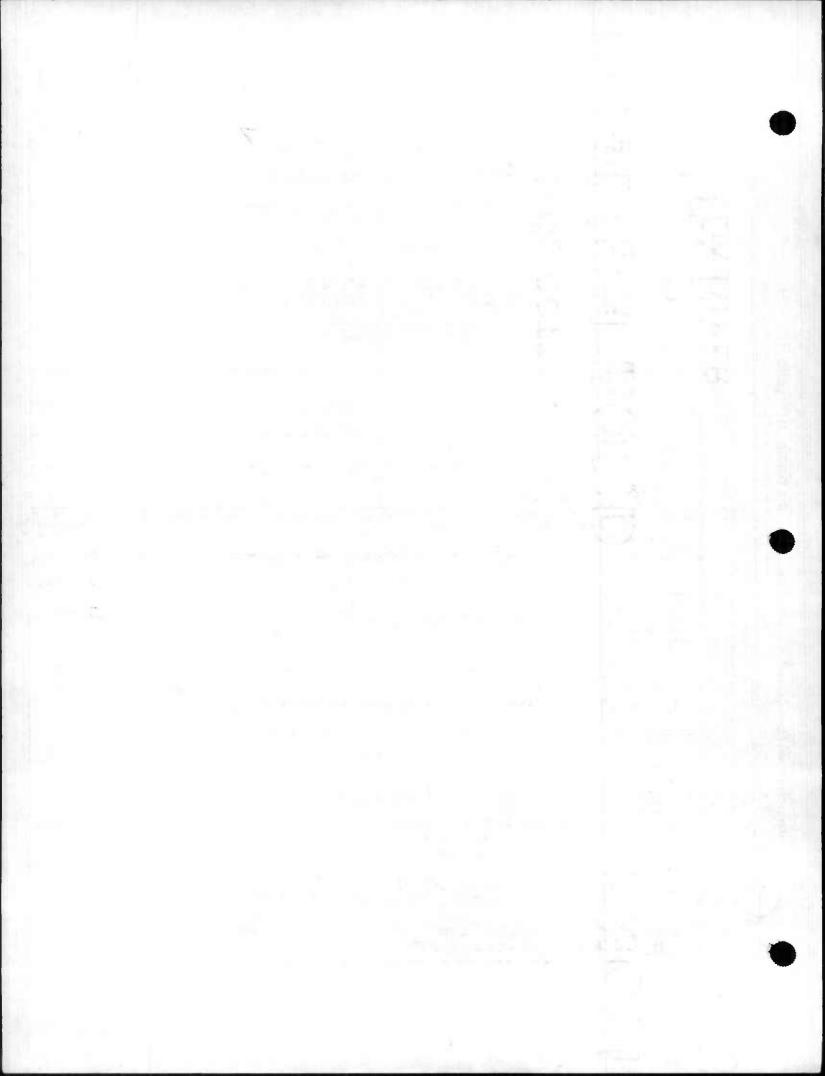
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BALTIMORE, MARYLAND 21215-0020

1		•	FOR STATE REGISTR	ΑI
	1.	O	ECEDENT'S	N

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	TEGOTOTTERT								1 65				
,	1. OECEDENT'S NAME (First, Middle, Last) CATHER	INE VIRGI	NIA J	LEIT	Z_				2. DATE OF D	EATH DAY	4	9EAR 3.	658 Pm
	4. SOCIAL SECURITY NUMBER 214-16-8726	5. SEX 6.	AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BE (Month, Day, JUNE]	Year)	915	6. BIRTHPLA Country) MARY	CE (State or Foreign
FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give at RIDGEWAY MANOR)		ME		96. CITY, TOWN OR LOCATION OF OEATH BALTIMORE					9c. COUNTY OF DEATH BALTIMORE			
	RESIDENCE OF DECEDENT												
	MARYLAND 106. COUNTY	16		BALTIMORE									1. INSIDE CITY LIMITS? X YES 2 NO
RAL	100. STREET AND NUMBER 273 McCURLEY STRI	777			101. ZIP CODE 21229						10g. CIT	TIZEN OF WHAT	
岁					1								
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Olvorced	12. WAS DECEDENT E FORCES? 1 [] IF YES, GIVE WAR	YES 2 TN	MED IO		If yes, sp	ecify Cubi		IC ORIGIN? (Sp n, Puerto Rican :		or No-	Black, W	American Indian, hita, etc. WHITE
品	15. OECEOENT'S EDUC		16a. OE	CEDENT'S	USUAL O	CCUPATI	ON		16b. KINI	OF BUS	INESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) OUTIT	College (1-4 or 5+)		MEMA	work done se retired.)	during mo	ost of works	ng	nov	(EMA)	מקע		
M	8TH		пол	MEMA	KEK								
8	17. FATHER'S NAME (First, Middle, Last)						100000		ME (First, Middle	, Maiden	Sumeme)		
BE (WILLIAM L. LEHN	AUTH					L	ENA	WIDMY	ER			
8	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES:	S (Street	and Numbe	r or Rural F	loute Number, C	ity or Town	n, State, Zi	ip Code)	
2	ALGER F. LEITZ	JR		273 1	MCCUI	RLEY	STR	EET,	BALTIN		_		
	20a. METHOD OF DISPOSITION 1 \(\text{M} \) Burlai 2 \(\text{Cremation} \) Cremation 3 \(\text{Ram} \) Ram 4 \(\text{Donation} \) Donation 5 \(\text{Other} \) Other (Specify)	oval from Stata	of cemetary.	cremator ONPA	y or other p	osition place) EMET	ERY		7-28			RE, MD	Stata
	21. SIGNATURE OF FUNERAL SERVICE LIK	Colema	2		H	UBBA	RD F		AL HOME AVE, BA			, MD	21229
	23. PART I. Enter the disease or complicatione that coused the death. Do not enter the mode of dying, such se cerdiec or respiratory strest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) S. Acute Pulmonary Embolus. Due to (or as a consequence of):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Devo Vein Throughost. Devo Vein Throughost. Devo Vein Throughost. Devo Vein Throughost. Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): d.									suceles.			
	PART II. Other significant condition	o operalbusting to d	adh hud and a		to about			-t t-	Deat las		AUTOPSY		ERE AUTOPSY FINDINGS
: MEDICAL		yosit	is		ioni		(E)			PERFOR	MED?	AM CC OF	ALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL		_			2070	ACE OF	DEATH (C)	eck only one)				
0	EXAMINER?	HOSPITAL:	eria potent		OTHE	A:		les alltino					
YS	1 TYES 2 THO	1 - Inpatient 2 - E				rsing Ho	ne 5 🗆 A	lesidence	8 Other (Sp				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day,		28b. Til	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. OESCRIE	BE HOW I	NJURY O	CCURED	
	3 Suicide 6 Could not be determined	26a. PLACE OF I building, et		eme, farm,	street, fac	ctory, offi	ce			N (Street a wn, State)		er or Rural Rout	te Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS one) 2 MEDICAL EXAMINE												nd manner as stated.
BE	296. SINNATURE AND TITLE OF CERTIFIE	danso		un)		29c. LIC	ENSE NUI	555 ×	9	1111111111111111	-	onth, Day, Year)
٩	M. NAME AND ADDRESS OF PERSONAL	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Typ	e, Print)			. ,					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE				- ,						
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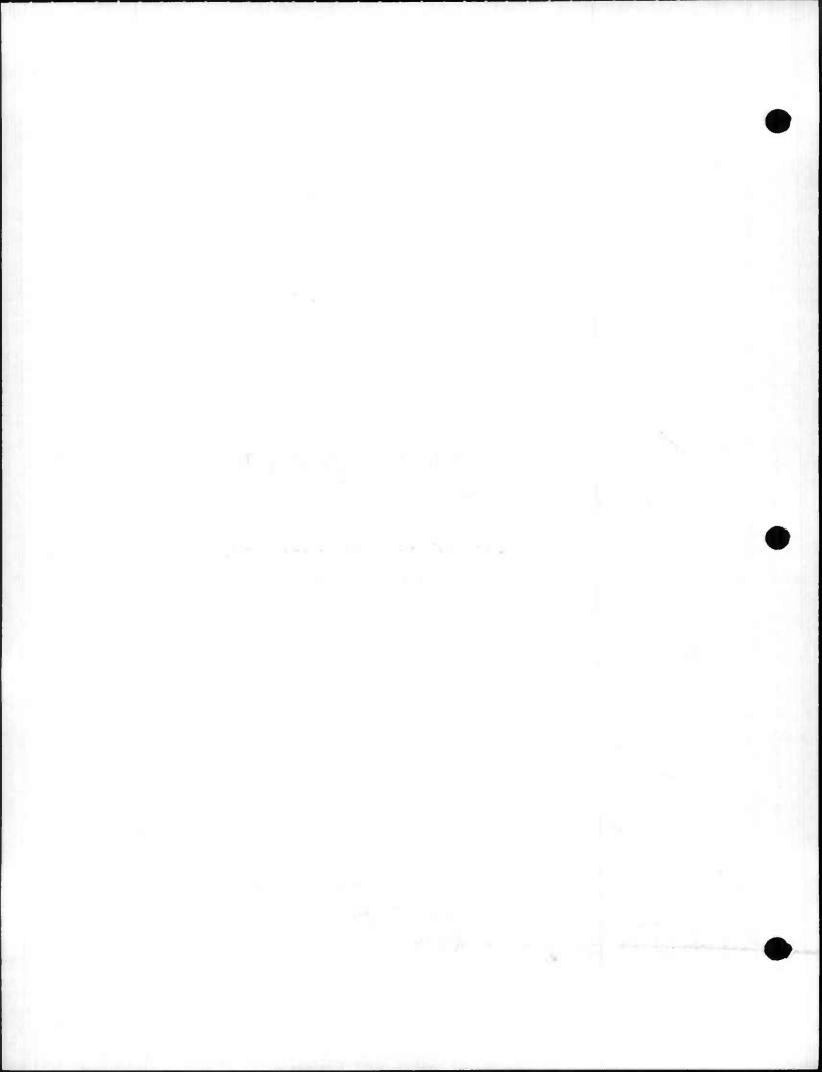
HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ohysician.	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
N: The law requires that th	ficate has been signed by the State Dept. of Health and	Item 23 shows any in
OR ATTENDING PHYSICIA	DIRECTOR: After this certif	item 28 is marked, or
HOSPITA	A P	N

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_	TEGIOTICAL			- LITTI	ICAL	_ 01	DEA		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)									AY	YEAR	3. TIME OF DEATH
	ANNIE MET		ILTON						July 20	, 19	992	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF BIFTH (Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
	223-50-0230	1 M 2 X F	56	YRS.	months.	UM/ 0	HOUNS		Dec 1, 1	935		rginia
_	9a. FACILITY NAME (If not institution, give s		9b. CITY	, TOWN	OR LOCATI	ON OF DE	ATH	9c. COU	NTY OF DE	ATH		
DIRECTOR	14 Cedar Heigh	ts Cour	t Ap	t C	M	lood	lawr	1			Ba1	timore
[[RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		40. 007	Y, TOWN (
<u>E</u>	Carrier Name			100. 611							-	10d. INSIDE CITY LIMITS?
51	Maryland Ba	ltimore			WO	odl						12 YES 2 NO
FUNERAL					_	101	ZIP COD			10g. CIT		HAT COUNTRY?
W	14 Cedar Heig	12. WAS DECEDEN						207		L	USA	
	1 Never Married 2 Merried	FORCES? 1	YES 2	XNO VHIMED		If yes, sp	ecify Cubs	n, Mexicer	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	s or No —	14. RACE Black,	American Indian, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 NO	Specify			Specify	
8	15. DECEDENT'S EDUC	CATION	16a. I	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OF BU	SINESS/INC	DUSTRY	Black
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	at of working	g				
릴	High School			Н	oste	SS			T ₁ C	unge	2	
Š.	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IER'S NAI	ME (First, Middle, Maiden			
BE C	Samuel S. Stew	art					Rı	ve1	la Bann	iste	er	
TO B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRES	S (Street a			loute Number, City or Tow			21117
ř	Jennie L. Stew	art		Eigh	t A	Si	erra	a Ci	rcle C	wind	as M	ills, MD
	20a. METHOD OF DISPOSITION 1 B Burlal 2 Cremetion 3 Remo	and town State	20b. PLAC	E AND DATE	OF DISPOS	ITION /Na				CATION -		
	4 Donation 5 Other (Specify)	PART ITOM STREE	_ Gergetery	cremator or o	the plece)	4 C	time	Dall	7/35/2 B	hou	delu	M. 19.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.							
	+ Hobert E	mil	two			Ba	1 tim	ore	ns Falls . Marvla	nd	212	
	23. PART I. Enter the diseases, or can shock, or heart failure.	omplications tha	t coused the	death. Do	not enter	the mo	de of dyl	ng, such	as cardiac or resp	Iratory an	rest,	Approximate
	IMMEDIATE CAUSE (Finel											Interval Between Onset and Daath
	disease or condition resulting in death)	Cu	N9857	700	CA	MA	om	5//	HILL			cone
		DUE TO	OR AS A CONS	EOUENCE O	F):		12					1
Z	Sequentially list conditions,	/	ZARAT	てんろい	10 1	יון ניין	320					9 Der
F	if sny, leading to immediate cause. Enter UNDERLYING	DUE 10	(OR AS A CONS	EQUENCE O	F):							
은	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	FOLIENCE O	E)·							
Ē	resulting in death) LAST		(0	LOGENCE O	. ,.							
CERTIFICATION		1										1
	PART II. Other significant conditions	contributing to	deeth but not	resulting	In the ur	derlying	ceuse g	iven in I	Part I. 24a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL									1 □ YES 2			COMPLETION OF CAUSE OF DEATH?
ME												1 YES 2 NO
ä												
증	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	ck only one)			
YSI	1 TYES 2 NO	1 inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER		• 5 € Re	sidence i	B C Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1. Natural 5 Pending	28e. DATE OF (Month, D		28b. TIM	E OF URY	28c. INJ WO	URY AT RK?		28d. DEŞCRIBE HOW I	NJURY OC	CURED	
à	1. Natural 5 Pending 2 Accident Investigation				М		/ES 2 [NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY - At I atc. (Specify)	home, farm,	street, fact	ory, office			28f. LOCATION (Street of City or Town, State)	end Number	or Rural Ro	oute Number,
E I												
F	29e. CERTIFIER (Check only	CIAN: To the best of	my knowledge,	death occum	ed at the t	ime, date	end place,	end due t	to the cause(e) end me	ner es stat	ed.	
BE COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of e	xamination end/o	r investigatio	on, in my o	pinion, d	eath occur	ed at the t	time, date end place, en	d due to th	e cause(e)	end manner ee stated.
E	296. SIGNATURE AND TITLE OF CHITIFIER	A = 14	1-	_			29c. LICE	NSE NUM	BER	29d. DAT	E SIGNED ((Month, Day, Year)
	18111	60 M	7 117	Zun	5 1	4	0	169	61-	• -	7/2	1/5,
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (IT	EM 27) (7/90	Print)	1	Λ	01	1. ^		-	
	13 CO CHAN	16500	PAY	C 11	491	3	1,00	acm	MDS	1211	~	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	12.	,							
- 10	JUL 2 7 1992	man menters	100	Andrew .								

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9c. COUNTY OF DEATH

3. TIME OF DEATH

8. BIRTNPLACE (State or Foreign

5:00

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BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL	WHENTAL OR ATTENDING DAINGING The feet season show the death and the he manufactual

Willie July James Moore 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1XX 2 - F 244-78-7991 YRS. 43 July 31 1948 North Carolin use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR 3653 Paskin Place Apt 103 Baltimore 10b. COUNTY 10c, CITY, TOWN OR LOCATION Maryland **Baltimore** 10e. STREET AND NUMBER 101, ZIP CODE 3653 Paskin Place 103 Apt 21207 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.) BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only higher Elementary/Secondary (0-12) page 5 should be detached for Physical Therapist 17. FATHER'S NAME /First Middle Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Ħ BE Charlie Moore Renea notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ACORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Delores Moore 3653 Paskin Place Apt 3 20a. METHOD OF DISPOSITION

|X | Burlel 2 | Cremation 3 | Reme 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must n and completely filled in by the funeral director, to burial, cremation, or removal. ry or other place) Hill Cemetery 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN examiner 2501 Gwynns Falls Parkway
Baltimore, Maryland 21216

23. PART I. Enter the diseases, or complications that diused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, medical ahock, or heart fallure. List only one caus IMMEDIATE CAUSE (Final Carcinoma of the Colon the disease or condition resulting in death) Metestatic within event, OUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING certificate has been signed by the attending physician at the State Dept. of Health and Mental Hygiene prior to CAUSE (Disease or tnjury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 amy injury, PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL shows a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) Tem **EXAMINER?** HOSPITAL: 1 YES 2 NO OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 Residence 6 - Other (Specify) 50 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? After this co marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY Investigation 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) DIRECTOR: At hours after de item 28 is r 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the cause(a) and menner as stated. FLUM BRALL I MPORTANT. II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(a) end menner ee stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH

10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 14. RACE — American Indian, Black, White, etc. Specify: **Black** 16b. KIND OF BUSINESS/INDUSTRY University Hospital 21207 103 Balto, MD 20c. LOCATION — City or Town, State Baltimore Co, MD 22. NAME AND ADDRESS OF FACILITY Nutter Funeal Homes, Ind. Approximata interval Retween Onset and Daath 4 Yrs 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO 1 - YES 2 - NO 28d. DESCRIBE NOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER 4/15/92 D-42178 DHMH-16 Rev 1/89



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296. SIGNATURE AND THILE OF CERTIFIER

31. DATE FILED (Month, Day, Year) 7

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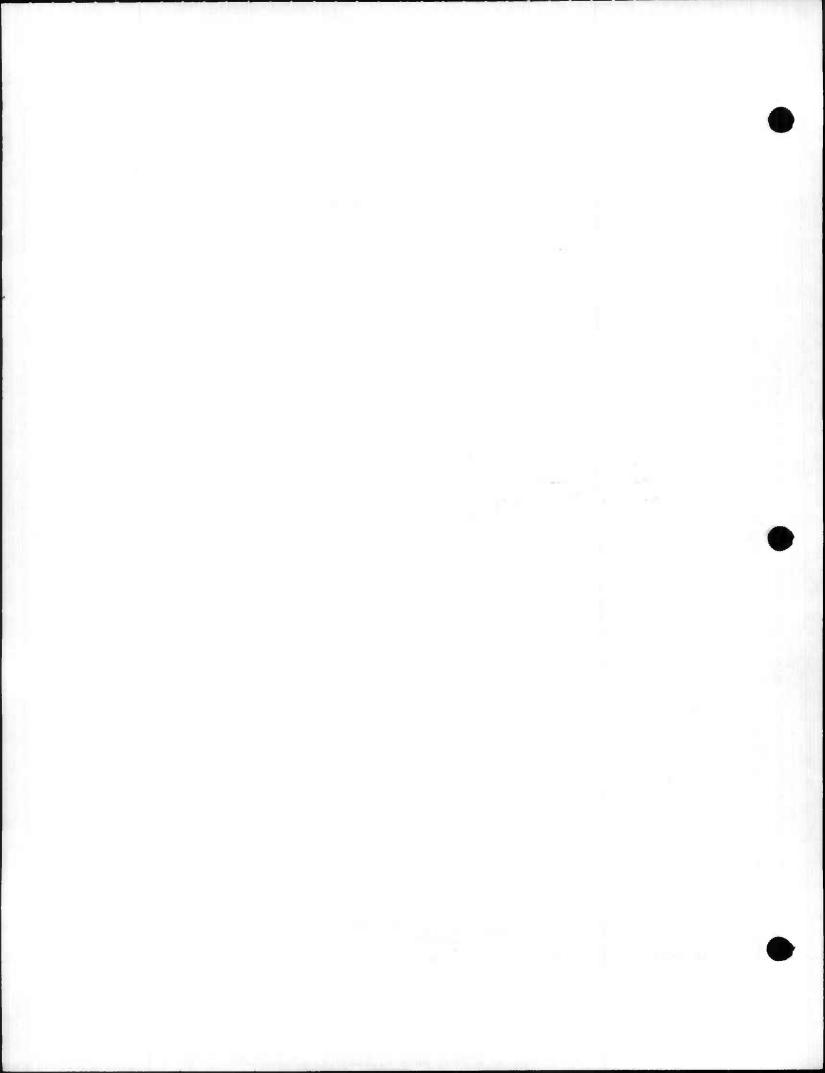
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

-MO

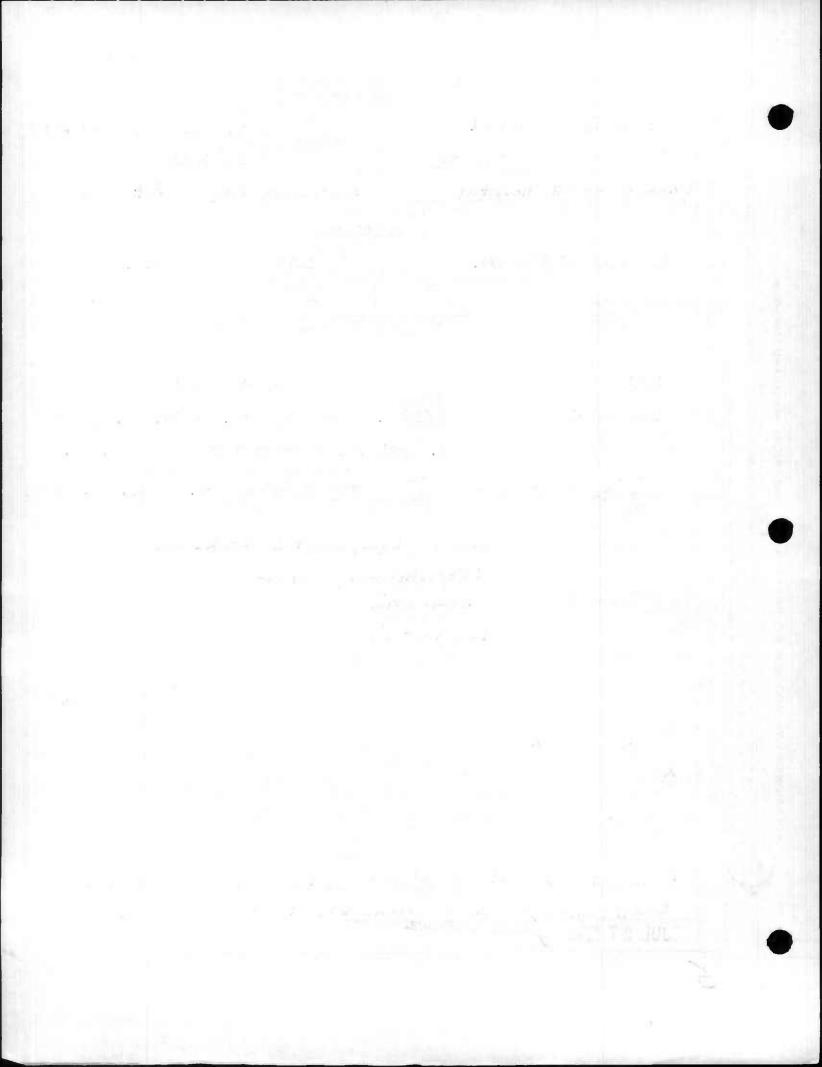
32. REGISTRAR'S SIGNATURE DE

W. Belvedere



ir attending physician.	All DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hurial-transfr nermit. Pages 1.2 should		
th certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for	oval.	al examiner must be notified at once.
death certificate be executed within 24 hours a	e attending physician and completely filled in by	of Health and Mental Hygiene prior to burial, cremation, or removal.	Mr. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifie
NDING PHYSICIAN: The law requires that the	R: After this certificate has been signed by the	I hours after death with the State Dept. of Health and N	is marked, or item 23 shows any inj
DSPUTAL OR ATT	MEHAL DIRECTO	Imin 7.2 hours aft	MT: If Item 28

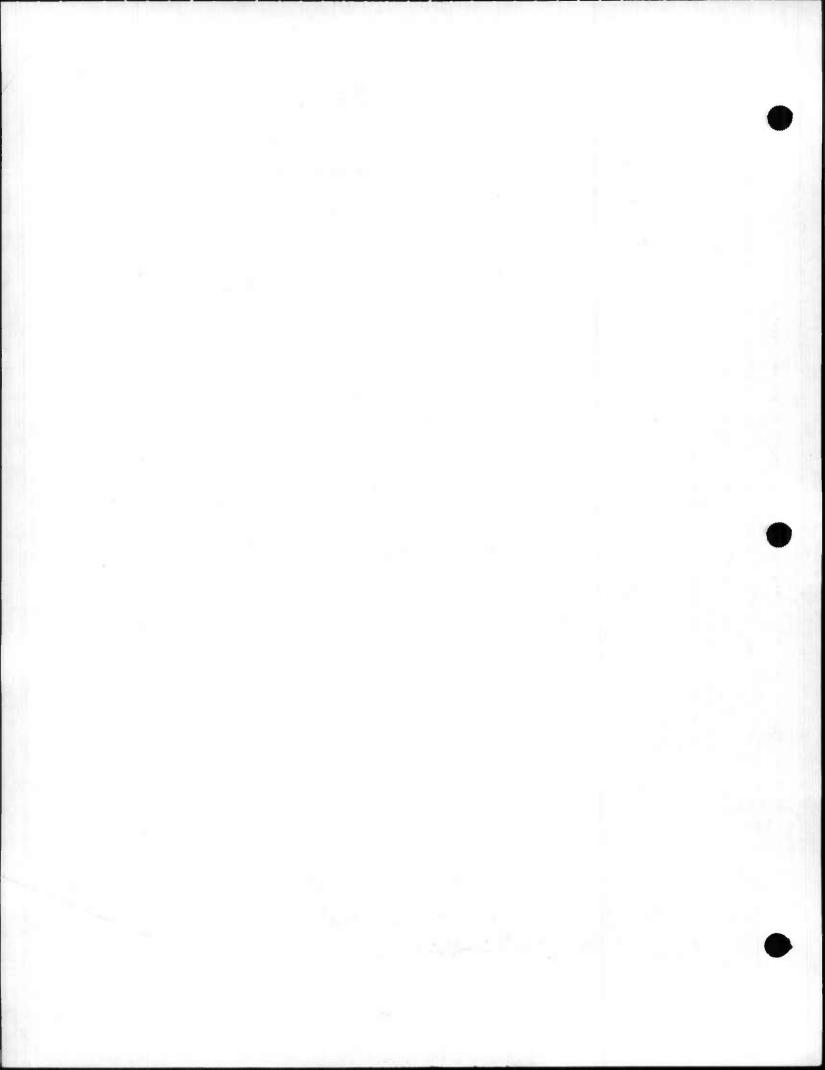
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND M	ENTAL HYGIEI		20040		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH		
	Pauline	Murel				MONTH 2	MY YEAR	4.45PM		
	4. SOCIAL SECURITY NUMBER		-	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Clay, Year)	8. BII	RTHPLACE (State or Foreign unitry)		
	216-12-7494		O YRS.		11114-11-11-11	107.27/	11			
æ	Sa. FACILITY NAME (II not institution, give street and number) St. COUNTY OF DEATH CHURCH HOME HOSpital Baltimore City Battimore									
CTC	RESIDENCE OF DECEDENT		nove	rove City Battimore						
DIRECTOR	10e. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER		Ва	ltimor	E ZIP CODE			1 XYES 2 NO		
FUNERAL	4615 Park Heig	thts Ave.		101.	21215		U.S.	F WHAT COUNTRY?		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I	U.S. ARMED	13. WAS DECI	NDENT OF HISPANIC	ORIGIN? (Specify Ye	s or No.— 14. R.	ACF — American Indian		
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YES			cify Cuben, Mexican, 2 XNO Specify:	Puerto Ricen, atc.)		eck, White, etc.		
	15. DECEDENT'S FOUR	CATION	16e. DECEDENT'S US	IIAL OCCUBATIO	M	T 465 PURE 00 00				
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Give kind of work life, Do NOT use n	k done during mos etired.)	t of working	166. KIND OF BU	JSINESS/INDUSTR			
AP.										
8	17. FATHER'S NAME (First, Middle, Last)					(First, Middle, Meider				
BE	William Hicks					et Edge:				
2	190. INFORMANT'S NAME (Type/Print) Linds Murel		616 N		d Number or Rural Rou			07075		
	20s. METHOD OF DISPOSITION	200	PLACEANDDATEOF				CATION - City of	1. 21217		
	1 Denetion 6 Other (Specify)	oval from State con	elery crematory or ether Md. Nati	onal (emeterv	7/28/0	2 Laur	el. Md.		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	22, NAME AN	ADDRESS OF FACILITY OF THE	ITY	Hama	0.2, 1.0.		
1.0	letto m. U	amoun	artit	2700	Edmonds	on Ave.	Ralto	. Md. 21223		
	23. PART i. Enter the diseases, or c	omplications that caused list only one cause on e	the death. Do not	anter tha mod	le of dying, auch a	a cardiec or reep	piratory arrest,	Approximate		
	IMMEDIATE CAUSE (Fine)	int only one couse on e	ich iina.					intarval Between Onset and Death		
	disease or condition resulting in death)	Chron	CONSEQUENCE OF:	m pho	cytic	Leuke	ma			
_										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A	er whele consequence of:	wing	266217					
S	CAUSE (Disease or Injury		ementi	^						
E	that initiated events resulting in death) LAST	_	CONSEQUENCE OF):							
CE			yd vat 101							
¥	PART II. Other eignificent conditions	contributing to death b	ut not resulting in t	the underlying	cause given in Pa	rt 1. 24s. WAS AN		46. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO		
ğ						_ 1 _ YES		COMPLETION OF CAUSE OF DEATH?		
2						-		1 TYES 2 NO		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLA	CE OF DEATH (Check	only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Vinpatient 2 ☐ ER/Outp		THER:	5 Residence 8 (
PH	27. MANNER OF DEATH 1 X Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU WOR		6d. DESCRIBE HOW	INJURY OCCURED			
B	2 Accident Investigation	26. DI ACE OF IN HIM			\$ 2 NO					
8	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY building, atc. (Spec	— At nome, term, atre-	et, factory, office	20	Bf. LOCATION (Street City or Town, State		If Route Number,		
COMPLETED	290. CERTIFIER	VAN: To the heat of my broad								
PMP	(Check only one) 2 MEDICAL EXAMINER	EAN: To the best of my knowl E: On the beels of examination	end/or investigation, i	n my opinion, de	nd place, end due to ath occured at the tim	the ceuse(s) end ma na, date end piece, er	nner se stated. nd due to the ceus	e(e) and manner se stated		
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBE			ED (Month, Day, Year)		
3 BE	Kerray Cloerm?	> House	office	~	D389			3192		
2	30. NAME AND AGORESS OF PERSON WHO	COMPLETED CAUSE OF OE	TH (FTEM 27) (Type, Pri							
	31. DATE FILED (MOSTIN DAY, Sharing 2	N 22.	S. Green	ne st	rect '	Baltimo	ive Mi	Y 21201		
	JUL 27 1992	A DE POLICIE SPOR	Mandanac							



FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

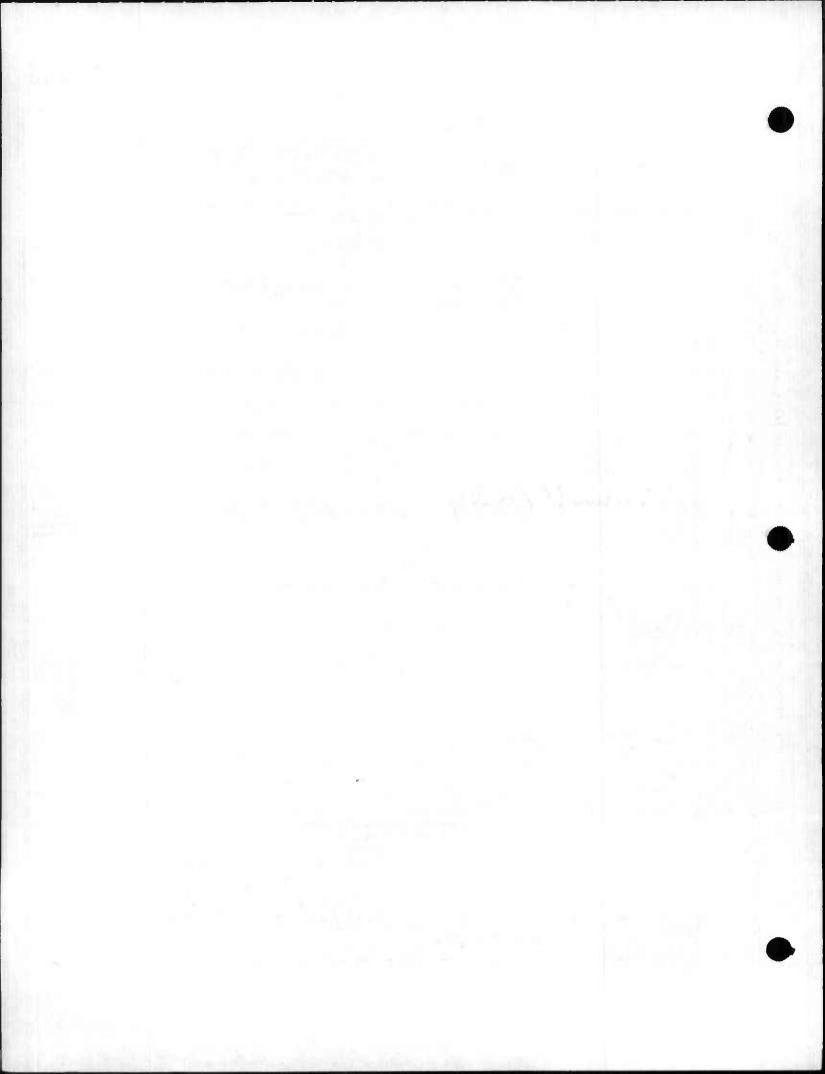
	1. DECEDENT'S NAME (First, Middle, Lest)				MIL)	AIII	HEG. NO.			
		,						2. DATE OF DEATH		YEAR	. TIME OF DEATH
	Lillian M. N							any 2)	, 19	792	M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		ONTHS DA	AR IF U	IDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPL Country)	ACE (State or Foreign
	216-16-9070	1 □ M 2 × X X X Y	75	YRS.	ONTHS LO	WS HOU	15 Mine.	(Month, Day, Year)	916	Man	ryland
	9a. FACILITY NAME (If not institution, give at	reet and number)		9	b. CITY, TO	WN OR LOC	ATION OF D			NTY OF OEA	TH
٣	1213 Engleben	th Rd.			/	301+	imore			Bal	Ltimore
DIRECTOR	RESIDENCE OF DECEDENT						CITE O ICC			Dux	cemone
Ĭ	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR L	OCATION				1	Od. INSIDE CITY
*	$M \sim R$	altimon			R -	tim				Ι,	LIMITS?
	10e. STREET AND NUMBER	LA C CIRO I	2		Dal	101. ZIP C			ton CITI		AT COUNTRY?
FUNERAL	1212 8 11	, , , ,									AL COOKINT/
W	1213 Engleber						2/22/			1.5.A	
교	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI	MED O	13. WAS	DECENDER a, specify C	IT OF HISPAI uban, Maxica	NIC ORIGIN? (Specify Yes	or No-	14. RACE - Black, \	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES			YES 2 😿				Specify:	111.7 • •
					<u> </u>						White
	15. DECEDENT'S EOUC (Specify only highest grade	completed)	16a. DEC	CEDENT'S US ve kind of wor Do NOT use i	k done durin	PATION g most of w	orking	16b. KIND OF BUS	SINESS/IND	USTRY	
_	Elementary/Secondary (0-12)	College (1-4 or 5							100		
<u>-</u>			1716	eat W	rapp	per			A&P		
COMPLET	17. FATHER'S NAME (First, Middle, Lest)					16. N		ME (First, Middle, Maiden			
ш	Edward Jones						Mary	e Hilda B	enny	!	
m	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING A	DORESS (St	eet and Nur	nber or Rural	Route Number, City or Town	n, State, Zip	Code)	
2	Mr. Frederick	J. Neu	kam, In.	121	3 Er	igle	benth	Rd. Bal	to	MD.	21221
	20a. METHOD OF DISPOSITION		20b. PLACE A							City or Town	
	1 Burial 2 Cremation 3 Remo	oval from Stata	cemetery, caer	natorwor othe	c niecel		•				
	21. SIGNATURE OF FUNERAL SERVICE LIC	FNSFF	- HOLY	L Kea	eeme		RESS OF FA	7/28 B	alto	14	D.
					Har	+/01	, M;	Lon Funa	nal	Hama	
	Joan D. J	Juskin	non		752	7 #	nlon	Ler Fune d Rd.Bal	+ 0	Md	21234
	23. PART I Enter the diseases, or c	omplicatione the	t caused the de	th. Do not	enter the	mode of	dving, suc	h sa cerdiac or reepi	ratory arm	eet.	Approximata
	Shock, or heart fallure.	List only one cau	ise on each line.						,		Interval Between
	iMMEDIATE CAUSE (Finel disease or condition	10	11-		00.						Onset and Death
ŀ	resulting in death)	///	valya	uc	0/	inc	nci	glun			
	_	DOE 10	(OH AS A CONSEQ	UENCE OF);				'			
	Sequentially list conditions,)	(OD 40 4 004/000								
	if any, leading to immediate cause. Enter UNDERLYING	DOE 10	(OR AS A CONSEO	UENCE OF):							
RIFICATION	CAUSE (Diseese or Injury	DUE TO	(OD 40 4 00)								
Ê	that initiated events resulting in death) LAST	DOE 10	(OR AS A CONSEO	DENCE OF):							
SER.		l						7			
_ I	PART II. Other significant conditions	contributing to	death but not re	eulting in	the under	lving caus	e given in	Part I. 24s. WAS AN	AUTOPSV	24b W	PERE AUTOPSY FINDINGS
5						,,	3.1011111	PERFOR		A	WAILABLE PRIOR TO
5 I								1 _ YES 2	□ NO		OMPLETION DF CAUSE F DEATH?
M										1	YES 2 NO
										-	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLACE O	F OEATH (Ch	eck only one)			
PHYSICIAN:	1 VES 2 NO	HOSPITAL:	ER/Outpetient 3		THER:	Home 5	Residence	8 Other (Specify)			
Ē	27. MANNER OF DEATH	28a. DATE OF		28b. TIME (INJURY A		28d. DESCRIBE HOW I	NJURY OCC	URED	
	1 Netural 5 Pending	(Month, D	wy, Year)	INUL	M 1	WORK?	2 NO				
À P	2 Accident Investigation 3 Suicide 6 Could not be	28a, PLACE C	F INJURY — Al hon	ne, farm, stre				281. LOCATION (Street a	and Missibar	or Burni Day	do Alverbou
3	4 Homicide determined	building,	atc. (Specify)	,	at, indicity,			City or Town, State)	ING NUMBER	or notal nou	ne Number,
	An CENTERN										
<u> </u>								to the cause(a) and men			
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the beele of e	xamination end/or in	westigation,	In my opinie	on, death o	cured at the	time, date and place, en	d due to the	e cense(s) s	nd manner as stated.
	29b, SIGNATURE AND TITLE OF CERTIFIER					29c.	LICENSE NUI	WBER	29d. DATE	E SIGNED (M	fonth, Day, Year)
2	((// / / /		MA.)		1	2186	-58	> 7	1/17	190
_ "	JVUIAI	11/	1010			4 /		1 (1)			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALL	SE OF DEATH (ITFM	27) (Type Pr	int)	70	700	7 0	-/,	10-1	100
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAU	SE OF DEATH (ITEM	27) (Type, Pr	_	7 7 1	,	7.0	,	10-1	100
2	404 Caster	in Bo	Mever	127) (Type, Pr	Q10	22))	7 0		10-1	<i>///</i>
2	30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Veer) 31. DATE FILED (Month, Day, Veer)	in Bo	SE OF DEATH (ITEM	res	_	12))		,	10-7	



DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical as	BALTIMORE, MARYLAND	ours after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detache or removal.	medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ITM. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF	MARYLAND / DEF			MENTAL	HYGIENE
ISTRAR		CERT	IFICATE (OF DEATH		REG. NO.
NT'S NAME (First, Middle, Last)	4 .		1 0		2. DATE O	F DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYGI REG.	ENE	2 20343			
	1. DECEDENT'S NAME (First, Middle, Last)	RED 1	10BLE	=		2. DATE OF DEATH	DAY	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		MO	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	92	I. BIRTHPLACE (State or Foreign Country)			
	212-38-4387 9e. FACILITY NAME (If not institution, give st	1 M 2 F	90 YRS.		PR LOCATION OF D	Oct 7	1901	Maryland Y OF DEATH			
TOR	Liberty Medic	al Center			ltimor			, or pean			
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CITY, TO	OWN OR LOCAT	ION		10d. INSIDE CITY LIMITS?				
	Maryland 100. STREET AND NUMBER		Ba	1timo	re ZIP CODE		₩ XYES 2				
FUNERAL	2811 West Nort				21216		log. Grizz	USA			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X X O	If yes, sp	ENDENT OF HISPA Holly Cuban, Maxic 2 NO Speci	NIC ORIGIN? (Specify an, Puarto Rican, atc.) fy:	Yes or No- 14	4. RACE — American Indian, Black, White, etc. Specify: Black			
ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		18a, DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mo		16b. KIND OF	BUSINESS/INDUS				
COMPL			Teacher Harford C								
_	17. FATHER'S NAME (First, Middle, Lust) Emerson Hall					ie Brown					
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		Route Number, City or		ode) 21216			
٦	Phyllis Allen				orth A			more, MD			
	20e METHOD OF DISPOSITION 1 \(\tilde{\Omega} \) Buriel 2 \(\tilde{\Omega} \) Cremation 3 \(\tilde{\Omega} \) Remo 4 \(\tilde{\Omega} \) Donation 5 \(\tilde{\Omega} \) Other (Specify)	oval from State 20b.	PLACE AND DATE OF D elery, cremetory or other nder Hil	isposition (Na place) 1 Cem	eterv	1	arford Co., MD				
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN 250	1 Gwyn	ns Falls	Funer Park	uneral Homes inc			
HILLAHON	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. Liet only one cause on each line. Approximate interval Between Onset and Death out To (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
: MEDICAL CE	PART II, Other algnificent conditions	contributing to death be	at not resulting in the	ne underlying	ceuse given in	PER	AN AUTOPSY FORMED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 VES 2 NO			
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	Ton		ACE OF DEATH (Ch	eck only one)					
2	1 TYES 2 NO	28a. DATE OF INJURY				6 Other (Specify)					
2 7 2	10 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WO		28d. OEŞCRIBE HO	W INJURY OCCUP	IED			
- 0	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Speci	— At home, farm, atraa	, factory, office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
OMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSIC (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowle t: On the basis of examination	edge, death occurred at and/or investigation, in	the time, data my opinion, de	and place, and due	to the cause(s) and time, data and place,	nanner as stated, and due to the c	ause(a) and manner as stated.			
O BE C	296, SHINATURE AND TITLE OF CENTIFIER	hmo-	MD		29c, LICENSE NUI	MBER 7 8	IGNED (Month, Day, Year)				
	30. NAME AND ADDRESS OF PERSON WHO	· JOLINA	TH (ITEM 27) (Type, Prin	613K	edper	perct.	G.ton	20-92 ~102-874			
	JUL 27 1992	32. MEGISTHAR'S STAN	HARL.								



ITEM: 23 part I per MEO G-691 9/14/92 reb Items: 23 part I, 27 per MEO G-690 8/13/92

92-4034-031

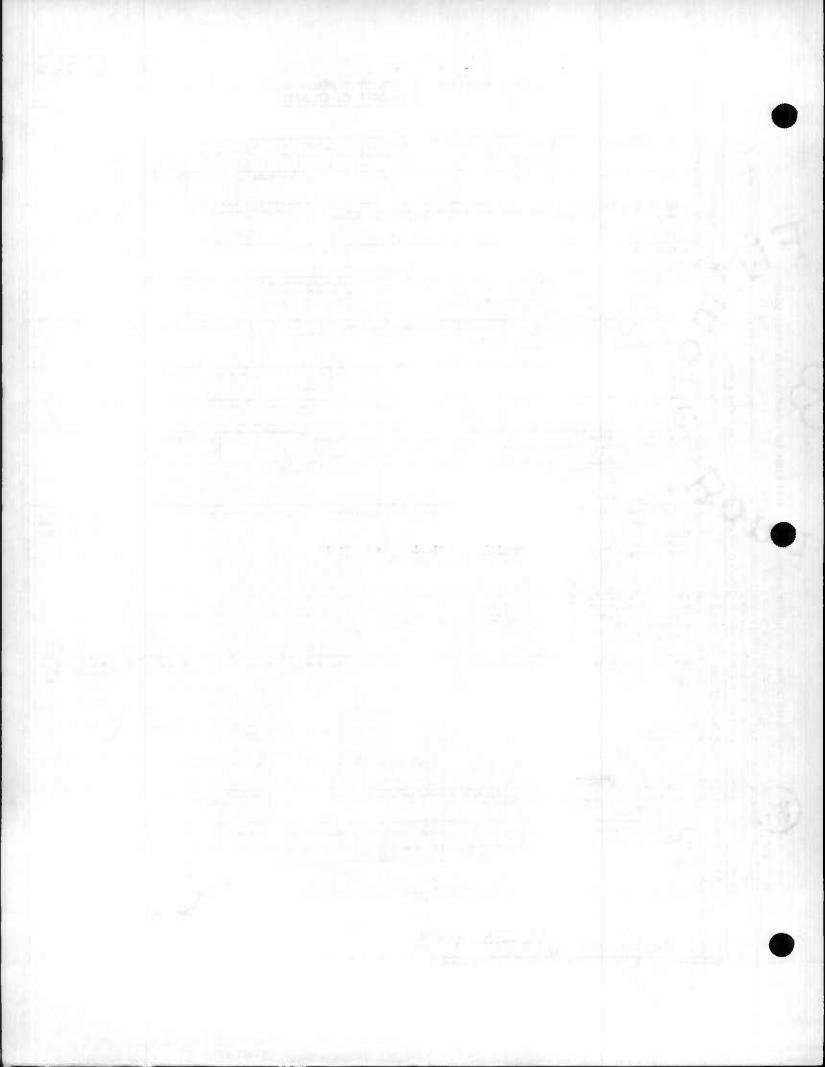
1 - STATE REGISTRAR		CERTII	FICATE O			REG. NO					
1. DECEDENT'S NAME (First, Middle, La		-2			MC		DAY	YEAR	3. TIME OF DEATH		
Peter Da	niel	Olande				7 1	9 1	992	4:49 P		
	5. SEX	6. AGE (In yrs. lest birthday,	MONTHS DAYS			TE OF BIRTH fonth, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign		
224-68-3372 9a. FACILITY NAME (If not institution, gi	1 M 2 □ F	29 YRS.				pr. 4,	1963	Fai	Yirginia.		
			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF								
Suburban Hospit	al		Bethe	sda			Mon	tgome	ery		
10a. STATE 10b. COL		10c, CI	TY, TOWN OR LO	CATION				T	10d. INSIDE CITY		
Suburban Hospit RESIDENCE OF DECEDENT 10a. STATE 10b. COL Virginia Fa	irfax Co.	Ma	Toom						LIMITS?		
10e. STREET AND NUMBER	IIIax W.	PIC	Lean	10f. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?		
731 Lawton Str											
10e. STREET AND NUMBER 731 Lawton Str 11. MARITAL STATUS 1 77 Never Married 2 7 Married	12. WAS DECEDEN	T EVER IN U.S. ABMED	13. WAS D	22101 DECENDENT OF H	HISPANIC OR	IGIN? (Specify Ye		S.A.	- American Indian,		
3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO	If yes,	specify Cuban, A ES 2 NO	Mexican, Pue	rto Rican, atc.)		Black,	White, etc.		
15. DECEDENT'S E (Specify only highest gi Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)			S USUAL OCCUPA work done during			16b. KIND OF BU	JSINESS/INC	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5 +	Sin Do MOT	work done during use retired.)	most or working							
12		Electr	ician			Air Cle	eaning	g Spe	cialist		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER		st, Middle, Maide			333230		
Richard F. Ola	nder			Shei	ila We	inman					
19a, INFORMANT'S NAME (Type/Print)		19b. MAILIN	O ADORESS (Street	it end Number or	Rural Route N	lumber, City or To	wn, State, Zig	Code)			
Richard F. Ola	nder	731 I	awton S	treet,	McLea	n, VA	22101				
20a, METHOD OF DISPOSITION 1 A Wurlei 2 Cremetion 3 R	emoval from State	20b. PLACE AND DATE	OF DISPOSITION				OCATION —	City or Tox	vn, Stata		
Fairfax Memorial Park Fairfax VA											
21. SIGNATURE OF FRINERAL SERVICE	LICENSEE		22. NAME	AND ADDRESS	OF FACILITY	Murphy	Falls	s Chu	rch Funera		
1 / 1/2	m J	Kursh -	Home	, 1102	W. Br	oad St.	Fal	ls Ch	urch, VA		
iMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIAC ARRHYTHMIA MYOCARDITIS DUE TO (OR AS A CONSEQUENCE OF):											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d											
CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other algnificent condit	IDna contributing to	death but not resulting	in the underly	ing ceuse give	en in Part i		N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
						1 YES			COMPLETION OF CAUSE OF BEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF OEAT	TH (Check onl	v one)	_				
EXAMINER?	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:								
27. MANNER OF DEATH	28e. DATE OF	INJURY 28b. TII	ME OF 28c. I	ome 5 Reside		THE (Specify) DESCRIBE HOW	INJURY OC	CURED			
Netural 5 Patiding	(Month, Da	ny, Year) IN	JURY 1	WORK? YES 2 N	1			0011125			
2 Accident investigation 3 Suicide 8 Could not determined	ba 28e. PLACE Of building,	F INJURY — At home, farm, etc. (Specify)	, street, factory, of		201. 4	OCATION (Street City or Town, State		or Rural Ro	oute Number,		
		my knowledge, death occur							and manner ae stated.		
296. SIONATURE AND TITLE OF CERTI	FIER	00		29c. LICENS	E NUMBER		29d. DAT	E SIGNED	(Month, Day, Year)		
/le	muis to	· Chut aus		0.0	C.M.E.		▶ 0.	7 20	1992		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETER CAUS		enn Stre			e Marv					
31. DATE FILED (Month, Day, Year) JUL 27 1992	John David	TS SICHEURE OF	2020	Date Date	- Janol	. J . M.L. Y .		_ , _ 0			

TO THE HOSPITAL CONTROLLE PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. IMPORTANT; if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

N OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rav 1/89



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

NORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remond.

It is an 28 the markent or item 23 should a not intervent and inte

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

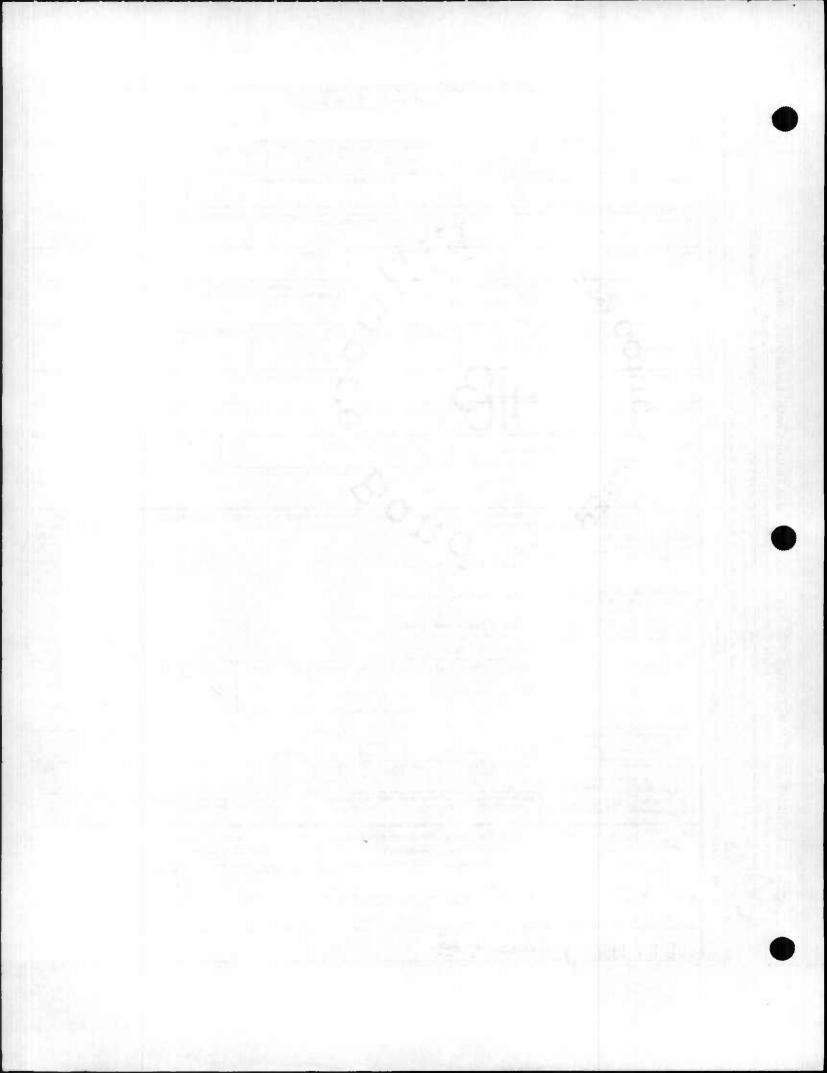
,	REGISTRAR	ERIFICA	TE OF DEATH	REG. NO.								
8	1. DECEDENT'S NAME (First, Middle, Last) Marie Frances Powell			2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH							
					92 2:45 A. M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. 218-09-6139 1 🗆 M 2 😥 F 77	iast birthday) IF UI YRS. MONT	NDER 1 YEAR IF UNDER 24 HRS. HB DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10 06 14	BIRTNPLACE (State or Foreign Country) Md.							
e o	90. FACILITY NAME (If not institution, give street and number) 7131 Gough Street	9b. (CITY, TOWN OR LOCATION OF DI Eastwood		unty of death Baltimore							
្ត្រ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY											
DIRECTOR												
VERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WHAT COU 1.5. A.											
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMEO	13. WAS DECENDENT OF NISPAI II yes, specify Cuben, Maxics 1 YES 2 NO Specif		14. RACE — American Indian, Black, White, atc. Specify: White							
윤	(Specify only highest grade completed)	DECEDENT'S USUA (Give kind of work do	one during most of working	16b. KIND OF BUSINESS/IN								
COMPLETED	Elementary/secondary (0-12) College (1-4 or 5 +)	lle. Do NOT use retin Lepersoi	•	Departmen	t Store							
NO N	17. FATHER'S NAME (First, Middle, Last)	300/30000	18. MOTHER'S NA	ME (First, Middle, Maiden Surname)								
BE	John Sienkiewicz			erine Kuc								
2	Gordon R. Powell	7131 GOL	ugh St. Balto.	Poute Number, City or Town, State, Z , Md. 21224	(ip Code)							
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	EAND DATE OF DIS	POSITION (Name of the of the of the of Jesus (en	0ATE 20c. LOCATION -	- City or Town, State dalk, Md.							
araille araille	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Church D. Spulle		22. NAME AND ADDRESS OF FA	ciler & Son Inc	6224 c. Eastern Ave.							
2	23. PART I. Enter the diseases, or complications that caused the	daath. Do not an										
, me med	shock, or heart failure. List only one cause on aech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. O Self Arcule M1											
	DUE TO (OR AS A CONS	SEQUENCE OF:										
CERTIFICATION	Sequentially list conditions, if any, laading to immediate	SEQUENCE OF):	9									
E S	cause. Enter UNDERLYING CAUSE (Disease or Injury the injury of the control of the	FOLIENCE OF										
RTI	that initiated events resulting in death) LAST d.				ļ							
9 1	PART II. Other significant conditions contributing to death but not	t consisting to the		Bart Landers								
EDICAL	That is other eightean continuing to death but not	t reedining in the	underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE							
ED				1 YES 2 NO	OF DEATH?							
Σ					1 Tes 2 No							
A	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (Ch	ack only one)								
SIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient		IER: Nursing Home 5 (Residence	8 C Other (Specify)								
Y PHYSICIAN:	27. MANNER OF DEATN 28. DATE OF INJURY (Month, Day, Year) 2 Accident Investigation	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. OESCRIBE NOW INJURY OC	CCURED							
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At a building, etc. (Specify)	home, ferm, street,	factory, office	281. LOCATION (Street end Number City or Town, State)	er or Rural Route Number,							
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge,	double account of the	he time idete and story as the	A- 0								
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/o											
H H	29b. SIGNATURE AND TITLE OF GERTUELER		29c, LICENSE NUM	IBER 29d. DA	TE SIGNEO (Month, Day, Year)							
임	30. NAME AND ADDRESS OF PERSON WHO COMPRETED CAUSE OF DEATH (IT	EM 27) (Type, Print)	2197	- 1	1.211							
		Privo	BALTMANI	221								
	31. DATE FILED (Month, Day, War) 32. REGISTRAR'S SIGNATURE 32. REGISTRAR'S SIGNATURE JUL 2 / 1992 July Daviden Renda	12.										

the Children per later and A TOTAL STREET

	sit permit. Pages 1, 2, 3 should	
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
4 hours after death. Page 6 may be retain	filled in by the funeral director, page 5 shin, or removal,	f them 28 to marked or them 23 shows any injury or other traum ofto sevent the marked averaging as a second as
he death certificate be executed within 2	the attending physician and completely f Mental Hygiene prior to burial, crematio	the format and the same of
PHYSICIAN: The law requires that th	r this certificate has been signed by the with the State Dept, of Health and	al une shows 22 chause on in
AL OR ATTENDING	VL DIRECTOR: After 2 hours after deat	f Ham 28 le m

REGISTRAR		CERTIF	ICATE OF	DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)			7777		2. DATE MONTH 0 7	OF DEATH	W	YEAR	3. TIME OF	3.34	
AMBER			PARRISH		_		199	2	2:08	P	
4. SOCIAL SECURITY NUMBER 5. S	BEX 6. AGE (In y	rs. lest birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH n, Day, Year)		8. BIRTN Country	PLACE (State	or Foreig	
Ba. FACILITY NAME (If not institution, give street e	X	Tho.	9 PARTY TOWN	OR LOCATION OF		2-90			hing	ton	
JOHNS HOPKINS HOSP	e mean		BALTIM		DEATH		9c. COUN	TY OF DI	EATH		
RESIDENCE OF DECEDENT	IIAU		DALITIM	UKE				_			
10a. STATE 10b. COUNTY		10c, CI	TY, TOWN OR LOCA	ATION					10d. INSIDE		
MD 10a. STREET AND NUMBER		Ba	ltimor						1X YES		
	A-+ C		10	or. ZIP CODE			127		THAT COUNT	TRY?	
69 Seversky Ct.	APT - 6 WAS DECEDENT EVER IN U.:	e ADMED		21221				J.S.			
Never Married 2 Married	FORCES? 1 YES 2	NO NO	If yes, a	CENDENT OF NISP pecify Cuben, Mexi	can, Puerto F	? (Specify Yes tican, atc.)	or No-	Black	— America , White, etc.	n Indian,	
Widowed 4 Divorced	TES, GIVE WAN ON DATES	•	I U YE	S 2 XNO Spe	offy:			B 1 a			
15. DECEDENT'S EDUCATIO (Specify only highest grade comp	N 164 (letect)	a. DECEDENT'S	S USUAL OCCUPATI	ION lost of working	16b.	KIND OF BUS	SINESS/IND		OK		
Elementary/Secondary (0-12) Col	ilege (1-4 or 5+)		work done during m use retired.)	out or working							
	child	child					nild				
17. FATHER'S NAME (First, Middle, Last)				10. MOTHER'S							
Artis Oaks 190. INFORMANT'S NAME (Type/Print)		T 401 241		Donr	etta	Parr	ish				
Donnetta Enoch						Acute Number, City or Yown, State, Zip Code) pt6/Baltimore, MD 21					
20a. METNOD OF DISPOSITION	20h Bt									212	
20a. METNOD OF DISPOSITION 1											
II. SIGNATURE OF FUNERAL SERVICE LICENSE		211611						[] V	111		
to accompany of a common mentione excellent	. /			ND ADDRESS OF		T D U I	a a i i	- 1			
Michael	Stuc /	_	22. NAME A	ND ADDRESS OF	FACILITY						
23. PART I. Enter the diseases, or comp	Ilications that caused the	e daeth. Do	WM C	MARCH	F.H	./110)1 E.	. NO	RTH Appr	oximate	
23. PART I. Enter the diseases, or comp shock, or heart failure. List t	Ilications that caused the	Ilna.	WM C	MARCH	F.H	./110)1 E.	. NO	R T H	oximate	
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IM. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the IM. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deat 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at one

31. DATE FILED (Month, Day, Year)

JUL 2 7 1992

								9	2 2	20549	
1 - STATE REGISTRAR	STATE OF MA	ARYLAND / CE	DEPAR	RTMENT OF	HEALTH A	AND	MENTAL HYGIEN				
1. DECEDENT'S NAME (First, Middle, Last) LOUIS	e Car	son		Ray			JULY 14,) YEAR	3. TIME OF DEATH 12:30am	
4. SOCIAL SECURITY NUMBER		3. AGE (in yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign	
220-22-3861	1 🗌 M 2 💢 F	85	YRS.	MONTHS DAYS	HOURS	MIN.	Sept 20, 1	906	Country	h Caroli	
9a. FACILITY NAME (If not institution, give s Maryland Ger RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland		ital		яь. Сіту, томі Ва	or Location	N OF DE	EATH		INTY OF DE		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	,		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY	
Maryland				Baltim	ore					LIMITS?	
10. STREET AND NUMBER 717 Druid Lake 11. Marital Status					Of. ZIP CODE			10g. CIT		AT COUNTRY?	
717 Druid Lake			90	2	21	21	7		USA		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES 2 N	MED	If yea,	ECENDENT OF specify Cuban, S 2 NO	, Maxica	NIC ORIGIN? (Specify Ye in, Puerto Ricen, etc.) y:	a or No-	14. RACE Black, Specify		
15. DECEDENT'S EDUC	CATION	16a DEC	CEDENT'S	USUAL OCCUPA	TON		16b. KIND OF BU			Black	
(Specify only highest grade Elementary/Secondary (0-12) 7th Grade	College (1-4 or 5+)	(G/	ve kind of a Do NOT us	work done during i se retired.)	nost of working					(Domesti	
17. FATHER'S NAME (First, Middle, Last)			NUL	50	18. MOTHE	R'S NA	ME (First, Middle, Malden		ucy	(Domest1	
William Andre	w Carso	n			E	Bon	nie St	alev			
19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Stree			Route Number, City or Tox	n, State, Zij	Code)		
Phyllis Bagwel				Westw		ve	. Balti	more, MD 21216			
20a METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Remote 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cematery, cren	NO DATE (OF DISPOSITION (Varne of		7/18 Ba	CATION -	City or Tow	n, State	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	JArbut	us	Memori	al Pa	rk	//18 Ba	ltım	ore	Co, MD	
+ thing of	Rolling)		2501 Balt	Gwyn	ns	Falls Parvland	arkw 21	ay 216	Homes Inc	
23. PARY I. Enter the diseases, or of shock, or heart failure.	omplications that cause	aused the day on each line.	ath. Do n	not enter tha m	oda of dying	g, suci	h as cerdiac or resp	iratory an	rest,	Approximate Interval Batween	
IMMEDIATE CAUSE (Fine) disease or condition resulting in death)	Chronic obstructive pulmonary disease									Onset and Deat	
Sequentially list conditions,	Congestive heart failure										
If eny, leading to immediate ceuse. Enter UNDERLYING	dug to immediate										
CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEO	UENCE OF	7):							
PART II. Other significant conditions	contributing to de	ath but not re	esulting i	n tha Undariyi	ng cause giv	en in i	Part i. 24a, WAS AN PERFOR	RMED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL									'	YES 2 NO	
EXAMINER?	HOSPITAL:	R/Outpatient 3	400	OTHER:	LACE OF DEA						
27. MANNER OF OEATH 1 😿 Natural 5 🗆 Pending 2 🗸 Accident Investigation	28a. DATE OF IN. (Month, Day,	JURY	28b. TIME	OF 28c, IN	JURY AT ORK?		8 Other (Specify) 28d. OEŞCRIBE HOW II	NJURY OCC	CURED		
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF II building, etc	NJURY — At hom . (Specify)	ne, farm, s				281. LOCATION (Street a City or Town, State)	and Number	or Rural Rou	rte Number,	
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my	knowledge, dea	th occurre	d at the time, dat	and place, as	nd due	to the cause(s) and mar	ener se stat	ed. e cause(a) s	nd manner as stated,	
296. SIGNATURE AND TITLE OF CERTIFIER		mp			29c. LICENS		BER	forth, Day, Year)			
30. NAME AND ADDRESS OF PERSON WHO Charles K		OF DEATH (ITEM			d Gene	eral	1 Hospital				

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shou		9e. FACILITY NAME (If not institution, give st				9b. C							
2, 3	e e	MERCY MEDICAL CE	NTER										
440,	5	RESIDENCE OF DECEDENT											
ges	#	10e. STATE 10b. COUNTY			10c. CITY								
permit. Pages 1,	ā	MARYLAND BALT	IMORE			UN							
E	7	10e. STREET AND NUMBER											
18.	FUNERAL DIRECTOR	87 WISE AVEN	UE										
the hospital or attending physician. detached for use as the burial-transit once.	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EV FORCES? 1 1	YES 2A	RMED NO								
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3 2 E		7. FATHER'S NAME (First, Middle, Last) (UNAVAILABLE) SOMERS											
	BE												
retained 5 should notified	2	19e. INFORMANT'S NAME (Type/Print)	4.37	19	b. MAILING								
ay be re page 5		VICKI M. MCGROGA	AN			EN							
e 6 may be retained ector, page 5 should must be notified		20a. METHOD OF DISPOSITION 1 Burlel 2 Commention 3 Rem 4 Donation 5 Other (Specify)	oval from State	206. PLACE METRO	CREM	-							
Page dire		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			T							
hours after death, Page 6 m. de in by the funeral director, or removal.		Dawn 7.7	Dawn J. Fisher										
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be this certificate has been signed by the attending physician and completely filled in by the funeral director, page is with the State Dept. of Health and Memai Hygiene prior to burial, cremation, or removal.	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
that the death the by the atter th and Mental I any Injury, o	HYSICIAN: MEDICAL CI	PART II. Other significent condition	na contributing to dec	oth but not	resulting i	n the							
e law requires that has been signed Dept. of Health and 23 shows and	ED			()									
of s	2												
N: The law r ficate has be State Dept.	CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТІ							
SICIAN: The Certificate to the State	YSI	1 U YES 2 NO	1 Xinpatient 2 - ER	/Outputient		4 🗆							
NG PHYSIC fter this ce eath with the	۵	27. MANNER OF CEATN 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJ (Month, Day,)		20b. TIMI INJ	E OF URY							
TTENDING TOPE: After after death	TED BY	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF IN building, etc.	JURY — AI h (Specify)	ome, farm, s	treet,							
SPITAL OR ATTENDING IERAL DIRECTOR: After In 72 hours after death NT: If Item 28 Is ma	COMPLETED	onel only	ICIAN: To the best of my										
Z	BE	296. SIGNATURE AND TITLE OF CERTIFIER	L M.D	X									
	10	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETEO CAUSE O	F OEATH (ITI	EM 27) (Type,	Print)							

MANTIRI

31. DATE FILED (Month, Day, Year)

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PANSARE, MD.

32. REGISTRAR'S SIGNATURE

2 7 1992

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 1992 HELEN Μ. . SIMS 6.10 A M 07 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Ybar) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 212-07-6876 81 1 M 2 F MARYLAND FEB 18 1911 NAME (If not institution, give street end number, 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATN MEDICAL CENTER BALTIMORE CE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE DUNDALK AND t TYES 2 X NO AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 37 WISE AVENUE 21222 USA WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yes or No—
 If yes, specify Cuban, Mexican, Puerto Rican, etc.)
 1 YES 2 NO Specify: STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. larried 2 Married IF YES, GIVE WAR OR DATES Specify d 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade y/Secondery (0-12) College (1-4 or 5+) HOUSEWIFE HOUSEWIFE NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) AILABLE) SOMERS UNAVAILABLE ANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) I M. MCGROGAN 107 CENTRE AVENUE, DUNDALK, MD O OF DISPOSITION

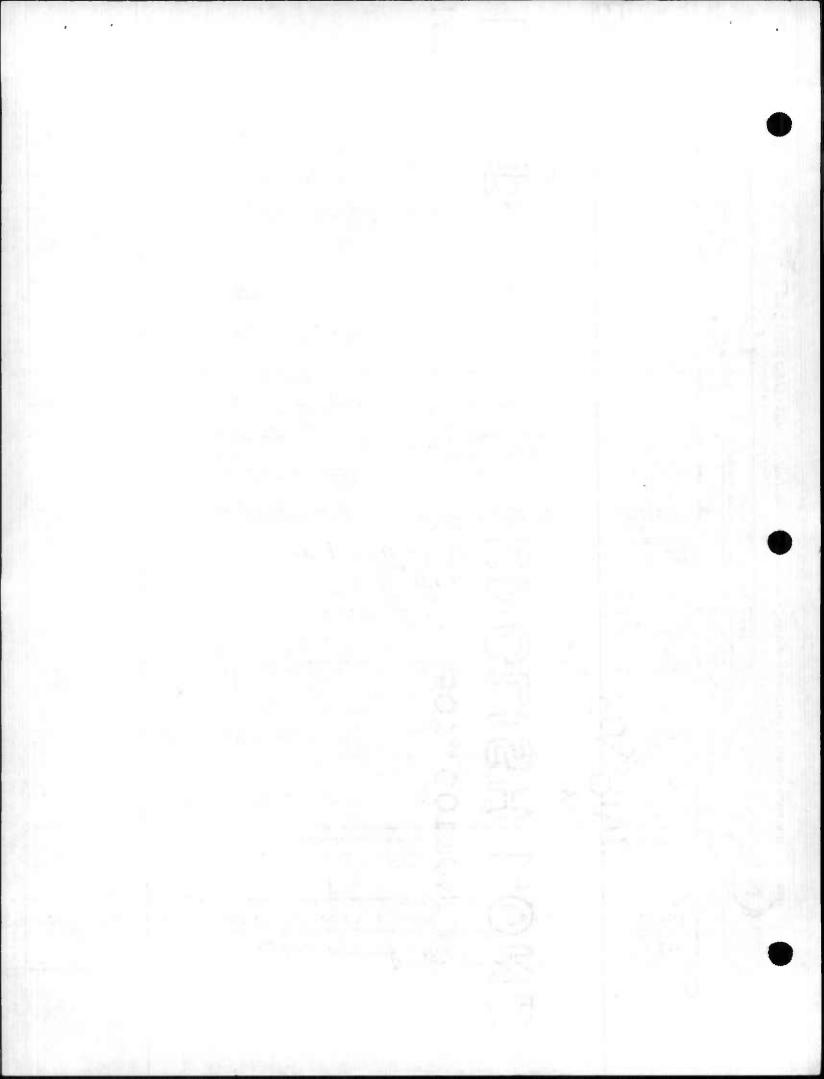
2 Cremation 3 Removal from State
on 5 Other (Specify) 20b. PLACE ANO DATE OF DISPOSITION (Name OATE 20c. LOCATION -- City or Town, State METRO CREMATORY 7-27 BALTIMORE, MARYLAND E OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE, BALTIMORE, MD 21229 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** shock, or heart failure. List only one cause on each line. interval Between **Onset and Death** E CAUSE (Fine) Failure. condition Respirator n death) DUE TO (OR AS A CONSEQUENCE OF) ly list conditions, DUE TO (OR AS A CONSEQUENCE OF) fing to immediate Preumothora er UNDERLYING sease or injury DUE TO (OR AS A CONSEQUENCE OF) ed events n death) LAST ther significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO E REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 X inpatient 2 ER/Outpatient 3 DOA OTHER: 2 NO me 5 Residence 8 Other (Specify) OF OEATN 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OEŞCRIBE NOW INJURY OCCURED 5 Pending Investige 1 YES 2 NO dent 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) Ide 8 Could not be determined icide 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(s) end manner as stated. UP AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) M.D 251

Julie Deviden Pendales

MERCY MEDICAL CENTER, BALTIMORE

DHMH-18 Rev 1/89

MD 212



TALACONDS, F.O. BOA 60/60, BALTIMORE, MARTLAND ZIZIS-0020	NYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or artending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
SINISION OF WITHE RECORDS, F.O. BOX 66/60,	THE PIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	THE ALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the factor of the property of Health and Mental Hygiene prior to bunal, cremation, or removal.	miny it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MARYL	AND / DEDAR	TMENT OF	UEAITH AND	MENTAL HYCLE	9	12	2055	51
	1 - STATE REGISTRAR	OIRIE OF MARTIE	CERTIF	CATE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) VERNON	Hanne	1.0	C	7,1	2. DATE OF DEATH MONTH	DAY	EAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	HARRIS 5. SEX / 6. AGE (in vrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6	4	9;45	P
	214-20-1283	1 M 2 🗆 F	67 YRS.	MONTHS DAYS	HOURS MIN.	Nov 4, 1	924	Country) M	ace (State or Fore	
5	98. FACILITY NAME (If not institution, give str 22 S GREEN RESIDENCE OF DECEDENT	STREE	Hosp	Balti	OR LOCATION OF D	EATN	9c. COUNT	Y OF DEAT	TN	
FUNERAL DIRECTOR	10e. STATE 10b. COUNTY		10c, CITY	, TOWN OR LOCA	TION			10	d. INSIDE CITY	
3	Maryland 100. STREET AND NUMBER		E	<u>Baltimo</u>					YES 2 N	10
Ē	Control of the House			10	M. ZIP CODE		10g. CITIZE	N OF WHA	AT COUNTRY?	
		Avenue	LILO ADIEDO	1 40 1110 00	212			USA		
?	1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, s	pecify Cuban, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No— 14		Americen Indien Vhite, etc.),
5	3 Widowed 4 Divorced	World War	TT	1 U YE	S 2 NO Speci	Ty:		Specify:	black	-
3	16. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF BU	JSINESS/INDUS	TRY	DIACK	
ا	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	vork done during m e retired.)	ost or working					
COMPLEIED	Co	ollege +	Statio	nary E	nginee	r Cont	inenta	11 C	an Co.	
3	17. FATHER'S NAME (First, Middle, Last)		The second second	SEPTONE IN	18. MOTHER'S NA	AME (First, Middle, Malde				
	John Seth				Mi	ntie Rain	ies.			
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	end Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)		
1	Geraldine Seth		2812	Clifto	n Ave.	Baltimo	ore, N	1D	21216	
	20e. METHOD OF DISPOSITION 1) Burlel 2 Cremation 3 Remove	rai from State cem	PLACE AND DATE O	her place)			OCATION — CIT			
	4 Donation 6 Other (Specify)	/ MI) Vetera	n Cem/	Garriso	n7/21 Ow	ings	Mill	Ls. MD	
- 1	21. SIGNATUREJOF FUNERAL SERVICE LICE	HISEE	1	22. NAME A	ND ADDRESS OF FA	Nutter Falls F	Fune	ral	Homes	In
	I km	(Ems	he	2501	Gwynns	Falls F Marvland	arkwa	Y		
	23. PARTIL Enter the diseases, or co shock, or heart fellure. L IMMEDIATE CAUSE (Final disease or condition	mplications that caused lat only one ceuse on el	nch line.	ot enter the me	ode of dying, aud	ch as cardlec or resp	Diratory arres	t,	Approximatinterval Bet Onset and	Weer
	resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF	7: WF4V	17-10	vec bany	metas	MELLINS.		
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):			·		 	
	resulting in death) LAST									
. 11	DART II Oshor shouldhood a stale									
	PART II. Other algnificent conditione		\ A			Part i. 24a, WAS AI	RMED?	AV	ERE AUTOPSY FINE BILABLE PRIOR TO)
5	Extensive pon	e martiero	12000	reman	- and	1 🗆 YES	2 DAO		OMPLETION OF CAL DEATH?	USE
É	tailure to	4wive						1	□ YES 2 1 10	5
FRISICIAIN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL									
	EXAMINER?	HOSPITAL:	04V =	OTHER:	LACE OF DEATH (C/					_
-	1 TYES 2 JAIO 27. MANNER OF DEATH	1 Dipatient 2 ER/Outp				8 Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJI		PURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUP	RED		
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, stc. (Speci	— At home, ferm, s	treet, tectory, offic		26t. LOCATION (Street City or Town, State	and Number or	Rural Rout	e Number,	
	290. CERTIFIER	AN. 7- 0- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-		Serve	SHEEVE BAS			-		
COMPLETED	(Check only	AN: To the best of my knowl On the basis of examination							nd manner ea stat	led.
	296. SIGNATURE AND TITLE OF CERTIFIER	4			29c. LICENSE NU				onth, Day, Year)	
	Karuna S.	Faier			D41	342	107.	-16	-92	
•	30. NAME AND ADDRESS OF PERSON WHO IS ARUNA S. KONE	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type,	Print)					01	-
	MIKUNA S. FUNG	NULLS	UNCENY -	SIRCUI	, UITLI	HUKO, I	111	-12	U	

THE NAME OF THE PARTY OF THE

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

-	THE GIGHT BUT				OLITITI	IOAII	- 01	DLA	111	-	EG. NO.			
	1. DECEDENT'S NAME (First, JOSEPH	Middle, Last)				Т	YLEF	₹		2. DATE OF MONTH	OEATH DA	1	992	3. TIME OF DEATH 12:15 Pu
	4. SOCIAL SECURITY NUMBER	ER	5. SEX	6. AGE (In ye	s. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTN			PLACE (State or Foreign
			1 X M 2 - F	57	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De		- 1	Country	
	9a. FACILITY NAME (If not institution, give street and number)						9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DE						ATM	
Œ	2212 McCULLOH STREET									2011		sc. 0001	NIT OF DE	
6	RESIDENCE OF DECEDENT						TIME	DRE C	TTY			NA		
ĕ	10a. STATE	10a. STATE 10b. COUNTY 10c. C							TY, TOWN OR LOCATION					10d. INSIDE CITY
DIRECTOR	Maryland	ltim	ore							LIMITS? 1 YES 2 NO				
	10e. STREET AND NUMBER					10f. ZIP CODE						10g. CITI		HAT COUNTRY?
FUNERAL	2212 Mc	Culloh	Street				21217							
5	11. MARITAL STATUS		12. WAS DECEDEN			13.	WAS DEC	ENDENT (OF NISPAN	IC ORIGIN? (S	pecify Yea	or No-	14. RACE	- American Indian.
	1 Never Married 2 1		FORCES? 1 IF YES, GIVE V				If yes, sp	ecify Cubi	n, Mexicar Specify	n, Puerto Rica	n, etc.)		Black, Specify	White, etc.
ВУ	3 Widowed 4 Divon	ced							opoony				Specify	Black
	15. DECE (Specify only	DENT'S EDUC	CATION completed)	16.	. DECEDENT'S				200	16b. KIP	D OF BUS	INESS/IND	USTRY	
91	Elementary/Secondary (0-		College (1-4 or 5	+)	life. Do NOT L	ise retired.)	ourny me	ISL OF WORKI	'V	- 1				
COMPLETED														
8	17. FATHER'S NAME (First, Mic	ddle, Last)						18. MOT	NER'S NAI	ME (First, Midd	le, Maiden :	Surname)		
H														
2	19a, INFORMANT'S NAME (7)	pe/Print)			19b. MAILIN	G ADDRES	S (Street a	nd Number	or Rural R	loute Number, (City or Town	, State, Zip	Code)	
-	ocme													
	20a. METNOD OF DISPOSITION 1 Burlai 2 Cremation	3 Rame	ovel from State		ACE AND DATE			me of		DATE	20c. LOC	ATION —	City or Tow	n, Stata
	4 Donation - 5 C Other /	Specify) in	atata			uner piace)								
	21. SIGNATURE OF UNERAL SERVICE LICENSEE ROnald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board													
	Menny	111	Vaces			1 6	555 1	W Ba	altin	nore S				
1	23. PART L Enter the dis	sasas or c												
	shock, or he	ert fallure.	List only one cau	se on each	line.	not enter	ule mo	de oi dy	ing, suci	i ss cardisc	or reapi	atory arr	est,	Approximate Interval Between
	IMMEDIATE CAUSE (Fine	ol	A		, .	1			Ā	1				Onset and Death
	disease or condition a. Atheroscleratic Cardiovascular Disease													
	DUE TO (OR AS A CONSEDUENCE OF):													
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF):													
¥	if any, leading to immed cause. Enter UNDERLYIN			(0.1.10) / 00	MOED OE NOE O	· ,.								i
FIG	CAUSE (Disease or Injur that initiated events	y \$ '	DUE TO	(OR AS A CO	NSEDUENCE O	F);								
E	resulting in death) LAST													
5														+
A	PART II. Other significen	condition	s contributing to	deeth but r	not resulting	In the ur	nderlyln	g ceuse g	given in i	Part I. 24	PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL										_ 10	YES 2	4		COMPLETION OF CAUSE OF DEATH?
ME														YES 2 ND
										_				
ĕ.	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL						ACE DF D	EATN (Che	ck only one)				
is I	T YES 2 NO		HOSPITAL:	ER/Outpaties	nt 3 🗆 DOA	4 Nur		e 5 TVR	isidence (6 Other (Sp	ecify)			
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE DF (Month, D		26b. TIR	Y	28c. INJ			26d. DESCRI		JURY OCC	URED	
BY	1 Natural 5 P	ending weatigation		ay, 102.7		M		/ES 2 [NO					
	3 Suicide 6 C	ould not be	28e. PLACE D building.	F INJURY — /	At home, tarm,	street, fact	ory, offic			281. LOCATID	N (Street as wn, State)	nd Number	or Rural Ro	ute Number,
COMPLETED	4 Homicide de	etermined								Only or no	wn, Stelle/			
7	29a. CERTIFIER (Check only	FYING PNYSIC	CIAN: To the best of	my knowledge	e, death occun	red at the t	ime, data	and place	and dua t	to the cause(s) and man	nor an state	ed.	
No.														and manner as stated.
	29b. SIGNATURE AND TITLE								ENSE NUM					
- 1 C + 12 0 C M F														
임	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type	, Print)		0.0	• LI • Li	•		. 0	7-02-	1332
					71.76		עועבם	ם מיוים	EFT	BALTIM	OPF	MADVI	רוא ב. ז	21201
	31. DATE FILED (Month, Day, Ye	ear)	32. REGISTRA	R'S SIGNATUI	RE .	1 1 1	T, THINK	, DIL	. المنت	יין דידערי	IONE	rMT.	רואדארו	21201
	JUL 27 1992	J.	en Danden		4									

hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

. The 🎟 requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	committee of signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	In the State Dec. of Health and Merital Hygiene prior to burial, cremation, or removal.	ed, or line 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
that the death certificate t	ed by the attending physic	th and Mental Hygiene prior	any injury, or other tra
CIAN: The law requires	infillicate has been sign	THE STATE CHOCK, OF HEAD	or Item 23 shows
R ATTENDING PHYSI	RECTOR, After mis or	urs after death with	im 28 is marked,
E HOSPITAL O	D THE O	01 May 10 May 10	STANTA IN

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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										9	2	20553		
	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLA	ND / DEPAI					MENTAL HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATN			3. TIME OF DEATN	1	
	Walter			omas,	II	Ι			July 14 1992			3:47 PM	l	
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. lest birthday)			IF UNDER	24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign		
	216-86-5828	1 💢 M 2 🗆 F	2	28 YAS.	MONT	HS DAYS	HOURS	MIN.	(Month, Day, Year) Mar 7, 19	964	aryland	ı		
	9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY, TOWN OR LOCATION OF DEA						9c. COU		1		
TOR	Maryland Gener	al Hosp	ital		Baltimore									
<u>입</u>	10e. STATE 10b. COUNTY				TY TOW	VN OR LOCAT	ION					10d, INSIDE CITY		
E	Maruland											LIMITS?		
51	Maryland 10e. STREET AND NUMBER			Be	110	imor						1 X YES 2 NO		
¥					101. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL DIRECTOR	702 Pennsylva:							201			USA			
	11. MARITAL STATUS 1 Never Married 2 Merried	J.S. ARMED	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No							E — Americen Indian, k, White, etc.				
BY	3 Widowed 4 Divorced	AR OR DATE	ATES 1 YES 2 NO Spe							Spec	ffy:			
	15. DECEDENT'S EDUC	- 250525171						Black						
COMPLETED	(Specify only highest grade completed)				n. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				16b. KIND OF BUSINESS/INDUSTRY					
7	Elementary/Secondary (0-12)						Mawhinta Wash Cabau							
<u> </u>	12th Grade	ש.						Martin's West Caterers						
ၓ	The state of the s	***							ME (First, Middle, Melden :	Surname)				
BE	Walter Thomas		Lena Brown											
9	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)											
	Walter Thomas,			2325	5 L	aure	tta	Ave	Balt:	imor	e,	MD 21223		
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Camelany or other place) 20c. LOCATION — City or Town,													
	12 Crematton 3 Removal from Camelary, cramatory or other place) A Donation 5y Other (Specify) King Memorial Park 7/20 Balt									ltin	imore Co, MD			
	21. SIGNATURE OF FUNERAL BERVICK LIC		norial Park 7/20 Baltimore Co, MD 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc											
	2501 Gwynn								Falls Pa	rkw	ay			
	23. PART I. Enter the discesses, pro	complications that	caused t	he death. Do	not en	iter the mo	de of dyl	ng, aucl	n ea cerdiec or respir	etory an	reat,	Approximata		
	shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final											Interval Between Onset and Death		
	disease or condition resulting in death) - Chapis Ps/moncrey Breet											1011/1-23-1-23-1-1		
l	disease or condition a. Chan & Pulmonory Breet Due to (or as a consequence of): Pulmonary Emboli													
_	Pulmenaux Emboli										İ			
NOIT	Sequentially list conditiona, if any, leading to immediate	DUE TO	(OR AS A C	ONSEQUENCE C	F	0-16	UOU	<u> </u>						

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

DUE TO (OR AS A CONSEQUENCE OF):

24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 EYES 2 NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpatient 2 ☑ ER/Outpetient 3 ☐ DOA ng Home 5 🗆 Rasidenca 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK?
1 YES 2 NO 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 3 Suicide 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide

29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the beet of my knowledge, death occurred at the time, date end piece, end due to the cause(a) end menner as steted.

2 🗌 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause(e) and 296. SIGNATURE AND STILE OF CERTIFIER 29c. LICENSE NUMBER

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Tone

29d. DATE SIGNED (MA)

31. DATE FILED (Month, Day, Year) 1 JUL 27 1992 27

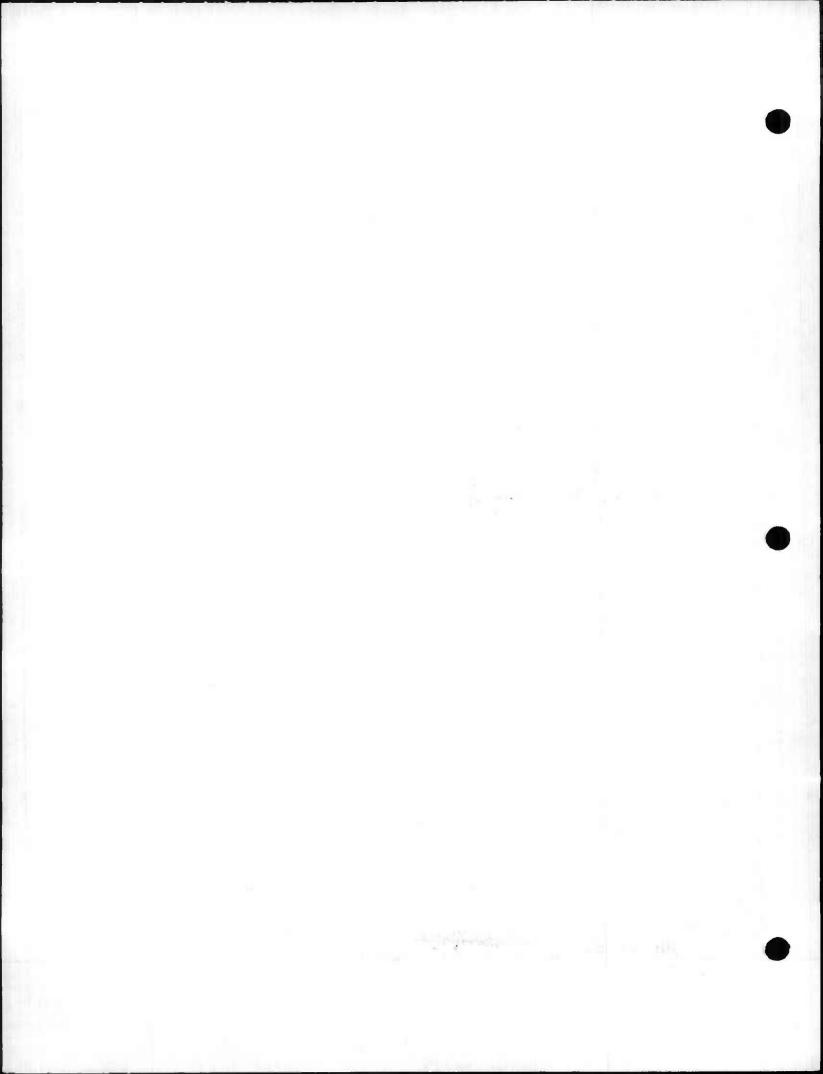
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events

resulting in death) LAST

32. REGISTRAR'S SIGNATURE

21202

DHMH-18 Ray 1/89

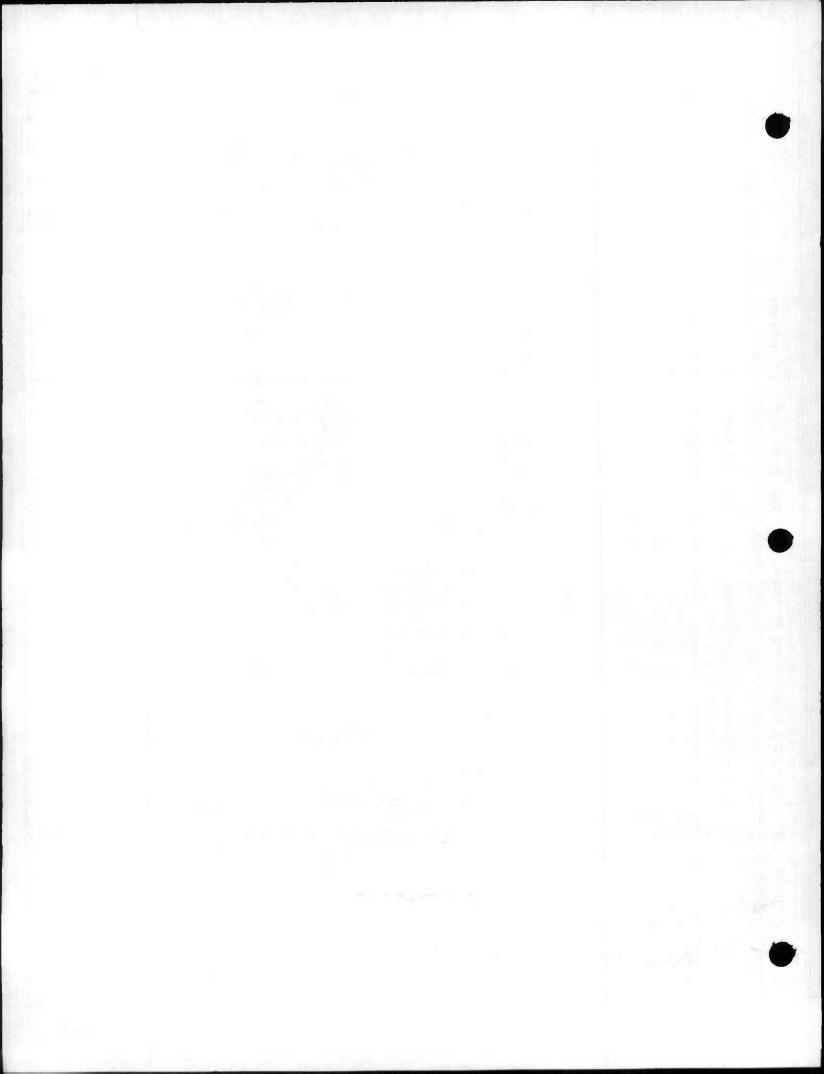


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	F VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 SIGNAL THE INTERIOR of the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The Sam Dopt of Health and Mental Hydere prior to bunkl, certainon, or removal.	t, the medical examiner must be notified at once.
-1.50	DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE OFFICIAL OR ATTENDIAL PROBLEM. The law means that the death certificate be executed within 24 hours after death TO WE WE WANT OF THE OFFICE ATTENDIAL OF THE STATE OF THE ATTENDIAL OF THE STATE OF THE STA	IMPORTANT: If Nem 28 is marked, or litem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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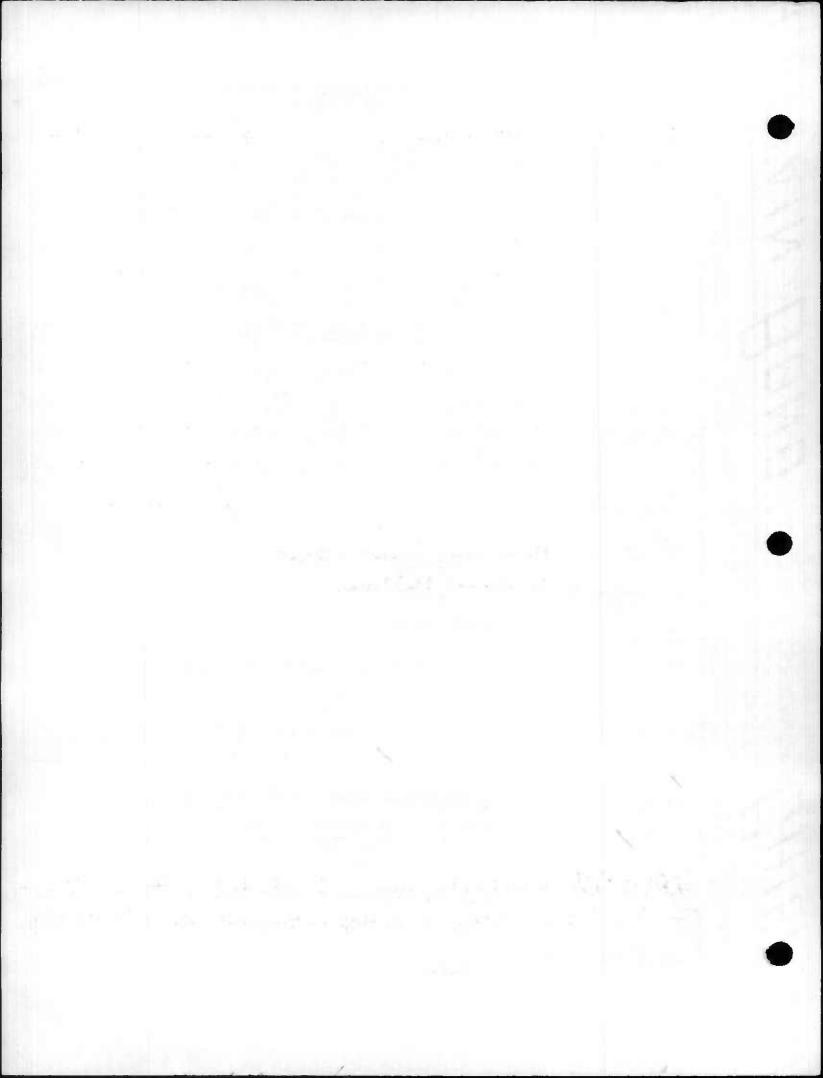
FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

Г		1. DECEDENT'S NAME (First	, Middle, Last)			JE111111	IOAII	_ 01	DLAI	-		HEG. NO			
1	- 1	Elsie Rena Taylor												3. TIME OF OEATH	
	- 1	4. SOCIAL SECURITY NUMBER 5. SEX 6. A				last birthday)	birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH S. BU					10:23A M			
- 1	- 8	028-07-93	11	1 M 2 XF	82	YRS.	MONTHS	DAYS	HOURS	WIN.	(Month, D	lay, Year)		Country	
		9a. FACILITY NAME (If not in	stitution, give :	street and number)			Oh CITY	TOWN	OR LOCATIO	N OF DE	July	23,	190	9Ma:	ssachusett
9	۳ ا	Meridian I	Center								9c. COUNTY OF DEATH				
	DIRECTOR	RESIDENCE OF DEC		neare	och cca		211	ver	Spr	ing	, MD		Mor	tgo	mery
ì	Ä	10a. STATE	10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	ION					Т	10d. INSIDE CITY
į	5	Mass Worchester Northbo						oro	ugh						LIMITS? 1 VES 2 NO
1 3	A	10e. STREET AND NUMBER					0.11.0		. ZIP CODE				10a, CIT	ZEN OF W	HAT COUNTRY?
18	LA	18 Centre	Driv	e					0153	2					
1	FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DEC	ENDENT OF	HISPAN	IIC ORIGIN? (Specify Yes	or No.		States - American Indian.
	- 1	1 Never Married 2 3 Widowed 4 Divo			YES 2X	NO	1 1	It yes, sp	ocify Cuban 2X NO	, Maxicar	n, Puarto Rica	n, etc.)		Black Specifi	, White, atc.
3	- 1	3 23- Wildowed 4 Divo	rced						-22	ороску				эресп	White
1 5		15. DEC (Specify only	EDENT'S EDU y highest grade	CATION completed)		DECEDENT'S	und dans	CCUPATIO	ON st of working		16b, KI	ND OF BUS	INESS/IND	USTRY	WILLOC
L	וי	Elementary/Secondary (0	1-12)	College (1-4 or 5	+) /	me. Do NOT us	se retired.)						. 7	D -	
once.	E	12			Bo	ookke	epe	r			H	ГТТ	and	Bar:	row
once.	3	17. FATHER'S NAME (First, M.							18. MOTH		ME (First, Midd		Surname)		
E G	N N	Walte		COMD						_	cy Hu				
	- 11	19a. INFORMANT'S NAME (7)									loute Number,				
TO BE		Susan Blan		d	1	.03	Wind	drus	sh La	a. :	Sandy	Spi	ing	, MI	20860
ts		20a. METHOD OF DISPOSITI	n 3 A Rem	oval trom State	20b. PLAC	EANDDATE	OF DISPOS	ITION /Na	me of		DATE	20c. LO	CATION -	City or Tow	vn, Stata
E		4 Donation 5 DOther			wood	Tawn°					Everett, Mass.				
examiner must	1	21. SIGNATURE OF FUNERAL		22,1	22 NAME AND ADDRESS OF FACILITY IVES-Pearson Funeral Homes										
		Luga ().N	rday	7		A	rli	ngto	n,	Va.	2220	1	mes	
lica dica		23. PART I. Enter the di	seasea, or	complications tha	t caused tha	daath. Do r								not.	Approximata
E		ahock, or he IMMEDIATE CAUSE (Fin	eart ramule.	List only one cau	sa on aach lie	na.		Int						Interval Between	
華		disease or condition Respiratory Arrest										Onset and Death			
vent		resulting in death) a. DUE TO (OR AS A CONSEQUENCE OF):													
other traumatic event, the medical	.			Brain	meta	etae	2.5								
ry, or other traumatic	2 ∥	Sequentially list conditions, If any, leading to immediate Brain metastases DUE TO (OR AS A CONSEQUENCE OF):												weeks	
ET S	5	cause. Enter UNDERLY!! CAUSE (Disease or Injur		c Color	canc	er									9 months
othe T.F.		that initiated eventa resulting in death) LAST		DUE TO	(OR AS A CONS	EOUENCE OF	7:								3 410110113
5 1	5	resulting in death) LAS		d											to good a
3	- 11	DAME # Au													
EDICA! CF	5				dadin but not	resuring i	ii iite un	aariying	causa gr	ven in i	Part I. 24	PERFORI			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
AED!		1 □ YES 3√□ NO									COMPLETION DF CAUSE OF DEATH?				
2 2											_				1 TYES 2 17 NO
S A		25. WAS CASE REFERRED TO	MEDION												
or them 23 YSICIAN		EXAMINER?	MEDICAL	HOSPITAL:			ОТНЕЯ		ACE OF DE	TH (Chec	ck only one)				
ed, or them 23 s PHYSICIAN:		1 YES 2X NO		1 Inpatient 2		_	4 D-Nurs	Ing Home		-	Other (Sp				
百百百	- 1		Pending	28a. DATE OF (Month, Da	ey, Year)	26b. TIMI		26c. INJU	RK?		28d. DESCRI	BE HOW IN	JURY OCC	URED	
B B	- 10	2 Accident	nvestigation	28a PLACE O	E IN HIPTY AA N		M		ES 2 🗌	-					
2 C		= 000	Could not be letermined	building,	F INJURY — At h atc. (Specify)	iome, term, s	treet, tecto	ry, office		- 1	281. LOCATIO City or To	N (Street ar wn, State)	nd Number	or Rural Ro	ute Number,
Nem 28 is marked, PLETED BY PH		29a. CERTIFIER	CONTRACTOR OF			_									
COMPL		(Check only	FYING PHYSIC	CIAN: To the best of	my knowledga, d	death occurre	d at the tir	ne, data	and place, a	ind due t	o the cause(s) and mann	or as state	id,	
MPORTANT: II		2 MEDIC	CAL EXAMINE	R: On the beels of as	amination and/or	r Investigation	n, in my op	oinion, de	ath occured	f at the t	lme, data and	place, and	due to the	ceuse(s)	and manner as stated.
E II		29b. SIGNATURE AND TITLE	OF CERTIFIER	1	2 1				29c, LICEN	SE NUME	BER		29d. DATE	SIGNED (Month, Day, Year)
E O B		Alan Wein			lhe	coops	he ms	>	D974	18 N	D		▶ J	uly	19, 1992
F		30. NAME AND ADDRESS OF												_	
		for John M	erend	lino MD	3227	Bel 1	Pre	Rd.	Sil	ver	Spr	ing	MD :	2090	6
		31. DATE FILED (Month, Day, Y	- 1	32. REGISTRA	R'S SIGNATURE										
		<u>JUL 27 1992</u>	- gu	hia Davidson	-Nanded	•									
			200							_			_		



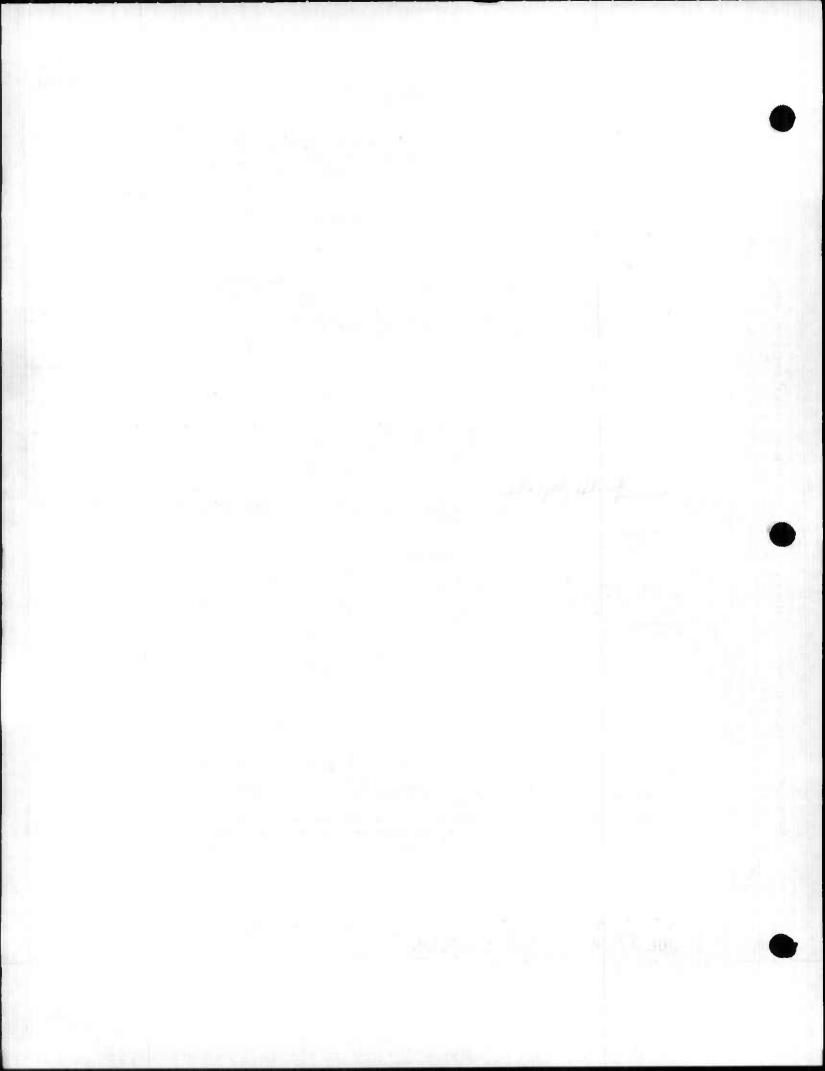
STATE OF MARYLAND / DEPARTMENT	NT OF HEALTH AND ME	NTAL HYGIENE
CERTIFICAT	TE OF DEATH	REG. NO.

	1 - STATE OF MARYLAND / DEPARTM REGISTRAR CERTIFIC	IENT OF HEALTH AND MEI ATE OF DEATH	NTAL HYGIENE REG. NO.	- 20000
		UNDER 1 YEAR IF UNDER 24 HRS. 7.	7 24 92 DATE OF BIRTH	3. TIME OF DEATH 5 45 A M BIRTHPLACE (State or Foreign
OR	217-10-702+11 1 M 2 LAF 9/ YRS.	CITY, TOWN OR LOCATION OF DEATH		ManyLand of DEATH
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TO 10d. CITY	own or Location Baltimore		10d. INSIDE CITY LIMITS? 1 🖄 YES 2 🗌 NO
NERAL	10a. STREET AND NUMBER 5932 Grennhill Ave.	101. ZIP CODE 2/206	U	. S . A .
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC C If yes, specify Cuben, Mexican, Pt 1 YES 2 NO Specify:		RACE - American Indien, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Coffege (1-4 or 5+) Sale. DeceDENT'S USL (Give kind of work life. Do NOT use re	done during most of working thred.) Lady	Dept. Sto	
BE CO	17. FATHER'S NAME (First, Middin, Last) William Otho		First, Middle, Malden Surname) Reisinger	
5	Mrs. Catherine W. Insley 5932	Greenhill Ave	. Balto., Md	. 21206
	20a. METHOD OF DISPOSITION XIXBuriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) The state of FUNERAL SERVICE LICENSEE	ON (Name of comotory, cromatory or National Vet 122. NAME AND ADDRESS OF FACILITY		o., Md.
	Jody & Maxima	Hartley Mille 7527 Harlord	en Funeral H	Ome Md. 21234
	23. PART I Enter (the diseases, or complications that caused the death. Do not shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	anter the mode of dyling, such as	a cardiac or respiratory arrest	Approximata Interval Between Onset and Dasth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ldus		
AL	PART II. Other significant conditions contributing to death but not resulting in t	the underlying cause given in Per	1 . 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Check of	only one)	
Y PHYSICIAN: MEDIC	1	Nursing Home 6 Residence 6	Other (Specify) d. DESCRIBE HOW INJURY OCCUP	RED
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street building, etc. (Specify)	et, factory, office 26	LOCATION (Street end Number or City or Town, State)	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred a medical Examiner: On the basis of examination end/or investigation, i			euse(a) end manner as stated.
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	29c. LICENSE NUMBER DZ84	29d. DATE S	ONED (Month, Day, Year)
	31. DATE FILED (MONTH, Day, 1961) 32. REGISTRAR'S SIGNATURE	Hopkin Bayu	ieur Circle B	ATUANOHE
	JUL 27 1992 Sine Shinds 70 00			DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21215-0020	INSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Second to the second payor of the second sec	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 and communicate has been closed by the attended objection and communicate this	The state of the s	MPGRIANT; It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	TEDLICRE, HARA	CE	Honac	2 0	1/1	,	9.	MONTH	DAY		YEAR	4:15 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (in yrs.		IF UNDER	MO H	IF UNDER 24 HRS.	7. DATE OF	BIRTN			PLACE (State or Foreign
	213-07-5496	1 1 2 E	77	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, D	ey. Year)		Country	nuland
	Se. FACILITY NAME (If not institution, give a	street and number)			9b. CITY	, TOWN (OR LOCATION OF DI			9c. COUN		-
S	CHURCH HOSPITA	AL CORP	ORATIO	N	B	ALT:	MORE C	ITY		-		
DIRECTOR	RESIDENCE OF DECEDENT			_								
2	10e. STATE 10b. COUNT	Y			Y, TOWN (10d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER			<i>D</i>	alt	_						1. YES 2 NO
HA	232 N. Kenwood	d Ava				101	2/2	24		_		/HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T FVED IN II C	ADMEN	1 40	WA 0 0 5 0	ENDENT OF HISPAI				.5.1	
	1 Never Married 2XXMarried	FORCES? 1	YES 2 K			If yes, sp	city Cuben, Mexica	in, Puerto Rica	in, etc.)	r No-		— American Indian, , White, etc.
BY	3 Widowed 4 Divorced					. [] 1E9	2 LPMO Specif	γ.			Specif	White
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a, I	DECEDENT'S	USUAL O	CCUPATIO	ON st of working	16b. Kil	NO OF BUSIN	NESS/INDU	JSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of life. Do NOT u				, , , , , ,	1 . ,		c /	, .
COMPL	17. FATNER'S NAME (First, Middle, Lest)		1 / 6	perc	ccei	1 31	ipervis				Lec	ctric
	Horace S. WE	Imara (18. MOTHER'S NA			,		
BE	19e. INFORMANT'S NAME (Type/Print)	imone, 5						ian P				
2	Mrs. Adelaide	Wedn		232			nd Number or Rural a					2/22/
	20a, METNOD OF DISPOSITION	o w came		E AND DATE				OATE	20c. LOCA			
	1 Burial 200 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	cemetery of	cremetory or o	ther place)				True .			23,049
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	19166	remou	22.	NAME AN	ratoru 10 ADDRESS OF FA	CILITY		alta	,	
	faith h	Mallo.			1	lant	Ley Mi	ller	Fune	ral	Hon	ne
	23. PART I. Enter the diseases, or o	complications the	caused the	death Do r	ot enter	527	Harto	nd Rd	· Ba	Lto.		
	shock, or heart failure.	List only one ceu	se on each li	ne.	iot onter	the mo	de or dying, suc	n es cerulec	or respira	nory stre	st,	Approximets interval Between
	IMMEDIATE CAUSE (Final disease or condition		1/ -	10	0	I	brille	1				Onset and Death
ı	resulting in death)	B	(OR AS A CONS	EOUENCE OF	Kaf F):							
z			ATT	eno sc	Peno	tie	Carde	i Vasc	ula	· Le	isa	0
HILICALION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	EOUENCE O	F):		,	0		4		
5	CAUSE (Disesse or injury	c	Col	PD		K	Espura	long	Fac	Kun	2	
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	EQUENCE OF	F):		/					
5		d										
	PART ii. Other significent condition	s contributing to	desth but not	resulting	in the un	derlying	ceuse given in	Part i. 24	. WAS AN AL			WERE AUTOPSY FINDINGS
EDICAL									PERFORM		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MC								_ ' '		,		OF GEATH?
SICIAR	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPWAL:					ACE OF OEATH (Chi	ock only one)				
2	1 TYES 2 NO	1 Propertient 2	ER/Outpatient	3 DOA	OTHER		6 - Residence	8 Other (Sp	pecify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF (Month, D		28b. TIM INJ	E OF URY	28c. INJI WO	RK?	28d. DESCRI	BE HOW INJ	URY OCCL	JREO	
	2 Accident Investigation	00 - PU 10F 0	V		М		ES 2 NO					
3	3 Suicide 6 Could not be 4 Nomicide determined	building,	F INJURY At I etc. (Specify)	home, farm, r	street, fact	ory, office		28f. LOCATIO	ON (Street and own, State)	Number o	r Rural Ro	oute Number,
-	29e. CERTIFIER											
Mr LC	(Check only											
3	2 MEDICAL EXAMINE		amination and/o	r Investigatio	n, In my o	pinion, di	eath occured at the	time, date and	l place, and e	due to the	cause(s)	and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		6	2			29c. LICENSE NUN	IBER	2	ed. DATE	SIGNED	(Month, Day, Year)
5	20 NAME AND ADDRESS OF STREET	Sorhu		10			26	594		> 7	/2:	3/92
	30. NAME AND ADDRESS OF PERSON WHO											
	DR. R. BONHAR 31. DATE FILED (Month, Day, Year)		CHUF R'S SIGNATURE	CH H	OSP.	CTAI	CORPO	RATIO	N			
III	1111 07 1000	D1 a a a										
Ш	JUL 27 1992	Gicka Jania	son-Rand	A 20								



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)				ICAL	E OF	DEAT	П	2 DATE	OF DEATH).		3. TIME OF DEATH
MELVIN				ΤΑΤΔΠ	ERS			06		MY 1 C	YEAR 992	7:56
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	at birthday)		1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		e. BIRT	HPLACE (State or Foreig
	1 💆 M 2 🗌 F	65	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)		Count	(vy)
9e. FACILITY NAME (If not institution, give str				9b. CIT	, TOWN C	R LOCATIO	ON OF DE	ATH		9c. COL	INTY OF C	DEATH
923 SOUTH HANOVE	R STREET			BA	LTIM	ORE					na	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			I too CIT	V TOWN	OR LOCAT	TON.						10d. INSIDE CITY
Maryland	na				timo							LIMITS?
10o. STREET AND NUMBER		-		50.1		. ZIP CODE				10a CIT	TIZEN OF	1 YES 2 NO
923 S. Hanover S	Street									log. or	ILLIN OF	mar cooming
11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIGIN	N? (Specify Ye	e or No-	14. RAC	E - American Indian,
1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, spe		n, Mexice	n, Puerto	Rican, etc.)		Spec	k, White, etc.
3 Widowed 4 Divorced							-,,					White
15. DECEDENT'S EDUC (Specify only highest grade		16a. Di	ECEDENT'S Sive kind of v	USUAL C	CCUPATIO	N st of workin	a	16b	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+) iii	. Do NOT us	se retired.)			-					
17. FATHER'S NAME (First, Middle, Last)						16. MOTH	IER'S NA	ME (First, i	Middle, Meider	Sumame)		
19e. INFORMANT'S NAME (Type/Print)	 ;	140	h 82 4 H 44 6	100000	0.400							
ocme		- 13	D. MAILING	ADDRES	S (STREET &	na Number	Of Hural F	doute Num	ber, City or Tox	vn, State, Zi	(p Code)	
20e. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPO	RITION /No	me of		OAT	E 20c 1/	OCATION —	City or T	Charles State
1 Buriel 2 Cremetion 3 Remo		cemetery, cre				1110 01		J	200.00	JUANION —	City or it	own, state
			- 1	100				-				
21. SIGNATURE OF FUNERAL SERVICE LICE	Ronal			- 1		ID ADDRES						my Board
Margael/100	relie	7/	21/92	2 6								
	EL.			- '	222 1	W. Ba	ltir	nore	St, E	alto	.,MD	21201
23. FAHT I. Enter the diseases, or c	omplications that	ceused the de	eath. Do r									
23. ART I. Enter the diseases, or c shock, or heart fellura. I	omplications that List only one cause	ceused the de se on each line	eath. Do r									Approximate interval Betw
immediate cause (Finel disesse or condition	List only one ceu	se on each ilne	0.	not enter	the mo	de of dyl	ng, suc	h ss cere	diec or resp			Approximate
shock, or heart fellura. L	. Arterio	se on each illustration	e. Te c	not enter	the mo	de of dyl	ng, suc	h ss cere	diec or resp			Approximate interval Betw
immediate cause (Finel disease or condition	. Arterio	se on each ilne	e. Te c	not enter	the mo	de of dyl	ng, suc	h ss cere	diec or resp			Approximate interval Betw
iMMEDIATE CAUSE (Finel disesse or condition resulting in desth)	DUE TO	se on each line sclerol (OR AS A CONSE	OUENCE O	and	the mo	de of dyl	ng, suc	h ss cere	diec or resp			Approximate interval Betw
shock, or heart fellura. I	DUE TO	se on each illustration	OUENCE O	and	the mo	de of dyl	ng, suc	h ss cere	diec or resp			Approximate interval Betw
shock, or heart feilura. I	S. Arterio	se on each line sclerol (OR AS A CONSE	OUENCE OF	and enter	the mo	de of dyl	ng, suc	h ss cere	diec or resp			Approximate interval Betw
shock, or heart fellura. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielty list conditions, if sny, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	SCLETCH (OR AS A CONSE	OUENCE OF	and enter	the mo	de of dyl	ng, suc	h ss cere	diec or resp			Approximate interval Betw
shock, or heart fellura. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielty list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	SOURCE OR AS A CONSE	OUENCE OF	and enter	the mo	de of dyl	la	h ss com	diec or resp	piratory se		Approximate interval Betw
shock, or heart fellura. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielty list conditions, if sny, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	SOURCE OR AS A CONSE	OUENCE OF	and enter	the mo	de of dyl	la	h ss com	diec or resp	olratory si	rrest,	Approximate interval Betwoonset and D
shock, or heart fellura. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	SOURCE OR AS A CONSE	OUENCE OF	and enter	the mo	de of dyl	la	h ss com	2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	A AUTOPSY	rrest,	Approximate interval Betw Onset and D Onse
shock, or heart fellura. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	SOURCE OR AS A CONSE	OUENCE OF	and enter	the mo	de of dyl	la	h ss com	24a. WAS AI PERFO	A AUTOPSY	rrest,	Approximate Interval Betwood Onset and D
shock, or heart fellura. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielty list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	SOURCE OR AS A CONSE	OUENCE OF	and enter	the mo	de of dyl	la	h ss com	24a. WAS AI PERFO	A AUTOPSY	rrest,	Approximate interval Betw Onset and D Onse
SHOCK, Or heart fellura. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	DUE TO	SOURCE OR AS A CONSE	OUENCE OF	not enter	the mo	de of dyl	Lucien In	Part I.	24a. WAS AND PERFO	A AUTOPSY	rrest,	Approximate interval Betw Onset and D Onse
shock, or heart fellura. I IMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielty list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions	DUE TO	COR AS A CONSE	OUENCE OF	not enter	nderiying	de of dyl	Lac	Part I.	24a. WAS AI PERFO	A AUTOPSY	rrest,	Approximate interval Betw Onset and D Onse
SHOCK, Or heart fellura. I	DUE TO (COR AS A CONSE	OUENCE OF	orthe	nderlying 26. PL R: saling Hom 28c, INJ	g cause g	Lac	Part I.	24a. WAS AI PERFO	N AUTOPSY RMED?	241	Approximate interval Betw Onset and D Onse
SHOCK, Or heart fellura. I	DUE TO (COR AS A CONSE	OUENCE OF	othe	28. PLR:	ace of Di	Leculary in the second of the	Part I.	24a. WAS AF PERFO	N AUTOPSY RMED?	241	Approximate interval Betw Onset and D Onse
Shock, or heart fellura. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (DUE	COR AS A CONSE (OR AS A CONSE	OUENCE OF	OTHE 4 Number	26. PL R: sing Hom 28c. INJ	ACE OF DI ACE OF DI STATE ACE OF DI THE STATE ACE OF DI THE STATE THE	Leculary in the second of the	Part I.	24a. WAS AT PERFO	N AUTOPSY RMED? 2 NO INJURY OC	24E	Approximate interval Betwoen Donest and Done
Shock, or heart fellura. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if smy, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation	DUE TO (DUE	COR AS A CONSE	OUENCE OF	OTHE 4 Number	26. PL R: sing Hom 28c. INJ	ACE OF DI ACE OF DI STATE ACE OF DI THE STATE THE	Leculary in the second of the	Part I.	24a. WAS AI PERFO 1 YES	N AUTOPSY RMED? 2 NO INJURY OC	24E	Approximate interval Betwoonset and Donset a
Shock, or heart fellura. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (DUE TO	COR AS A CONSE (OR AS A CONSE	OUENCE OF	OTHE 4 Number of	26. PLR: rsing Hom 28c. INJ	ACE OF DI	Car liven in	Part I. Buck only or Buck only or Buck only or Buck only or Chy	24a. WAS AI PERFO 1 VES ATION (Street or Town, State	NAUTOPSY RMEO? 2 NO INJURY OC	24t	Approximate interval Betwoonset and Donset a
Shock, or heart fellura. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielty list conditions, if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury their initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 4 Homicide	DUE TO (DUE TO	GOR AS A CONSE (OR AS A CONSE	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE O	OTHE 4 Number of Survey M	26. PLR: raing Hom 28c. INJi WO 1 1 ory, officer	ACE OF DI ACE OF DI STATE ACE OF DI STATE ACE OF DI ACE OF D	Lac liven in EATH (Chicaldence NO NO end due	Part I. B Other 28d. DEs	24a. WAS AI PERFO 1 VES ATION (Street or Town, State	NAUTOPSY RMEO? 2 NO INJURY OC and Numbe	24t	Approximate interval Betw Onset and D Onse
Shock, or heart fellura. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediete csuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (DUE TO	GOR AS A CONSE (OR AS A CONSE	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE O	OTHE 4 Number of Survey M	26. PLR: raing Hom 28c. INJi WO 1 1 ory, officer	ACE OF DI ACE OF DI STATE ACE OF DI STATE ACE OF DI ACE OF D	Lac liven in EATH (Chicaldence NO NO end due	Part I. B Other 28d. DEs	24a. WAS AI PERFO 1 VES ATION (Street or Town, State	NAUTOPSY RMEO? 2 NO INJURY OC and Numbe	24t	Approximate interval Betwood Onset and D O
Shock, or heart fellura. Limited in the condition resulting in death) Sequentieity list conditions, if smy, leading to immediete cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (DUE TO	COR AS A CONSE (OR AS A CONSE	OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE OF OUENCE O	OTHE 4 Number of Survey M	26. PLR: raing Hom 28c. INJi WO 1 1 ory, officer	ACE OF DI STATE ACE OF DI ACE OF DI STATE ACE OF DI ACE OF D	Laculture In EATH (Che sidence	Part I. Part I. 28d, DES 28t, LOC City to the cautime, date	24a. WAS AI PERFO 1 VES ATION (Street or Town, State	NAUTOPSY RMED? 2 NO INJURY OC and Number and due to to	24th CCUREO or or Rural . the couse(i	Approximate interval Betw Onset and D Onse

G.

DONALD

31. DATE FILED (Morith, Day, Yes JUL 27 1992

WRIGHT

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

A TO IC 14T MID DOME 111 PENN STREET

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

21201

BALTIMORE, MARYLAND

503 75 306

BALTIMORE, MARYLAND 21215-0020

VISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF I	EALTH AND	MENT	AL HYGIEN	E	4	20558
	1. DECEOENT'S NAME (First, Middle, Les	1)					E OF OEATN			3. TIME OF DEATN
	William Edward	Wagner Sr.				MON	7-23-92	2	YEAR	2:45 p M
	4. SOCIAL SECURITY NUMBER	A 100 CO		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH		6. BIRTH	PLACE (State or Foreign
	215187522		70 YRS.	DATE DATE	HOURS MIN.	, ,	4-19-22	2	Bal	timore, MD
œ	9a. FACILITY NAME (If not institution, give				R LOCATION OF C	DEATN		9c. COUN		EATN
DIRECTOR	VAMC Perry Poir	it		Perry 1	Point			Ced	cil	
JEC	10e. STATE 10b. COUN		10c. CITY,	TOWN OR LOCA	ION					10d. INSIDE CITY
	Md. Ha:	rford	Joppa	atowne						I WES 2 NO
FUNERAL	10e. STREET AND NUMBER			100	ZIP CODE			10g. CITIZ	EN OF W	THAT COUNTRY?
崱	204 Fitzhugh Ro				21085			U.S	.A.	
B	11. MARITAL STATUS 1 Never Merried 2 Nerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TY YES IF YES, GIVE WAR OR I Army W.W.	2 NO	If yee, sp	ENDENT OF NISPA ocity Cuben, Mexic 2 NO Speci	en, Puerlo	IN? (Specify Yes Ricen, atc.)		Specif	
8	15. DECEDENT'S EC (Specify only highest gra	DUCATION	16a. DECEDENT'S US	SUAL OCCUPATION	N	16	b. KIND OF BUS		Whit ISTRY	.e
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use		st of working			_		
COMPLETED			State Er	nployee			tate o			
BE CO	17. FATNER'S NAME (First, Middle, Lest) Joseph Wagner					Kist				
2	190. INFORMANT'S NAME (Type/Print) Catherine Wagner		196. MAILING AI 284 Fi	itzhugh	Rd., Jo	Poute Num	own, Me	1. State, Zip 1	085	
	20s. METNOD OF DISPOSITION 1 Burlel 2XXCremation 3 Re 4 Donation 5 Other (Specify)	moval from State	b. PLACE AND DATE OF metery, cremetory or othe TEEN MOUNT	DISPOSITION (Na Crema			92 Ba			vn, State
	21. SIGNATURE OF FUNERAL SERVICE I Edison M. Perl	JCENSEE		Bradle	ey-Ashto	n Fu	neral H	Home,	Inc	Md. 21222
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST	bDUE TO (OR AS	C Basal Ce A CONSEQUENCE OF): A CONSEQUENCE OF):	ell Cano	er					Onset and Death
	PART II. Other aignificant condition	one contributing to death i		Ab						
PHYSICIAN: MEDICAL		The Controlling to Geath	out not reauting in	the underlying	cause given in	Part I.	24a. WAS AN A PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ž	25. WAS CASE REFERRED TO MEDICAL			26, PL	ACE OF DEATH (Ch	eck only o	ne)			
S	EXAMINER? 1 YES 2 XNO	HOSPITAL: 1 X Inpatient 2 ☐ ER/Out	patient 3 DOA 4	THER:	5 Residence	8 □ Oth	er (Specify)			
BY PHY	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME C	OF 28c. INJ	JRY AT		SCRIBE NOW IN	JURY OCCU	IRED	
- 10	3 Suicide 8 Could not be determined	28e PLACE OF IN HID	f — At home, ferm, atre	eet, fectory, office		261. LOC City	CATION (Street a or Town, State)	nd Number o	r Rural Ad	oute Number,
COMPLETED		SICIAN: To the beat of my know								end menner as stated.
BE C	29b. Skowlywith a party of CERTIFI		/		29c. LICENSE NUI	MBER	I	29d. DATE	SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DE	ATN /ITEM AT /T	(-e)	MD 217	19		▶ 7-2	23-9	۷
	VI JAY NELLORE,	M.D. VAMC, I	PERRY POIN		21902					
	JUL 27 1992	32. REGISTRAR'S SIGN	Pandere.							
-	**									DNMH-18 Rev 1/89

128 DAE/600 M

3. TIME OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last,

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The same of the same of the same of the same of
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Richard F. Zaleski MONTH 07 YEAR 4:38 PM 92 7. DATE OF BIRTH A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTNPLACE (State or Foreign Country) DAYE 1 M 2 F 60 216-28-1511 SEPT. 9 1931 permit. Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, gi 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Medica Baltimore Baftimore City Mercy DIRECTOR RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1329 21230 use as the burial-transit retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, OIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cubyn, Mexican, Puerto Rican, etc.) 1 VES 2 100 Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 8 Specify: White 3 Widowed 4 Divorced AIR FORCE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15 DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) funeral director, page 5 should be detached for College (1-4 or 5+) 10 th UNEMPLOYED once. 17. FATNER'S NAME (First, Middle, Lest) 18. MOTNER'S NAME (First, Middle, Meiden Sumerne) To FELIX ZALESKI BE JENNIE MOSAKOSKI notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ELEANOR FURMAN 1327 HULL STREET BALTO., MD 21230 death. Page 6 may be 9 20a. METHOD OF DISPOSITION
1 M Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must 4 Donation 5 Other (Specify). CEMETERY HÓLY CROSS BALTO., MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY CHARLES L. STEVENS FUNERAL HOME, INC by the f 1501 E. FORT AVE. BALTO. MD 24 hours after medical filled in by th 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, Approximata shock, or heart failure. List only one ceuse on each line. Interval Between 8 Onset and Death IMMEDIATE CAUSE (Finel completely filled rial, cremation, the disease or condition resulting in death) 7 days DUE TO (OR AS A CONSEQUENCE OF): event. Mental Hygiene prior to burial, Aspiration Phermanic other traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) physician a If any, leading to immediata cause. Enter UNDERLYING 2 CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Item 23 shows any injury, or the PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS een signed by the of Health and N AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO рееп PHYSICIAN: the State Dept. has 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: certificate OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 6 Other (Specify) TO THE HOSPITAL DR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the S IMPORTANT: If I tem 28 is marked, or I 27, MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER

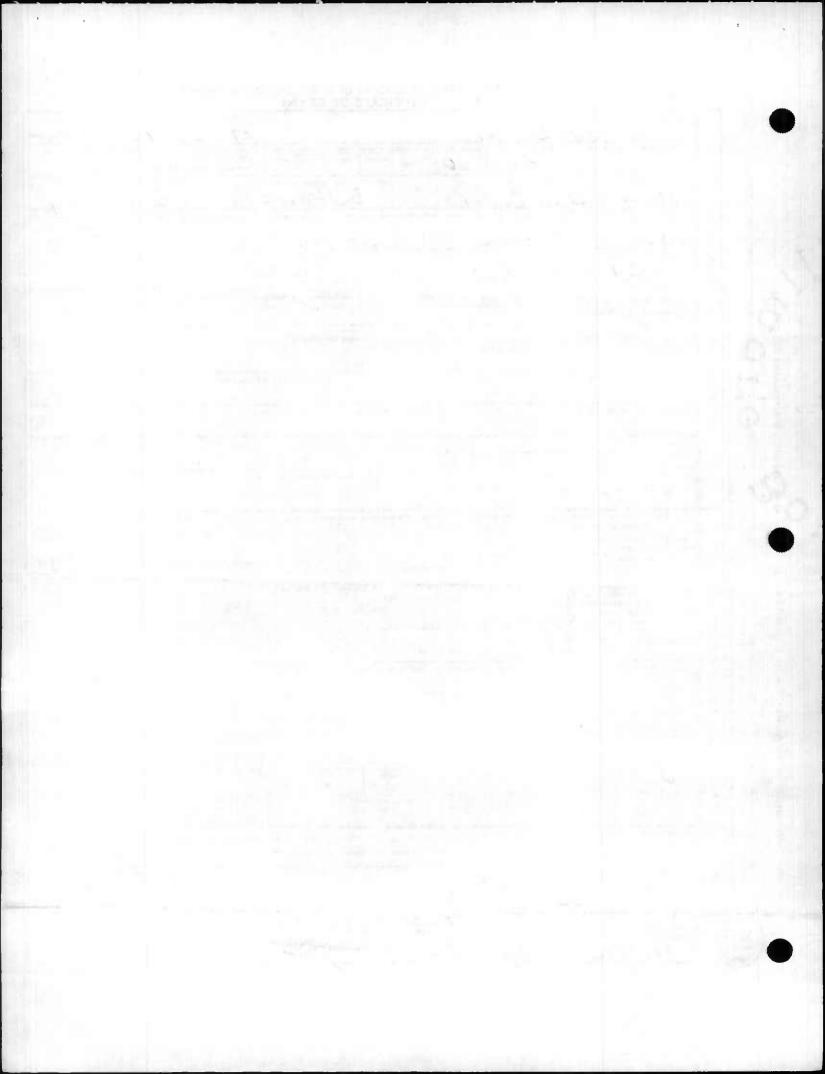
(Chack ank)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 1. anufos M.D. 23/92 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Mercy Wedical Center Mauricio Conche 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
JUL 2 7 1992 Julia Deviden Pompath 7 192 123 **DHMH-16 Rev 1/89**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH



	FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Lust) Charles R.F. A	lter				JULY 18,		YEAR 3. TIME OF DEATH 4:02 P.M.
	4. SOCIAL SECURITY NUMBER 220-01-3678			F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	018	BIRTHPLACE (State or Foreign County)
	9a. FACILITY NAME (If not institution, give s	, , , , , , , , , , , , , , , , , , ,		9b. CITY, TOWN O	R LOCATION OF D			Y OF DEATH
TOR	Washington Count	y Hospital		Hagers.	town		Wash	ington
ривестоя	10a. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY
	MD Wash 100. STREET AND NUMBER	ington	Sm	iths bur	ZIP CODE		10a, CITIZE	1 VES 2 XNO
FUNERAL	11828 Seminole D.				21783		us	SA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1V YES IF YES, GIVE WAR OR DAT WWILL	J.S. ARMED 2 NO ES	13. WAS DEC	cify Cuban, Maxic	NIC ORIGIN? (Specify an, Puerto Rican, etc.)	Yes or No- 14	4. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	life. Do NOT use	rk done during mos retired.)	N st of working		SUSINESS/INDUS	
OME	17. FATHER'S NAME (First, Middle, Last)		Manag	er	18. MOTHER'S NA	ME (First, Middle, Maid	one Co	•
BE C	J.R. Alter				Mary A.	Favorite		
10	190. INFORMANT'S NAME (Type/Print) Ruth R. Alter					Poute Number, City or Triths burg,		
	20a. METHOD OF DISPOSITION 1		LACE AND DATE OF			0ATE 20c. 19-92 Sn	LOCATION - CH	ty or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN Davis	Funeral	2 Home		rg.MD 21783
	23. PART I. Enter the diseases, or on shock, or heart fellure.	complications that caused the caused the caused to cause on asset the cause on asset the cause on asset the cause on asset the cause on asset the cause on asset the cause on asset the cause of the cau	he deeth. Do no	t enter the mod	da of dying, suc	ch as cardled or res	piratory arrea	it, Approximate
	IMMEDIATE CAUSE (Finsi	B. CIVE A		(11/10)				interval Batween Onset and Death
								,
TION	Sequentially list conditions, if any, leading to immediate	DUE TO OR AS A C		2				3400
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C						34600
		1						
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death but		the underlying	ceuse given in		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 70
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	peck only one)		
YSIC	EXAMINER? 1 YES 2 NO	HOSPIFAL: 1 ☐ Impatient 2 ☐ ER/Output		OTHER:		8 Other (Specify)		
ву Рн	27, MANNER OF DEATH 1	(Month, Day, Year)	26b. TIME INJUI	RY WOI	JRY AT RK7 ES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
8	3 Suicide 8 Could not ba detarmined	28e. PLACE OF INJURY - building, etc. (Specify	Al home, farm, str	eet, factory, office		28f. LOCATION (Street City or Town, Sta		Rural Route Number,
COMPLET		CIAN: To the best of my knowled R: On the basis of exemination s						
BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER		BIGNEO (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type. P	rint)		(67	1 7	18.92
	Michael 3	P. Mc Corne	ek i	1799	House	4 R.	1 6	Ejeration Mo.
	31 JUL 21 1992 3	32. REGISTRAR'S SIGNAT						

THE 23 1992

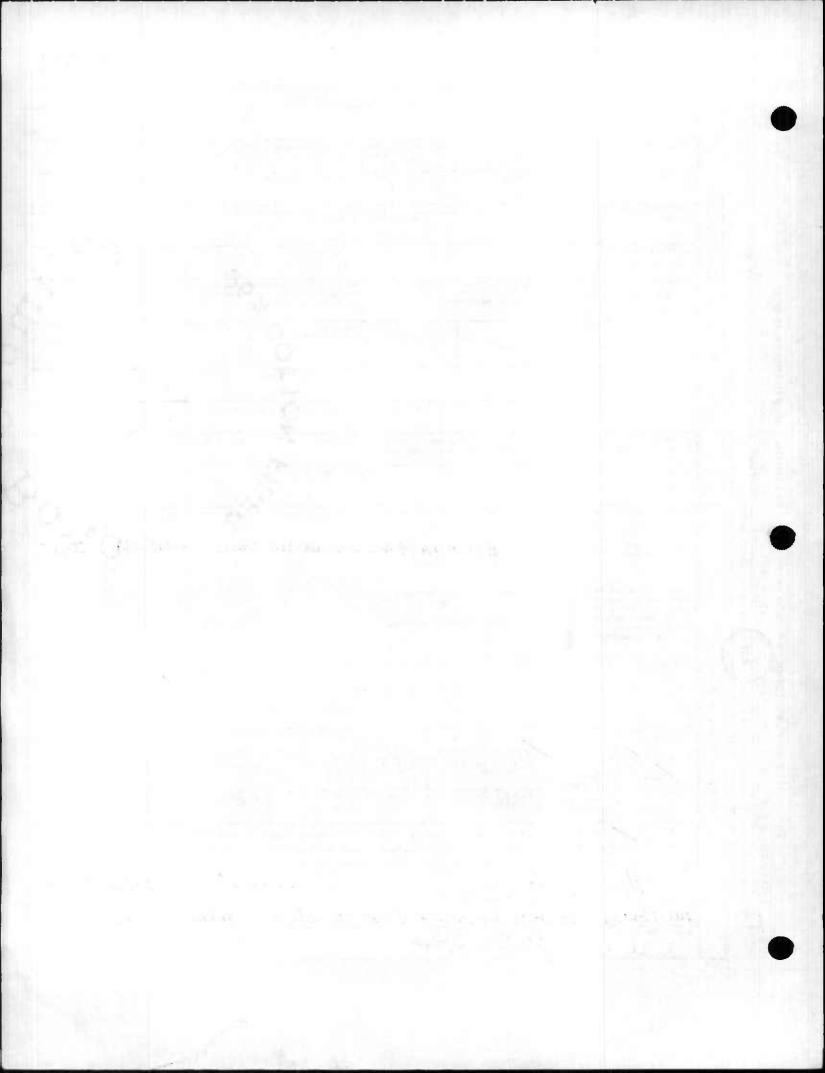
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ificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ne prior to burial, cremation, or removal. her traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law mounts that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the strend be filed within 72 hours after death with the State Dept. of Health will have harmony IMPORTANT: If Item 28 is marked, or Item 23 shows any Qury, or

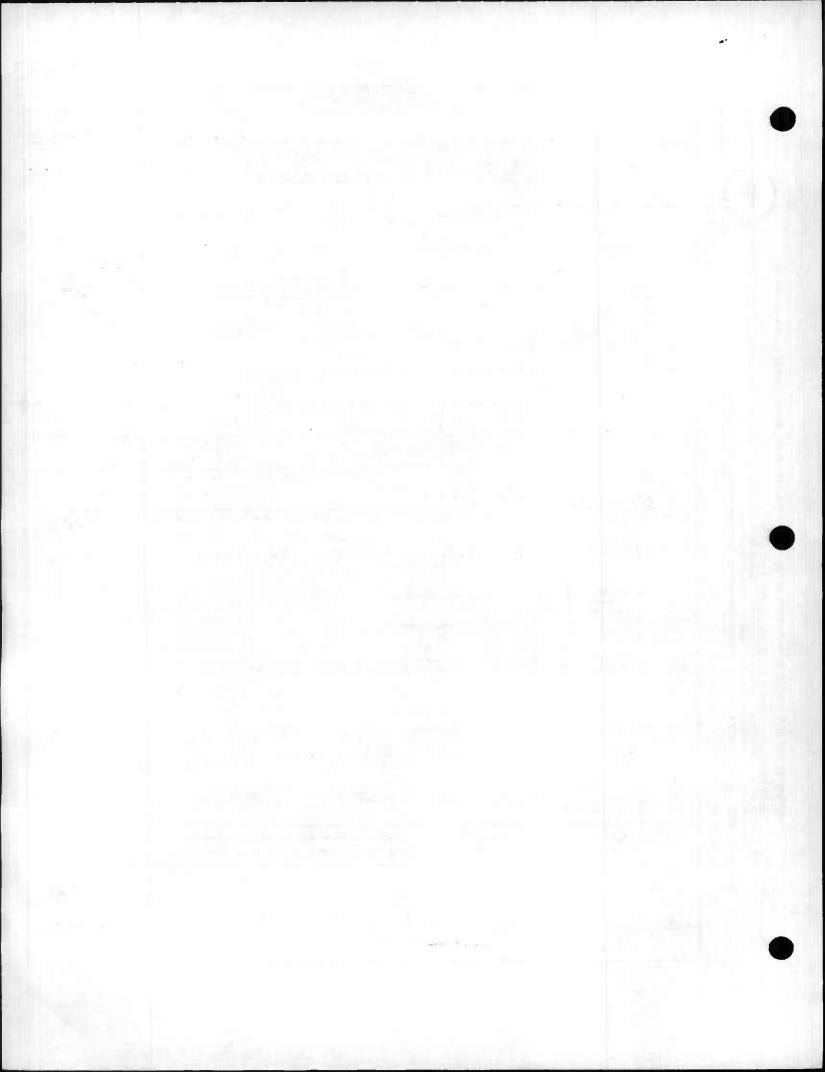
STATE OF	/ DEPARTMENT			MENTAL	HYGIENE
	 CERTIFICATE	OF DEA	ГН		REG. NO.

HEGISTHAH			CKIIF	ICALI	E UF	DEATH	1	RI	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last SARA H. AL-HAJ								2. DATE OF D MONTH	DAY	992	YEAR	5:20 P
4. SOCIAL SECURITY NUMBER n/a	5. SEX	8. AGE (In yrs. ie	st birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HOURS	MIN.	7. DATE OF BI (Month, Day	IRTH (Year)		8. BIRTHPLA Country)	CE (State or Foreign
9e. FACILITY NAME (If not institution, give	atmet and number)			ah carr	TOWN	O LOCATION		Jan. 1	,1920		Quta	
THE JOHNS HOPKIN		L			96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE			ATH	BALTIMOR			
RESIDENCE OF DECEDENT			1									
10e. STATE 10b. COUN	IY		10c. CIT	Y, TOWN	OR LOCAT	ION					10d	LIMITS?
none	none		Wa	shin	gton	, D.C					100	YES 2 NO
10e. STREET AND NUMBER					101	ZIP CODE				10g. CITI	ZEN OF WHAT	COUNTRY?
600 New Hampsh:	ire Ave. N	J.W.				20037				0.		
11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AI	RMED	1 13	_	-0007	HISPAN	IC ORIGIN? (Sp	acity Year		ıtar	American Indian
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2	NO		If yes, sp	ecify Cuben, I 2 🛣 NO	Mexicar	n, Puerto Rican,	, etc.)		Specify: White	American Indian, lite, etc.
15. DECEDENT'S ED		16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON		16b, KIND	OF BUSI	NESS/IND	USTRY	
(Specify only highest gra-	College (1-4 or 5 +	(0	Bive kind of a Do NOT us	work done se retired.)	during mo	st of working						
9	College (1-4 or 5+		usew	i fo					. 1			
		110	usew.	TTE					wn ho			
17. FATHER'S NAME (First, Middle, Last)						18. MOTNER	R'S NA	ME (First, Middle	, Melden Si	umame)		
Hemaid Al-Hajir	L					Noor	ra l	Noora				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street e	nd Number or	Rural R	loute Number, Ci	Ity or Town,	State, Zip	Code)	
Mohamed Faleh								.,N.W.				027
20a. METHOD OF DISPOSITION							146				City or Town.	
1 ☑ Burial 2 ☐ Cremation 3 ☐ Re	moval from State	20b. PLACE cemetery, cri Dona	emptory or o	ther place)	STEION (Na		_					State
4 Donation 5 Other (Specify)		Doha	Ceme					16,9	2 Doh	a, C	utar	
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE	20		22.	NAME AN	D ADORESS	OF FAC	HOME				100
b (1, 5	120/11	1)										
23. PART I. Enter the disessea, or	11/10/			_ Z.	222	MISCON	ASTI	N AVE.,	N,W.	,WAS	HINGT	ON,DC 20
Sequentially list conditions,	b	OR AS A CONSE										
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c											
that initiated events resulting in death) LAST	d	OR AS A CONSE	OUENCE O	F):								
DATE II ON THE RESERVE AND THE											1	
PART II, Other significant condition	ons contributing to	deeth but not	reaulting	in the ur	nderlying	g cause give	en in I		PERFORM YES 2	ED?	AVA COR OF	RE AUTOPSY FINDIN ILABLE PRIOR TO IPLETION OF CAUS DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DEAT	TN (Che	ck only one)			-	
1 TYES 2 NO	1 inpatient 2 🗆	ER/Outpatient 3	DOA			e 5 🗆 Resid	lence 1	8 - Other (Spe	icify)			
27. MANNER OF OEATN	28a. DATE OF		28b. TIM		28c. INJ	URY AT		28d. OEŞCRIB	E HOW IN	JURY OCC	URED	
1 Natural 5 Pending	(Month, De	y, rear)	IN.	URY M		RK? res 2 N	10					
2 Accident Investigation 3 Suicide & Could and by	28e. PLACE OF	INJURY — AI he	ome, farm	street too			-	281. LOCATION	I (Stonet a-	el Alizantia	or Rumi Paris	Number
4 Homicide 6 Could not be determined	building, e	etc. (Specify)	,	, 1001	y, orner			City or Tow		a Number	ur nural moule	evannom,
290. CERTIFIER (Check only one) 2	SICIAN: To the best of o											
		- I WINDO	veeligetic	, tity C	prinori, O							
296. SIGNATURE AND TITLE OF CERTIF	1//					29c. LICENS				29d. DATE	SIGNED (Mor	nth, Day, Year)
Millary	dans	>				7	do	105		> 7	7-12	· 4 2
30. NAME AND ADDRESS OF PERSON W	1 /	OF DEATH (ITE		Print)	HIL	LARY, H	HAH	Y Br	chm	ne	MD	21205
31. DATE FILED (Month, Day, Year)	32. REGISTRAF	R'S SIGNATURE	00					1				-1403
.111 14 '92	gena David	and freeze	102									



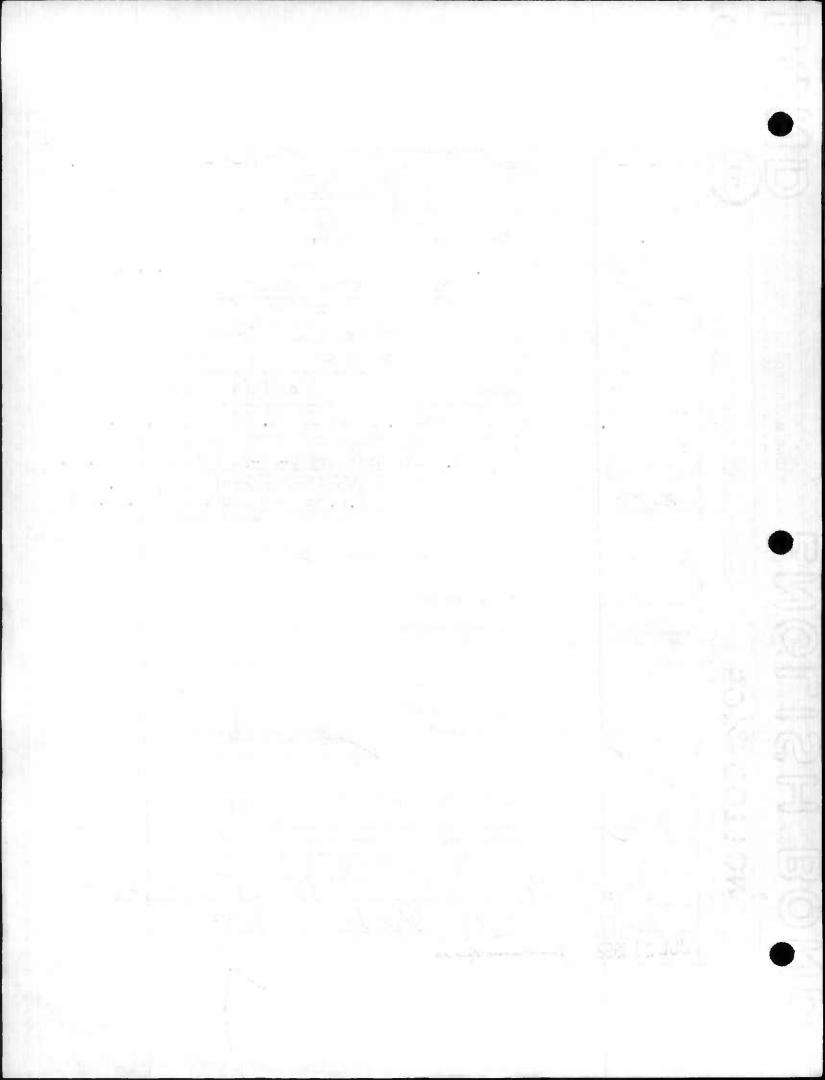
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DO	AY YEA	3. TIME OF DEATH			
	BERNICE G	1	BUCH			Jul.09,	1992	7:25PM			
0	4. SOCIAL SECURITY NUMBER 213-38-3124	1 FEMALE	E (In yrs. lest birthday) 80 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/25/11	Co	INTHIPLACE (State or Foreign ournity) SHINGTON D.			
TOR	9a. FACILITY NAME (If not Institution, give	street and number)		WOODS	BORO	EATH	FREDE				
DIRECTOR											
FUNERAL	100. STREET AND NUMBER 11311 KEYMAR RD.			101	ZIP CODE 217	98	10g. CITIZEN (U.S.A			
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed Married	12. WAS DECEDENT EVER FORCES? 1 TYPE SF YES, GIVE WAR OR	8 2 NO	If yes, sp		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, etc.			
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	ON st of working	16b. KIND OF BUS								
COMPL	12 2 PERSONNEL OFFICER FED. GOVT. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname)										
BE	HARRY M. GARRIGUES ELLA I. WILLIAMS										
2	19a. INFORMANT'S NAME (Type/Print) WILLIAM E. BUCH			KEYMAR		OODSBORO		MD 21798			
	20a. METHOD OF DISPOSITION BU 1 Duriel 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	RIAL 21 CO	DE PLACE AND DATE OF THE PROPERTY OF THE PROPE	OF DISPOSITION (NE	ERY		CATION — CHY O				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS UNION BRIDGE, MD										
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other significant condition	d	but not resulting	in the underlying	cause given in	Part I. 24s. WAS AN	AITTOREY	24b. WERE AUTOPSY FINDS			
WEDICAL				- una una una una una una una una una una	y cause given in	PERFOR	MED?	AMR. ABLE PRIOR TO COMPLETION OF CAUS DF DEATH? 1 YES 2 NO			
PHTSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Che						
DI FUI	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 26c. INJ URY WO	Residence URY AT RK? ZES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED				
200	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — At home, ferm, s ecify)	street, factory, office		281. LOCATION (Street a City or Town, State)	and Number or Ru	rel Route Number,			
COMPLE		ICIAN: To the best of my kno						se(a) and menner as stated			
וס סב כו	286. SHANATURE AND TITLE OR DESTINED	amost			29c. LICENSE NUM) 300		29d. DATE SIGN	NED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WH	utta 19	SE Fr	eg 27	- 431	o Wal	Kersv	ille Mo			
	31. DATE FILED (MODIF) Day Year) '9'2	32. REGISTRAR'S SIG	NATURE NATURE	Helle							



TO BE COMPLETED BY FUNERAL DIREC	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
miner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
eral director, page 5 should be detached for use as the burial-transit permit. Preservers	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.
th. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

	First, Middle, Last)								2. D/	TE OF DEATN	DAY		3. TIME OF DEATH
CLEO		BREI	NNAN							NTH IV 1		992	6:25 P
219-60-		5. SEX 1 M 2 X F	6. AGE (In yrs. le	est birthday) YRS.	MONTHS	DAYS	IF UNDE	R 24 HRS. MIN.	7. DA	TE OF BIRTH	910	8. BIRT Coun	NPLACE (State or Foreign (try)
OFFMAN I							TOW	ion of de	EATN			hin	gton
MD .	10b. COUNT				gers								10d. INSIDE CITY LIMITS? 1 YES 2 NO
1304 Pe		ania Av	e.			101	217	740			10g. Cr	S.A	WHAT COUNTRY?
1) MARITAL STATUS 1 Never Married 2 3 Wildowed 4	111	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO		If yes, sp		en, Mexice	n, Puel	GIN? (Specify) to Rican, etc.)	es or No—		E - American Indian, ck, White, etc. cdy: White
	DECEDENT'S EDU y only highest grade ary (0-12)		(0	Give kind of le. Do NOT u	work done (during mo	at of work	ing		HON		IDUSTRY	
77. FATHER'S NAME (FIG	st, Middle, Last)	Bren	nan				16. MO	NER'S NA	1 0 6	st, Middle, Meid En E	u tna	an	
George		nnan	5"	14 N	G ADDRESS	s (Street I	and Numberry	or or Burgi	Route N	lagers	STOWY	ip Codel	D. 21740
	IERAL SERVICE LI	CENSIA			22	MAME AL			VOIL ILLA				
IMMEDIATE CAUSE disease or conditio	or heart failure. (Final	20	ise on each lin	18.	not anter	r the mo	Box de of d	ylng, suc) (Spri	ng,	Approximate interval Betwoonset and D
shock, I	ne diseases, or or heart failure. (Final network of the second of the s	complications that List only one cau. a. DUE TO DUE TO C.	AT (AULLI EOUENCE (not anter	r the mo	Box de of d	ylng, suc) (llear	Spri	ng,	MD. 21822 Approximate Interval Betw
shock, I IMMEDIATE CAUSE disease or conditio resulting in deeth) Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death)	ne diseases, or or heart failure. (Final ne distance of the service of the servi	a. DUE TO d. DUE TO	(OR AS A CONSE	EOUENCE (not anter L NU DF): DF):	P.O. r the mo	Box de of d	31 Waying, suc	o chase of	Clear ardiac or red	Spri	ng,	MD. 21822 Approximate Interval Betw
shock, I IMMEDIATE CAUSE disease or conditio resulting in deeth) Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death)	ne diseases, or or heart failure. (Final needlete Riving Injury) LAST	a. DUE TO b. DUE TO d	(OR AS A CONSE	EOUENCE (not anter U III OF): OF):	P. O. r the mo	Box de of dy	given in	Part I	Clear ardiac or res	Spri	ng,	Approximate interval Betwoen and D
shock, I IMMEDIATE CAUSE disease or conditio resulting in deeth) Sequentially list co If any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERRE EXAMINER? 1 YES 2	ne diseases, or or heart failure. (Final network of the second of the s	a. DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Inpatient 2	OR AS A CONSE	EOUENCE C	not anter / /// /// // // // // // // // // // /	r the mo	Box de of dy	given in	Part I	24a. WAS. PERF	Spri	ing,	Approximate interval Betwoen and D
shock, I IMMEDIATE CAUSE disease or conditio resulting in deeth) Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAB CASE REFERRE EXAMINER? 1 YES 2 27. MANNER OF DEATN	ne diseases, or or heart failure. (Final network of the second of the s	DUE TO DUE TO	OR AS A CONSE	EOUENCE C EOUENCE C TRAUITING 3 □ DOA 28b. Till	not anter C JULO OF): OF): In the ur 4 Num ME OF LJURY M	r the mo	BOX de of dy	given in	Part I	Clear ardiac or res	Spri	ing,	Approximate interval Betwoen and D
shock, I IMMEDIATE CAUSE disease or conditio resulting in deeth) Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign The standard of the sign The standard of the sign The standard of the sign The standard of the sign The standard of the sign The standard of the sign The standard of the sign The standard of the sign The standard of the sign The standard of the sign The standard of the sign The standard of the sign The standard of the s	ne diseases, or or haart failure. (Final number of the failure) Inditions, numediate RLYING injury LAST ifficent condition	DUE TO B. DUE TO B. DUE TO C. DUE TO d	OR AS A CONSE	EOUENCE C EOUENCE C TRAUITING 3 □ DOA 28b. Till	not anter C JULO OF): OF): In the ur 4 Num ME OF LJURY M	r the mo	BOX de of dy	given in	Part I	24a. WAS PERF 1 YES Wher (Specky)	Spri	rrest,	Approximate interval Betwoen and D
Shock, I IMMEDIATE CAUSE disease or conditio resulting in deeth) Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign The sig	ne diseases, or or heart failure. (Final fill in inditions, numediate RLVING Injury inditions in inditions i	DUE TO B. DUE TO C. DUE TO d	GR AS A CONSE	EOUENCE C EOUENCE C TRAUITING 3 DOA 28b. Till Ik	not anter C NUC OF): OF): In the un 4 OF JURY M , street, fact	r the mo	BOX de of dy ACE OF THE 6 PRIVAT DRIKY YES 2	given in	Part I	24a. WAS. PERF 1 YES Wher (Specify) DESCRIBE NOT COURS (e) and s	Spriphratory a	eccured or or Rura	Approximate interval Betwoen Service Onset and Description of Causer Service S
Shock, I IMMEDIATE CAUSE disease or conditio resulting in deeth) Sequentially list co if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death) PART II. Other sign The sig	re diseases, or or heart failure. (Final number of the failure of	DUE TO DUE TO	GRAS A CONSE (OR AS A CONSE	EOUENCE C EOUENCE C TRADITION 3 DOA 28b. Till Ikh home, farm,	not anter DF): DF): DF): DF): In the un A Num ME OF JURY M A street, fector, in my delta, in my del	r the mo	g cause G c	given in	Part I	24a. WAS. PERF 1 YES Wher (Specify) DESCRIBE NOT COURS (e) and s	Spripiratory a	ccured or or Rural tated.	Approximate interval Betwonset and D B. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAUTOF DEATH OF DEAT

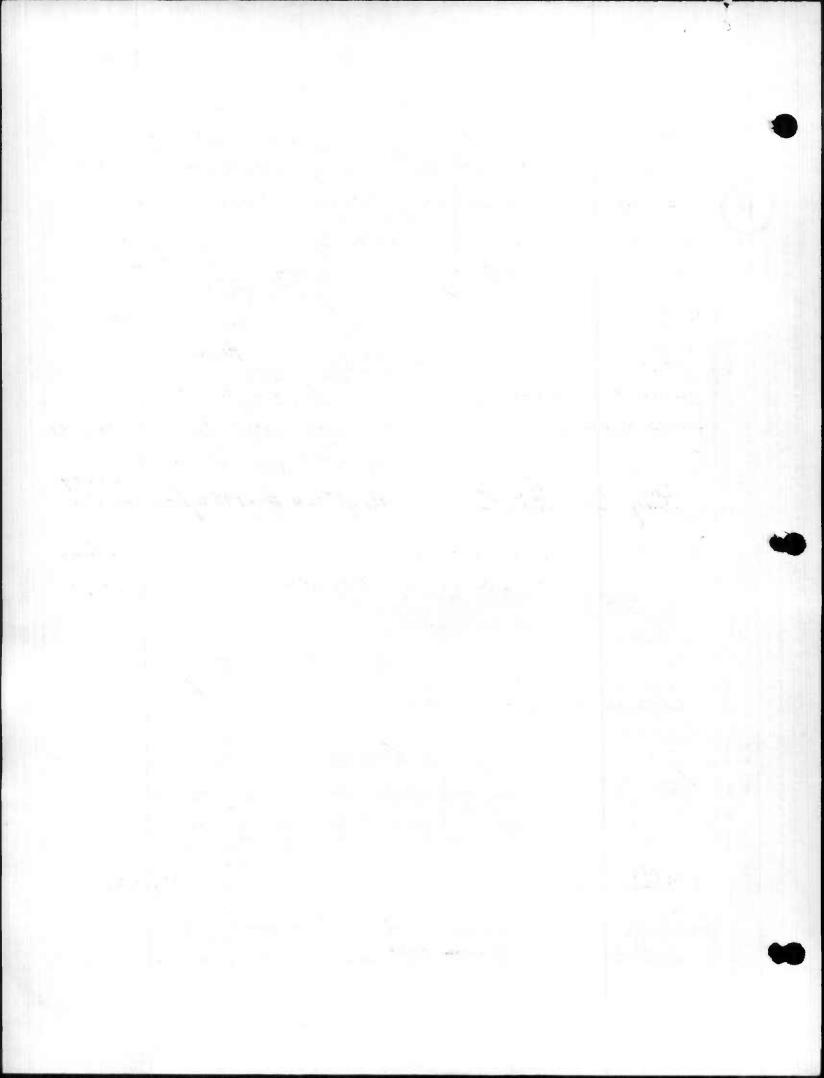


FOR

146, BALLIMORE, MARYLAND 21203-3146	uted within jours after death. Page 6 may be retained by the hospital or atter	completely wall in by the funeral director, page 5 should be detached for use at rial, cremation, or removal.	ic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely and in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) BEATRINE / B)	1111			2. DATE OF DEATH	YEAF	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (1) 471-76-6677 1 M 2 F 9		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month; Day, Year) 04/23/19	Co	RTHPLACE (State or Foreign unity) MICHIBAN
10	9e. FACILITY NAME (If not institution, give etreet and number) SYKESVILLE ELDERNARE (IL RESIDENCE OF DECEDENT	ENTER S	SYKES	ILLE M	ARYLAND	9c. COUNTY OF	·
DIL.	MARYLAND CARROLL	10c. CITY, TO	OWN OR LOCATI	VILLE		- 1	10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
FUNERAL	7309 SECOND AVENUE			2178L	1	U.S.	F WHAT COUNTRY?
R	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E VER IN FORCES? 1 YES IF YES, GIVE WAR OR DV	2 NO	If yes, spe		C ORIGIN? (Specify Yes , Puerto Rican, etc.)	8	ACE — American Indian, lack, White, etc. pecify:
COMPLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during mos	I of working	Hom		Y
	17. FATHER'S NAME (First, Middle, Last) LAWRENCE Adatte				NE (First, Middle, Meiden	Surneme) SNCR	
IO BE	190. INFORMANT'S NAME (Type/Print) PENALD R. BLAIS				DRIVE	n, State, ZIp Code)	
	20e. METHOD OF DISPOSITION 1 D Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	other place)		etery, cremetory or emetery		CATION - City of	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE HAMM YE HAMMY	,	HA 101	ATF. H.	Box 195	Suker	21784 ILLE MA
	23. PART i. Enter he diseases, or compilications that caused shock or heart failure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A	ach ilna.			ss cardiac or reap	gatory arrest,	Approximate interval Between Onaet and Death 3 day 5
CEMILLICATION	csuse. Enter UNDERLYING CAUSE (Disease or Injury	CONSEQUENCE OF:	Ver	n entia			logis
5	PART II. Other significent conditions contributing to death b	ut not excelling in t	the constant des	anne atres to t	Bart I av. uma su		
MEDICAL		lure		cause given in	Part i. 24a. WAS AN PERFOI	RMED2	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF OEATH (Che	ck only one)		
PHYSICIAM: ME	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outp		THER: Nursing Home	5 - Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26b. TIME O	M 1 WO	RK? ES 2 NO	26d, DE\$CRIBE HOW	NJURY OCCURED	
	4 Homicide determined building, etc. (Spec	/ — At home, farm, atred	et, factory, office		26f. LOCATION (Street City or Town, State)		ral Route Number,
COMPLEIED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my know 2						se(e) and manner ee stated.
O BE	296, SHIRWALLING AND TITLE OF CERTIFIER	ATU OTEN		29c. LICENSE NUM	BER	≥ 7	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ldershur		4D S	21784		
	31. DATE FILED (Month, Doy, Your) 32. REGISTRAR'S SIGN Fishio D.	eviden-Randa	ac.				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1. DECEDENT'S NAME (First, Middle, La.							2. DATE O	OF DEATH	AY .	YEAR	3. TIME OF DEAT
		Eakle BEA							7-18	-92	- LAN	4:05
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		MONTHS DAYS		MIN.	7. DATE O	Dey, Year)		6. BIRTNI	PLACE (State or For
)	216-46-9649 9a. FACILITY NAME (If not institution, given	1 □ M 2 🙀 F	89	YRS.					11,			yland
-					9b. CITY, TOWI			EATH			TY OF DE	
34	Ravenwood Luthe	eran villa	ger		на на	gersto	own			Wa	shin	gton
DIRECTO	10a. STATE 10b. COU	NTY		10c. CIT	Y, TOWN OR LOC	ATION						10d. INSIDE CITY
11111		shington		1	Villiam:	sport						1 YES 2
FUNERAL	10e. STREET AND NUMBER					101, ZIP COD	-			10g. CITIZ		HAT COUNTRY?
	Milestone Garde	2n Apartme					L795				US	
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO	If yes,	ECENDENT (specify Cuba ES 2 (25 NO	n, Mexica	in, Puerlo Ri	(Specify Yes can, atc.)	or No-	Black,	— American India White, atc.
0	3 X Widowed 4 Divorced				'''	ES Z ZJENO	эресн	у:			Specify Wh:	ite
	15. DECEDENT'S E (Specify only highest gra		16a, Di	ECEDENT'S	USUAL OCCUPA work done during i se retired.)	TION nost of working	na .	16b. I	KIND OF BUS	SINESS/INDI	USTRY	
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5	·)	_			•					
	17. FATNER'S NAME (First, Middle, Last)			HOM	emaker	40 115						
3	William Henry	Evler				100		ME (First, Mi	ddle, Maiden . Eakle	Sumame)		
	19a. INFORMANT'S NAME (Type/Print)	,	19	b. MAILING	ADDRESS (Stree					State 7in	Code ¹	
2	James F. Deaver	cs			Bitters							740
	20s. METHOD OF DISPOSITION 1 Burlal 2 □ Cremation 3 □ Re	mount from Co.		AND DATE	OF DISPOSITION			DATE	_	CATION — C		
	4 Donation 5 Other (Specify)		Rest		en Ceme	tery		7-2	0 Hag	gerst	own,	Maryla
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22, NAME M T N	NICH I	S OF FA	BAY H	OME			
	2 Cots	0000	uns	ece						agers	town	, Md. 2
		6 1My 0	con di a	Q 3	F):)		
TIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. Acute DUE TO DUE TO C. DUE TO	OR AS A CONSE	OUENCE O	F): And	mosel	رمرما	tic C	oudio-	You	when	
CERTIFICATION	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	d							ong! o-	Di	mley	
L CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	d							endi or	AUTOPSY	24b. \	
L CERIIFI	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	d						Part I. 2	4a, WAS AN	AUTOPSY MED?	24b.	AVAILABLE PRIOR
MEDICAL CERTIFI	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	d						Part I. 2	14a, WAS AN /	AUTOPSY MED?	24b.	AVAILABLE PRIOR COMPLETION OF C OF DEATH?
MEDICAL CERTIFI	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificent conditions to the condition of the condition of the cause of	d			in the underlyi	ng ceuse g	given in	Part I. 2	PERFORI	AUTOPSY MED?	24b.	AVAILABLE PRIOR COMPLETION OF C OF DEATH?
MEDICAL CENTIF	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions to the condition of the condition of the cause of	d	deeth but not i	resulting	in the underlyi	ng cause g	given in	Part I. 2	14a. WAS AN / PERFORI 1 YES 2,	AUTOPSY MED?	24b.	AVAILABLE PRIOR COMPLETION OF C OF DEATH?
MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions to the condition of the condition of the condition of the cause of the caus	HOSPITAL: 1 Inputant 2 28e. DATE OF	deeth but not i	DOA 28b. TIM	in the underlyi	PLACE OF DI	given in	Part I. 2	14a. WAS AN / PERFORI 1 YES 2,	AUTOPSY MED?	24b.	AVAILABLE PRIOR COMPLETION OF C OF DEATH?
THE COLUMN THE COLUMN	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions to the condition of the condi	HOSPITAL: 1 Inputant 2 28a. DATE OF (Month, D.)	deeth but not i	DOA 28b. TIM	28. OTHER: Whursing No	ng ceuse g	EATH (Che	Part I. 2	14a. WAS AN / PERFORI	AUTOPSY MED?	24b.	AVAILABLE PRIOR COMPLETION OF (OF DEATH?
DEL TILISCOM. MEDICAL CENTRA	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other significent conditions to the condition of the case of the condition of the case	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D.) 28a. PLACE O	deeth but not i	DOA 28b. TIM	28. OTHER: Whorsing No EDF 28c. If URY M t	PLACE OF DI	EATH (Che	Part I. 2 Pock only one) 6 Other (28d. DESC	24a. WAS AN / PERFORI 1 YES 2, Specify) RIBE NOW IN	AUTOPSY MED? INTO	24b.	AWALABLE PRIOR COMPLETION OF CO OF DEATH? YES 2 1
ELED DI FILISICIAN: MEDICAL CENTITI	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other aignificent conditions are supported by the conditions of the conditions are supported by the cause of the caus	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, D.) 28a. PLACE O	ER/Outpatient 3 INJURY FINJURY — At ho	DOA 28b. TIM	28. OTHER: WHO Norsing No EDF 28c. IF URY M t	PLACE OF DI	EATH (Che	Part I. 2 Pock only one) 6 Other (28d. DESC	24a. WAS AN / PERFORI 1 YES 2, Specify) RIBE NOW IN	AUTOPSY MED? INTO	24b.	AWALABLE PRIOR COMPLETION OF 6 DF DEATH? YES 2
TITO OF THE STORY. MEDICAL CENTRA	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions are supported by the conditions of the conditions are supported by the conditions are supported by the cause of th	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, Di building,	ER/Outpatient 3 INJURY y, Year) FINJURY — At hoste, (Specify) my knowledge, de	DOA 28b. TIM INJ	28.1 OTHER: AT Nursing No E DF 28c. If URY M t	PLACE OF DI me 5 Re JURY AT ONK? YES 2 Cases and place, to and place, to and place, to and place.	EATH (Che eldence	Part I. 2 Prok only one) 6 Other (28d. DESC 261. LOCAT City or	24a. WAS AN / PERFORIT 1 YES 2, Specify) RIBE NOW IN ION (Street as Town, State)	AUTOPSY MED? IJURY OCCU IND Number of the state of the	JRED JRED A Rural Ro	AWAILABLE PRIOR COMPLETION OF (OF DEATH? YES 2 1
COMPLETED BY PHYSICIAN: MEDICAL CENTRY	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST PART II. Other aignificent conditions are considered as a series of the conditions are considered as a series of the conditions are carried as a series of t	HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, Discounting). 28a. PLACE Of building. SICIAN: To the best of ax	ER/Outpatient 3 INJURY y, Year) FINJURY — At hoste, (Specify) my knowledge, de	DOA 28b. TIM INJ	28.1 OTHER: AT Nursing No E DF 28c. If URY M t	PLACE OF DI me 5 Re iJURY AT ORK? YES 2 is and place, death occur	EATH (Che eldence	Part I. 2 pack only one) 6 Other (28d. DESC 281. LOCAT City or	24a. WAS AN / PERFORIT 1 YES 2, Specify) RIBE NOW IN ION (Street as Town, State)	AUTOPSY MED? IJURY OCCU IND Number of Number	JRED JRED d. cause(s)	AWALABLE PRIOR COMPLETION OF C
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other aignificent conditions are supported by the conditions of the conditions are supported by the conditions are supported by the cause of th	HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, Discounting). 28a. PLACE Of building. SICIAN: To the best of ax	ER/Outpatient 3 INJURY y, Year) FINJURY — At hoste, (Specify) my knowledge, de	DOA 28b. TIM INJ	28.1 OTHER: AT Nursing No E DF 28c. If URY M t	PLACE OF DI me 5 Re JURY AT ONK? YES 2 Cases and place, to and place, to and place, to and place.	EATH (Che eldence ellence elle	Part I. 2 pick only one) 6 Other (28d. DESC 28t. LOCAT City or to the cause time, data at	24a. WAS AN / PERFORIT 1 YES 2, Specify) RIBE NOW IN ION (Street as Town, State)	AUTOPSY MED? JURY OCCU AND Medical M	JRED V. Rural Ro d. cause(s)	t YES 2 P
IO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST PART II. Other algnificent conditions and the conditions of the co	HOSPITAL: 1 Inpetiant 2 28a. DATE OF (Month, Discounting). 28a. PLACE Of building. SICIAN: To the best of ax	ER/Outpettent 3 INJURY y, Year) F INJURY — At hoste, (Specify) my knowledge, de amination and/or	DOA 28b. TIM INJ	28. OTHER: AMENUTATING NO E DF 28c. If URY M t street, factory, off	PLACE OF DI me 5 Re iJURY AT ORK? YES 2 is and place, death occur	EATH (Che eldence ellence elle	Part I. 2 pack only one) 6 Other (28d. DESC 281. LOCAT City or	24a. WAS AN / PERFORIT 1 YES 2, Specify) RIBE NOW IN ION (Street as Town, State)	AUTOPSY MED? JURY OCCU AND Medical M	JRED JRED d. cause(s)	WAILABLE PRIOR COMPLETION OF CO OP DEATH? YES 2 1 Ute Number, and menner as at Month, Day, Year)

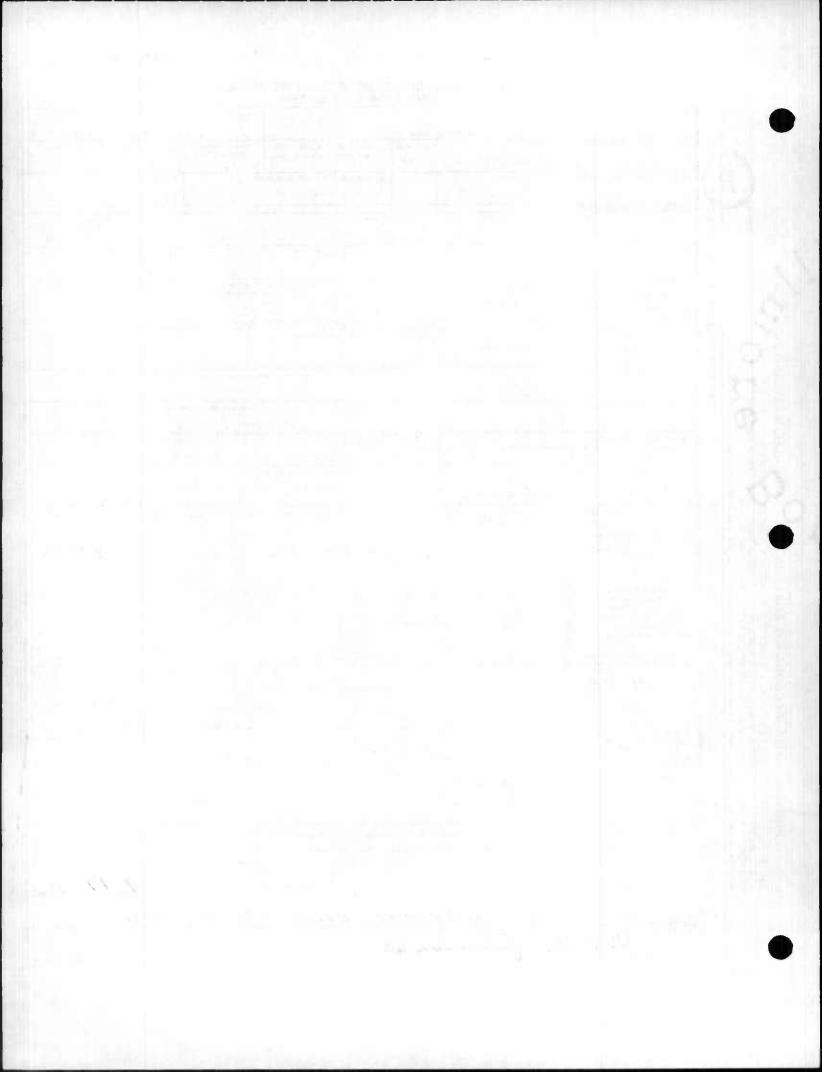
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Lest)	Lucille	Cecel	ia Br	ande	enbui	g	MONTH	OF DEATH D	AY	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 216-54-8625		6. AGE (In yrs. les	t birthday) IF	UNDER 1 YE	AR JE UND	ER 24 HRS.	7. DATE C	DE BIRTH Day, Year)		Country	
1	9a. FACILITY NAME (If not institution, give	_ ^	73	96	a. CITY, TOY	VN OR LOCA	TION OF D		. ∠ ⊥ , ⊥	9c. COUN		ryland
AB .	Washington Cou	nty Hosp	ital	1	lage	rstow	/n					gton
REC	10a. STATE 10b. COUNT	Y		10c. CITY, T	OWN OR LO	CATION						10d. INSIDE CITY LIMITS?
DIR		ington		Hage	erst	own						1 VES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f. ZIP CO						HAT COUNTRY?
N N	234 Hager St.	12. WAS DECEDENT				217					S.A	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2VA		If yes	, specify Cul	ban, Mexica	an, Puerto R	? (Specify Yes	or No-	Black	American Indian, White, atc. White
딢	15. DECEDENT'S EDI (Specify only highest grad		16a. DE	CEDENT'S US	UAL OCCUP	ATION	tela a	16b.	KIND OF BU	SINESS/INDU	JSTRY	
COMPLET	Elementary/Secondary (0-12) 1.2	Coflege (1-4 or 5+)	life.	sewif	tired.)	y most or wor	ung		Dwnho	me		
8	17. FATHER'S NAME (First, Middle, Last)					18. MC	THER'S NA	ME (First, M	liddle, Maiden	Surname)		
BE (William A. Bu	rger							a Bur			
2	19a. INFORMANT'S NAME (Type/Print)	-		b. MAILINO AD								
	Bonnie Carolyn 20a. METHOD OF DISPOSITION	Bowers		2212			rest					
	X □ Buriel 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	noval from State	206. PLACE	AND DATE OF D	Place	I (Name of A C T C C	V 7	DATE	20c. LO	CATION - C	aty or Tov	n, State n MARYLAN
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	INEST	HAVEN	22. NAM	E AND ADDR	ESS OF FA	- 10 - :	94 Ha	gers	tow	n MARYLAN
	· R. hoel	Bras	ly		And	rew K	. C	offma	an FL			ome d. 21740
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	OR AS A CONSEC	OUENCE OF):								
CERTIFI	resulting in death) LAST	d										
MEDICAL	PART II. Other algnificent condition	ns contributing to d	deeth but not n	eeuiting in t	he underl	ying couse	given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26	. PLACE OF	DEATN (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3		Nursing I	Nome 5 🗆 1	Reeldence	6 Other	(Specify)			
ву Рну	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Day	y. Year)	28b. TIME OF	28c.	INJURY AT WORK? YE8 2			CRIBE NOW I	NJURY OCCI	URED	
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, e	INJURY — At horite. (Specify)	me, ferm, stree	il, fectory, o	office			TION (Street of Town, State)	and Number o	or Runal Ro	oute Number,
COMPLE	29e. CERTIFIER 1 CERTIFYING PHY8 one) 2 MEDICAL EXAMIN											end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE					29c. Li	CENSE NUI	MBER				Month, Day, Year)
7	30. NAME AND ADDRESS OF PERSON WAR		OF DEATH (ITEM						mi	21	141	,
	31. DATE FILED (Mooth, Day, Year)	32. REGISTRAR		Rival							7 (

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



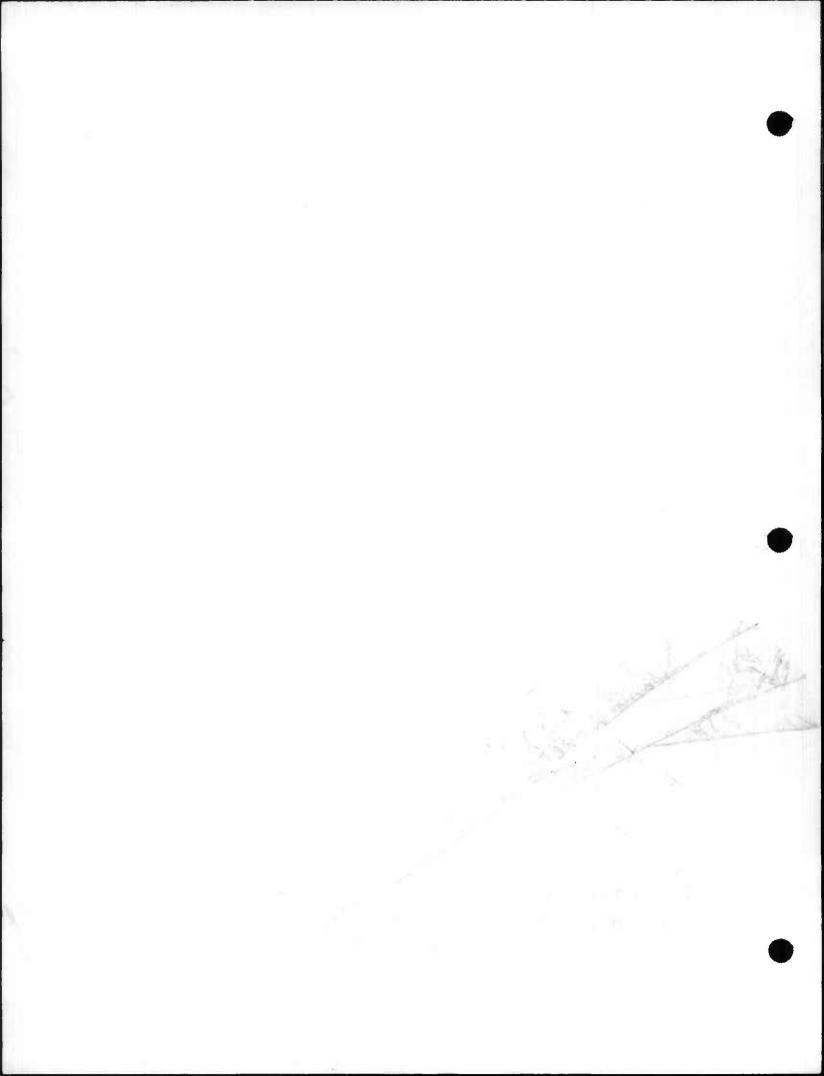
ROSE MALLE 31. DATE FILEO (MONTH), Day, Year) JUN 26

1992

	22 20301
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, Last) CALVIN STEINER BURRIER, Sr. 2. DATE OF DEATH MONTH DAY YEAR 2:45 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. OATE OF AIRTH 214-10-4903 1 Xm 2 F 84 YRS. MONTHS DAYS HOURS MIN. 11/08/07 Maryland
	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH Western Maryland Center Hagerstown, Maryland Washington
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
	Maryland Frederick Thurmont 1∑ YES 2 □ NO
FUNERAL	100, STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21788 USA
B	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1/2 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indien, Black, While, etc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 17. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondery (0-12) Cottege (1-4 or 5 +) The analysis of the second
BE COM	17. FATHER'S NAME (First, Middle, Last) Grayson Daniel Bwrier Mae C. Ramsburg
2	196. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 107 Water St., Thurmont, MD 21788
	20a, METHOD OF DISPOSITION 1 Normalia 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or Mt. Hope Cemetery Woodsboto, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Homes, P.A. P.O. Box 1819, Frederick, MD 21702
	23. PART I. Enter the diseases, or complicatione that ceuced the deeth. Do not enter the mode of dying, such ee cerdiec or reepiratory errest, shock, or heert failure. Liet only one ceuse on eech line. IMMEDIATE CAUSE (Finel diseases or condition resulting in death) S. DUE TO (OR AS A CONSEQUÊNCE OF):
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST
MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) THOSPITAL: OTHER: 4 Nursing Home 5 Residence 6 Other (Specify)
B∤	28a. DATE OF INJURY (Month, Day, Year) 28b. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY CCURED 28c. INJURY AT WORK? 1 YES 2 NO 28c. PLACE OF INJURY At home, ferm, street, factory, office building, stc. (Specify) 28d. DASE OF INJURY CCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)
COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only (Ch
COM	One) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end piece, and due to the cause(a) and menner as stated.
TO BE	29d. ASIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29d. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year)

LETEO CAUSE OF DEATH (ITEM 27) (Typen Print)

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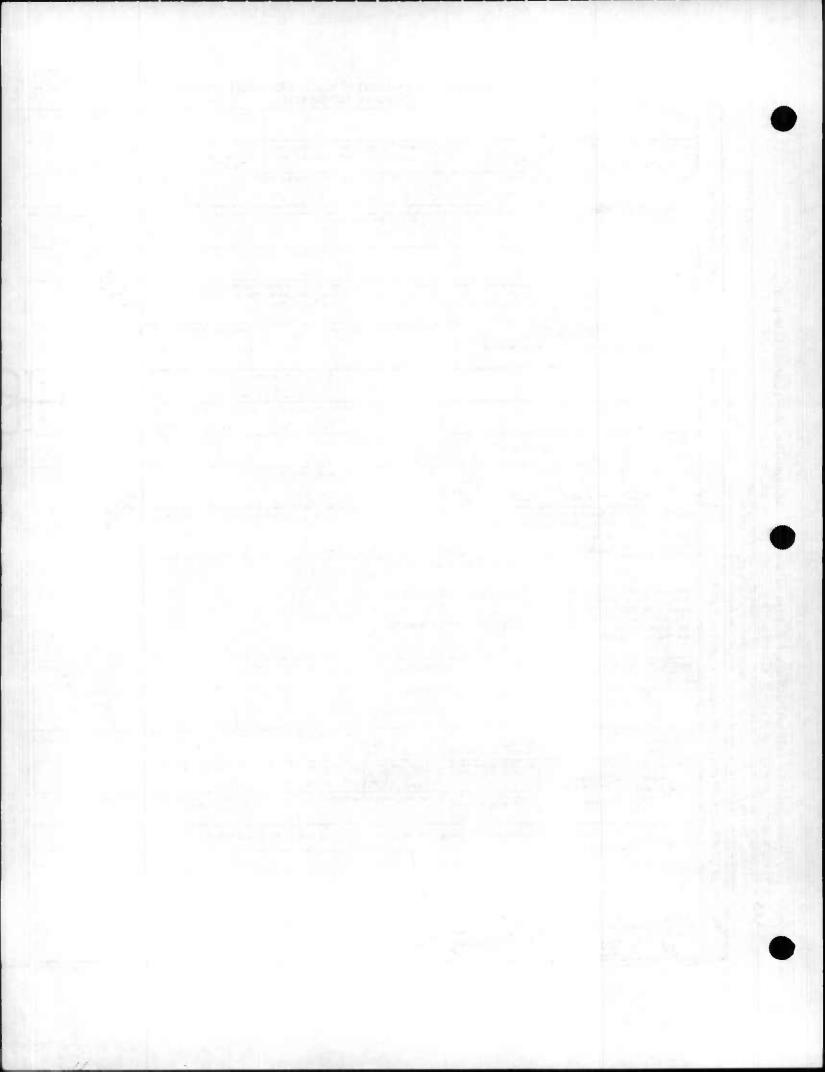
92-3737-017

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

92 20568

'	REGISTRAR		CE	RTIF	ICATE	OF	DEAT	H		REG. NO			
1	I. DECEDENT'S NAME (First, MI	idolle, LestiRAY	40						MONTH	OF DEATH D	AY	YEAR	3. TIME OF DEATH
	SOCIAL SECURITY NUMBER	4 BAUW							_07	05	19	992	3:01 A
	230-31-0046	1X M 2 🗆 F	8. AGE (In yrs. lest	birthday) YRS.	IF UNDER	DAYS	IF UNDER 2	MIN.	7. DATE C	7-1968	3	Country	PLACE (State or Foreign RGINIA
or II	Morgantown RESIDENCE OF DECE					ysic	R LOCATION	N OF DE	ATH		9c. COUN	arle	
		DENTY		10c. CIT	TY, TOWN O	R LOCAT	ION						10d. INSIDE CITY
	VIRGINIA	FAIRFAX	100	F	LEXA	NDR I	[A						1 YES 2 NO
FUNERAL	7812 SCHEL I	HORNE ROAD				101	2230	06			10g. CITIZ	EN OF W	HAT COUNTRY? A
. 1	1. MARITAL STATUS Never Married 2 Ma Widowed 4 Divorce	12. WAS DECEDENT FORCES? 1	YES 2 X NO	IED D	н	yes, spi	ENDENT OF scify Cuban, 2 NO	, Mexican	, Puerto Ri	(Specify Yes lcan, etc.)	or No—	Specif.	- American Indian, White, etc. y: CASTAN
COMPLETED	(Specify only hi	ENT'S EDUCATION ghest grade completed)) College (1-4 or 5 +	(Give	e kind of Do NOT u	USUAL OC work done d me retired.)	uring mo	ON st of working			KIND OF BUS		JSTRY	CASTAN
\$ h	12 7. FATHER'S NAME (First, Middle	in I anti	51	ONE	MASO	.V				CONSTI		JIN	
w L	RAY LESTER	BROWN					PAUI	LETT	E BE				
o ll'	9a. INFORMANT'S NAME (Typo RAY LESTER BI				SCHEL					XANDR			706
2	On. METHOD OF DISPOSITION	A Daniel Anna Control	20b. PLACE AF			-		JAD	PALE.		CATION — C		
	Burial 2 Cremation Donation 5 Dotter (Sp		MOUNT						7/9		EXAND		
2	1. SIGNATURE OF FUNERAL S	ERVICE LICENSEE	Buh	1	22. N	DEMA	INE I	FUNE	RAL I	HOMES	, INC		VIC
	23. PART I. Enter the dise	asea, or complications that	caused the dea	th. Du	not enter t	ALE2	de of dyin	IA,	V IRG	INIA	ZZSI4	ant .	Approximate
	shock, or hear MMEDIATE CAUSE (Final disease or condition resulting in death)	t reliure. List only one cause	HEAD OR AS A CONSECU	2	NE		- 11						Interval Between Onset and Death
FICATI	Sequentially list condition of any, leading to immedia seuse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esulting in death) LAST	c	OR AS A CONSECU										
PHYSICIAN: MEDICAL O	PART II, Other algnificant	conditiona contributing to	deeth but not re	aulting	In the unc	Jerlylng	cause gl	ven in F		24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 \(\subseteq \text{NO} \)
Z Z	5. WAS CASE REFERRED TO M	FOICAL				26 84	ACE OF OEA	AT14 604					/ -
2	EXAMINER?	HOSPITAL:	EB/Ordentiest 3 [1004	OTHER					(Specify)On	stro	ot	
2	7. MANNER OF DEATH	28a. DATE OF	INJURY	20h TIM	E OF	28c. INJ	JRY AT			RIBE HOW II			
	1 Natural 5 Pen 2 Accident Inve	eding Found		Four 1:4	50 M	1 Y	RK?	NO	Ope.	rator	in mo	otor	cycle/
	3 Suicide 8 Cou	id not be 28e. PLACE OF building.	INJURY — At hom			ry, office			28f, LOCA	TION (Street a Town, State)	nd Number o	r Rural Ro	oute Number,
	4 Homicide deta	on	street							rgant	own R	oad	
COMPLETED	On. CERTIFIER (Check only MEDICAL	ING PHYSICIAN: To the best of a	my knowledge, deat	h occum	ed at the tin	ne, data Inion, de	and place, s	and due to	o the caus	e(a) and men	ner as state	d. cause(a)	and menner as stated.
	AS SIGNATURE AND TITLE OF			1			29c. LICEN						Month, Day, Year)
# []	but	Doll	Alm	1				М.			D 07		1992
2 1	MARIO TE	AOLUE TR	E OF DEATH STEM	100000	15.554						3.0		
31	DATE FILEO (Month Day, Year	2. REGISTRAF	S SIGNATURE	Pel	un St	ree	с, ва	ITIM	nore	Maryl.	and 2	1201	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require that the earn serificate be executed within 24 mours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been even a minding physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dec. of Ham 2 minding physician prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 2 minding or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND ME CERTIFICATE OF DEATH	REG. NO.
		DATE OF DEATH DAY YEAR 3. TIME OF DEATH WONTH 30 92 450 A, M
		DATE OF BIRTH (Month, Day, Year) 6. BIRTHPLACE (State or Foreign Country) 4/14/1917 Md
POR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Manokin Manor Nursing Home Princess Anne	
ріяестоя	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md Worcester Pocomoke City	10d. INSIDE CITY LIMITS? 1 YES 1 NO
FUNERAL (Md. Worcester Pocomoke City 104. STREET AND NUMBER 107. ZIP CODE 21851	10g. CITIZEN OF WHAT COUNTRY?
BY FUN		ORIGIN? (Specify Yea or No. 14. RACE — American Indian,
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	10b, KIND OF BUSINESS/INDUSTRY
SOME	E'h emenitaren: 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME	Saw mill (First, Middle, Maiden Surneme)
BE	Daniel Ballard Sarah	Boston
5	Anna L. Williams R.F.D. 1 Box 1872 Po	peomoke City.Md.21851
	20s. METHOD OF DISPOSITION 1.D Burlel 2 Cremetton 3 Removal from State 4 Donaston 5 Other (Specify)	20c. LOCATION — City or Town, State Westover Md
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACIL	
		al Home, New Church, Va.
	23. PART I. Enter the diseases, or complications that caused the death to not enter the mode of dying, such a shock, or heart failure. List only one cause on each line.	as cardiac or respiratory arrest, Approximate Interval Batween Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):	
Z	// . 1	
SATIC	of the sequence of the sequenc	
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	
		ort I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
PHYSICIAN: MEDICAL		1 YES 2 NO COMPLETION OF CAUSE OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check DEAMINER? HOSPITAL:	only one)
IYSI	HOSPITAL: 1 TYPE 2 NO	Other (Specify) 8d. DESCRIBE HOW INJURY OCCURED
BY PH		BEACHIBE HOW INSON' OCCURED
		8f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to one) 2 MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBI 297. LICENSE NUMBI	
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) E Glwcli M) Min the Manar, Princes and	e Ho
3	31. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 31. DATE FILED (Month, Day, Year)	1,
_	I JOL Or 1997 Humanan Aman	

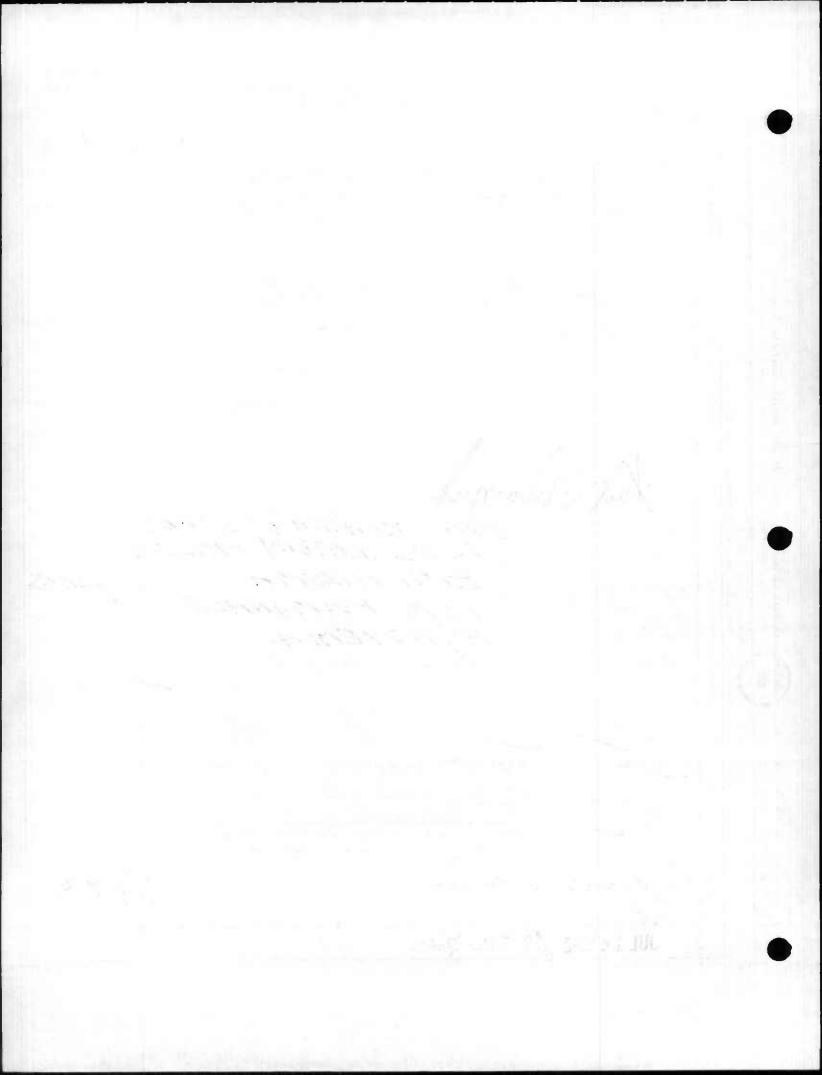
F 7 . 1 There And all invest officer for a new contract

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DS, P.O. BOX 68760	ifficate be executed within 24
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TA	른
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORD	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law
5	8
	HOSPITAL
	표
	2

b may be retained by the hospital of ctor, page 5 should be detached for nust be notified at once.
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92 20570 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN		20570
	1. DECEDENT'S NAME (First, Middle, Last)	Middle, Last)			2. DATE OF DEATH 3. TIME OF DEATH			
	MARGOT	BEC	BECKMAN			MONTH DAY YEAR TILLY 2 1992		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (n yrs. last birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIR	THPLACE (State or Foreign
	235-30-0692 9a. FACILITY NAME (If not institution, give st	1 M 2 F	85 YRS.	NTHE DAYS	HOURS MIN.	June 6 190)7	Md.
Œ	Memorial Hospital & Medical Center So. CITY, TOWN OR LOCATION OF DEATH Cumberland So. COUNTY OF DEATH Allegany							
DIRECTOR	RESIDENCE OF DECEDENT				- Zullu		ATTEGE	arry
₩	10a. STATE 10b. COUNTY	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?	
	Md. Allegany		McCoole					1 X YES 2 NO
₹ I	10e. STREET AND NUMBER	10f. ZIP CODE			10g. CITIZEN OF WHAT CO		WHAT COUNTRY?	
9	457 N	. 21562			US		5	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	U.S. ARMED 2 NO 13. WAS DECEMBENT OF HISPAN If yee, specify Cuban, Maxica 1 YES 2 NO Specifi					CE — American Indian, lock, White, atc.	
COMPLETED	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S USI			16b. KIND OF BU	SINESS/INDUSTRY	
ᄪ	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos tired.)	t of working			
Ē	Unknown	Westvaco :	stvaco Emplo y ee			Manuf.		
Ď	17. FATHER'S NAME (First, Middle, Last)	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
BE	James A. Bry	James A. Bryan			Emma Lee Yost			
2	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AD	ING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)				
	Willis C. Beckman		457 M	aryland	l Ave. M	cCoole, Md	. 21562	
	20c. METHOD OF DISPOSITION 20b. PLACE AND DATE Of DISPOSITION (Name of Commence of Commen							
- 1	21. SIGNATURE OF FOREHAL SERVICE LICE		FILLIUS		D ADDRESS OF FA		sternpot	. Ща.
	23. PARTA. Enter the diseases, or c	Donal		Boal-	Warnick Church S	Funeral St. Western	port. Md	. 21562
RIIFICATION	ahock, or heart fellure. List only one contain each lige. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):							
CER	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS							
N: MEDICA	24a. WAS AN AUTOPSY PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
2	1 YES 2 LAND	1 Impatient 2 ER/Outpo		THER: Nursing Home	5 🗆 Residence	6 Cher (Specify)		
	27. MANNER OF DEATH. 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)		286. TIME OF UNDERSTAND STAND		IK?	28d. DESCRIBE HOW INJURY OCCURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJURY building, stc. (Speci	/ At home, farm, street, factory, office			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
4	29a. CERTIFIER							
COMPLEI	228. CERTIFIER (Check only one) 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
	DE. SIGNATORE AND TITLE OF CERTIFIER THE LICENSE IS				29c. LICENSE NUN	UMBER 296. DATE SIGNED (Moon) Die: Mar)		
185	mon.	n//~	-		D 1876	. M. /		
2	30. NAME AND ADDRESS OF PERSON WHO						//	
		orial Hospit	al, Cumber	riand,	MD 2150	12		
1	JUL 1 4 1992	32. REGISTRAN'S SIGNA	andell					



).						
- N	1. DECEDENT'S NAME (First, Middle, Last)		REG. NO	22 /3	3. TIME OF DEATH		
	JAMES FRANKLIN BELL			2, 19952	710 8 m		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YE.		7. DATE OF BIRTH (Month, Day, Year)	S. BIRT	THPLACE (State or Foreign		
400	105-10-6661 XIII 2 O YRS.	2772	JAN S	POS W.	Oa.		
œ	98. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
5	RESIDENCE OF DECEDENT						
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LC	OCATION			10d. INSIDE CITY		
8	Wila HARDY MODRI	CLETP			LIMITS?		
AL.	10e. STREET AND NUMBER	101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	K.F.D. 2	26836		U.S.	A.		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS 15. Never Married 2 Married FORCES? 1 YES 2 NO II yes	DECENDENT OF HISPAN	IC ORIGIN? (Specify Ye	or No 14. RAC	E — American Indian,		
BY		yes 2 NO Specify		Spe	ck, White, etc.		
				1006	fite		
	(Specify only highest grade completed) (Give kind of work done during		SINESS/INDUSTRY				
7	Elementary/Secondary (0-12) College (1-4 or 5+) BRAKEM A	ROAD					
COMPLETED	17. FATHER'S NAME (First, Middle, Leat)		NE (First, Middle, Maiden				
BE C	JAMES PhiLLIP BELT	MARY	ARME		FINES		
10 B	19s. MFGRMANT'S NAME (Type/Print)	pet and Number or Rural R			I E I U CO		
F	PhillED WROTCHTORD RFD 2	MOOREFI	ELD dil	1/0.26	836		
- 1	20a_METHOD OF DISPOSITION Surial 2	(Name of		CATION — City or T	- 0 N		
	4 Donation 5 Other (Specify)	ry	7/15/9- 1	100 REF	2520, WVa.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAMI	AND ADDRESS-OF FAC	RITY	10-0			
	Show traley Mo	DIRECTED.	ounce to	76836			
	23. PART I. Enter the disesses, or complications that caused the desth. Do not enter the	mode of dying, auch	as cerdiac or reap	iratory arrest.	Approximate		
	ahock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel			,	Interval Between Onset and Death		
	disease or condition resulting in death)				4100		
	UE TO (OR AS A CONSEQUENCE OF):				The state of the s		
NO	Sequentially list conditions, S. Sequence Fifth	المحاد			pay		
CERTIFICATION	DUE 46 (OR AS A CONSEQUENCE OF):						
문	CAUSE (Disease or Injury that Initiated events OUP TO (OR AS A CONSEQUENCE OF):	ap egge					
E	resulting in death) LAST						
	ō				1		
EDICAL	PART II. Other significent conditions contributing to death but not reaulting in the underly	ying ceuse given in F	ert t. 25s. WAS AN		. WERE AUTOPSY FINDINGS		
8	Congestne Hart Forline			PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ	Confuglic Control oners/			0	1 TES 2 THO		
ž							
PHYSICIAN:	HOSPITAL:	PLACE OF DEATH (Chec	k only one)				
ΥS	1 YES 2 NO 1 Shopetlant 2 ER/Outpetlent 3 DOA 4 Nursing N	iome 5 🗆 Residence 6	6 Other (Specify)				
	DNatural 5 Panding (Month, Day, Year) INJURY	WORK?	28d. DESCRIBE HOW I	NJURY OCCURED			
B	2 Accident Investigation	YES 2 NO					
ETED	3 Suicide 6 Could not be determined 26. PLACE OF INJURY — At home, term, street, factory, or building, atc. (Specify)	ffice	261. LOCATION (Street a City or Town, State)	and Number or Rural	Rural Route Number,		
Ē	29a. CERTIFIER						
COMPL	(Check only Check on Check only Check on Check						
	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner ea stated.						
BE	296. SIGNATURE AND TITLE OF CENTRIER	29c. LICENSE NUME	BER	29d. DATE SIGNED			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	D 33464		1/15	192		
	(6) a 4 Na (1) 11 1						
	I D'W III WANTING IND D O PART	O Talam	Jost Va '	6716			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	o. Egion.	west va.	20/10			

BALTIMORE, MARYLAND 21215-0020

O. BOX 68760,

DIVISION OF VITAL RECORDS.

AMERICA SER PRESENTATION OF THE CONTRACT OF THE PARTY OF man between the second 17-15 N. 15-15 Same Day ARREST BROWNING CONTROL Ald personal system where some

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been common through physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
RECORBS, P.O. BOX 68760,	d within 2	ompletely 1
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ITAL	I: The lan	cate has
OF V	YYSICIAN	ils certifi
NO	IDING P	After th
DIVISION OF VITAL RI	OR ATTEN	DIRECTOR
lead.	-	- 4

ury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law menual TO THE FUNERAL DIRECTIOR: After this certificate has been be filed within 72 hours after death with the State Dept. of IMPORTANT: If Item 28 is marked, or Item 23 man

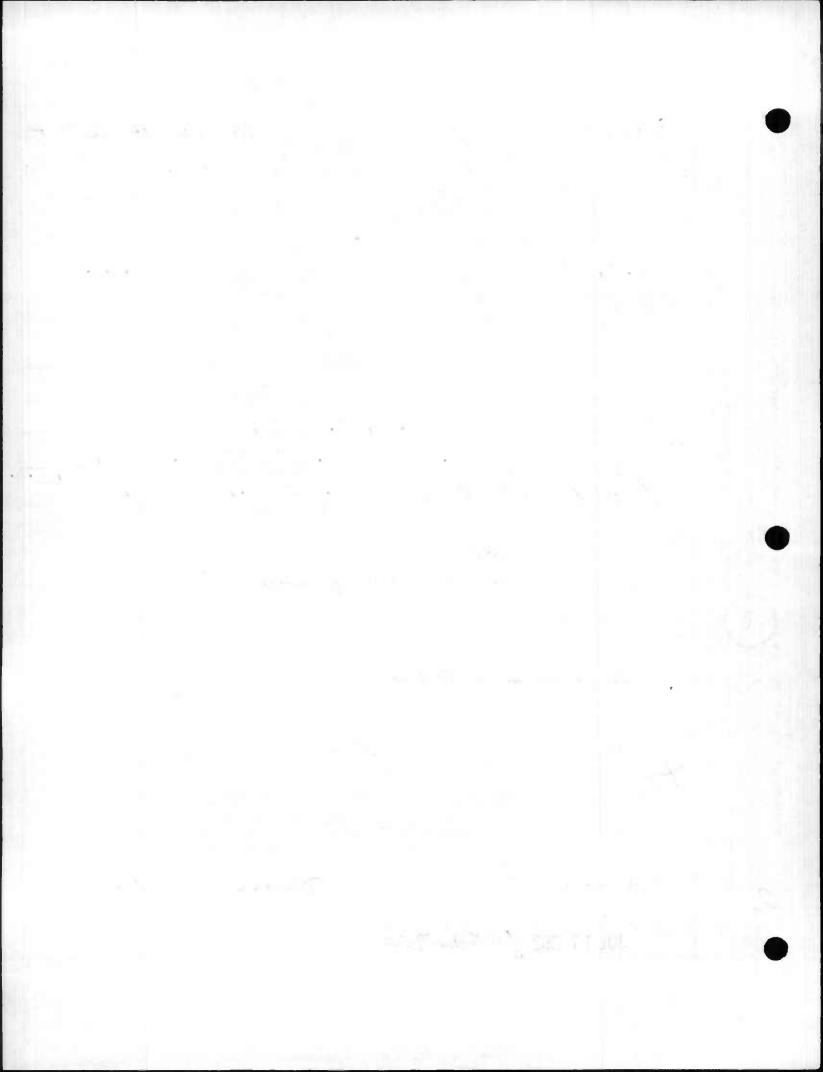
	WALTER NMI BR	ADLEY			1		AY YEA	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER t YEAR	IF UNDER 24 MRS.	07 1 7. DATE OF BIRTH	2 92	3:11 PM RTHPLACE (State or Foreign			
	217105762	1 📈 2 🗆 F	78 yrs.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Co	ountry)			
	9a. FACILITY NAME (If not institution, give :	street and number)		9b CITY TOWN	OR LOCATION OF DEA	4/26/14		IARYLAND			
E E	SACRED HEART HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH CUMBERLAND, MD ALLEGANY										
5	RESIDENCE OF DECEDENT										
H	10a. STATE 10b. COUNT	10c. CIT	10c. CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?				
0	MARYLAND A	FR	FROSTBURG								
3AL	10e. STREET AND NUMBER		101. ZIP CODE			10g. CITIZEN OF WHAT COUNTRY?					
FUNERAL DIRECTOR	323 WELSH H		21532		U.S		A.				
	11. MARITAL STATUS 1 Never Married 2 Married	R IN U.S. ARMED	NO If yes, specify Cuban, Mex		tican, Puerto Rican, etc.)		ACE American Indian, lisck, White, atc.				
BY	3/Widowed 4 Divorced	R DATES TA	1 TYES 2 NO S				WHITE				
G	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATI	ON	165 KIND OF BU	SINESS/INDLISTE				
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of work done during most of working life. Do NOT use retired.)			16b. KIND OF BUSINESS/INDUSTRY				
AP.	12		OWNER	ATTEN	DANT	BOWLI	NG ALI	EY			
Ö	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden					
BE (*****				JEN	NIE BRAD	LEY				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural Ro	oute Number, City or Tow	m, State, Zip Code,)			
F	JANICE MARTIN		107 W	RIGHT	ST., FRO	OSTBURG,	MD 21	.532			
	20a. METHOD OF DISPOSITION TV Burial 2 Cremation 3 Rem	oval from State	20b. PLACE AND DATE	FDISPOSITION (N	eme of	DATE 20c. LO	CATION - City o	r Town, Stata			
	4 ☐ Donation 5 ☐ Other (Specify)	(A	FROSTBUR	G MEMO	RIAL PK	7/15 FR	OSTBUR	G, MD 21532			
	21. SIGNATURE OF FONERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOWERS FUNERAL HOME, P. I							AT HOME D A			
	1 prelou	11/201	wend!	so w.	MATN ST						
	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, ehock, or heart feliure. Liet only one cause on each line.										
	immediate cause (Final	Liet only one ceuse or	eech line.					Interval Between Onset and Death			
	disease or condition										
	DUE TO (OR AS A CONSEQUENCE OF):										
N	Sequentielly list conditions, b. Junious fibrillation										
Ĕ	th any, leading to immediate cause. Enter UNDERLYING										
ed I			BAS A COMPROVENION OF THE REAL PROSPERSE					!			
2	CAUSE (Disease or injury	C. OHE TO (OR A)	S A CONSEQUENCE OF		that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST						
RTIFICA	CAUSE (Disease or injury that initiated events	c. DUE TO (OR A	S A CONSEQUENCE OF):							
CERTIFICA	CAUSE (Disease or injury that initiated events resulting in death) LAST	d									
AL CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	d			g cause given in P	art I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS			
	CAUSE (Disease or injury that initiated events resulting in death) LAST	d			g cause given in P	art I. 24a. WAS AN PERFOF	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL CERTIFICA	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	d			g cause given in P	PERFOR	MED?	AVAILABLE PRIOR TO			
MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	d			g cause given in P	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition	a contributing to deeth		n the underlyin	g cause given in P	PERFOF	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
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D BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERT 1 YES 2 NO 27. MANNER OF DEATH 1 Heliural 5 Panding Investigation 2 Accident Investigation 3 Stuicide 6 Could not be	HOSPITAL: 1 Inputient 2 ERVO 288. DATE OF INJUR (Mortin, Day Yea	n but not resulting in the concless of the con	28. Pt OTHER: 4 Nursing Hom E OF 28c. INJ. MY M 1 1	ACE OF DEATH (Choole 5 Residence 6 Unit AT 1 RKY.	PERFOR	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
D BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF CEATH 1 Natural 5 Panding Investigation 2 Accidant Investigation 3 Suicide 6 Could not be determined	HOSPITAL: 1 Inputiest 2 EBUO 28s. DATE OF INJUR (Movifi, Day, Year 28s. PLACE OF INJUR	n but not resulting in the concless of the con	28. Pt OTHER: 4 Nursing Hom E OF 28c. INJ. MY M 1 1	ACE OF DEATH (Choole 5 Residence 6 Unit AT 1 RKY.	PERFOR	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
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D BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Gould not be diseased a Homicide Homicide Great Investigation Certifying Physic (Check only)	HOSPITAL: HOSPITAL: I Inpetient 2 ERVO 28s. DAZE OF INJUIN Marrit, Dej. Has PLACE OF INJUIN Insetting, etc. (S)	n but not resulting in the process of the process o	OTHER: OTHER: OTHER: OTHER: OTHER: OF ZBC. INJ. INV. WO. Invest, factory, officed at the time, data	ACE OF DEATH (Choole & University AT 1987) TES 2 NO 1	PERFOR 1 YES 2 k only one) Other (Specify) Sed. DESCRIBE HOW a City or Town, State) o the cause(a) and mar	NJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL DIAMINERT 1	HOSPITAL: Inpetient 2 ERVO 28s. DATE OF INJUR Marith. Day No. 28s. PLACE OF INJUR 10 10 10 10 10 10 10 1	n but not resulting in the process of the process o	OTHER: OTHER: OTHER: OTHER: OTHER: OF ZBC. INJ. INV. WO. Invest, factory, officed at the time, data	ACE OF DEATH (Choole & University AT 1987) TES 2 NO 1	PERFOR 1 YES 2 A only one) Other (Specify) 284. LOCATION (Street and City or Revis, State) o the cause(a) and marme, data and place, an	NJURY OCCURED and Number or Run oner as stated. d due to the caus	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Panding Investigation 2 Studied 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 10 Inputient 2 ERVO 28s. DATE OF HAJUR (Morith, Dep. Year 28s. PLACE OF MAJUR (Morith, Dep. Year 28s. PLACE OF M	but not reculting in the second of the secon	THE FILE OF PARTIES AND ADDRESS OF THE FILE OF THE FILE OF THE PARTIES OF THE PAR	AGE OF DEATH (Chec	PERFOR 1 YES 2 A only one) Other (Specify) 284. LOCATION (Street and City or Revis, State) o the cause(a) and marme, data and place, an	NJURY OCCURED and Number or Run oner as stated. d due to the caus	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO PROPERTY NO PR			
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Panding Investigation 2 Accident 5 Could not be dwarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	HOSPITAL: HOSPITAL: I Imperient 2 ERVO 28s. DATE OF HAJUR (Mornit, De) Heal CIAN: To the best of my kn	but not resulting in the process of	OTHER: OTHER: Nursing Hon OF 28c. INJ. If you wo I	AGE OF DEATH (Chec	PERFOR 1 YES 2 A only one) Other (Specify) 284. LOCATION (Street and City or Revis, State) o the cause(a) and marme, data and place, an	NJURY OCCURED and Number or Run oner as stated. d due to the caus	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO PROPERTY NO PR			
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FOR THE SEC. 10 JUL 1997

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RA	PEC Ins	8
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LATE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the count conficunt be precuited within 24 hours after death. Page 6 may be retained by the	D THE FUNERAL DIRECTOR: After this certificate has been signed by the art notine personal comments filled in by the funeral director, page 5 should be det be filed within 72 hours after death with the State Dept. of Health and Membershipses prior to the personal.	WPORTANT: If Item 28 is marked, or Item 23 shows any injury, or that primatic event, the medical examiner must be notified at on
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)	a de				2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH		
	GRACE V	IRGINIA BRI		IDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIFITH		THPLACE (State or Foreign		
	220 52 9774	1□M X□F 98	YRS. MONT	S DAYS	HOURS MIN.	(Month, Day, Year) 1/29/18	Cou	ONNSYLVANIA		
	9a. FACILITY NAME (If not institution, give atm				R LOCATION OF DI	EATH	9c. COUNTY OF	7.77		
DIRECTOR	FROSTBURG VILL	AGE NURSING	HOME F	ROSTE	BURG		ALLE	GANY		
RE	10a. STATE 10b. COUNTY	102 MW	10c. CITY, TOW					10d. INSIDE CITY LIMITS?		
	MD ALLE 10a. STREET AND NUMBER	GANY	M'	r. SA	VAGE ZIP CODE		10a. CITIZEN OF	1 YES 2 NO		
FUNERAL	RT. 1, BOX	5			21545			S.A.		
FUN	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	S. ARMED	If yes, spe	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No- 14. RA	CE — American Indian, ick, White, atc.		
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	£,,	1 TYES	2 NO Specif	y:	Spe	WHTTE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of		e. DECEDENT'S USUA (Give kind of work do	ne dudna ma	N st of working	16b. KIND OF BU	SINESS/INDUSTRY	WHILE		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	ite. Do NOT use retire HOUS!			OMM	HOME			
OM	17. FATHER'S NAME (First, Middle, Last)	4	110051	CAATEE		ME (First, Middle, Maiden				
BE C	RICHARD REAM				MOL	LY HOWSAF	RE			
5	19a. INFORMANT'S NAME (Type/Print)		_			Route Number, City or Tow				
	DORLA SOWERS 20a. METHOD OF DISPOSITION	20b. Pt.	RT. 1			E. MD 215	45	Town State		
	XSurial 2 Cremation 3 Remo	val from State cemeter MT	y, cremetory or other ple SAVAGE	METH	. CEM	7/15 MT				
5	21. SIGNATURE OF FUNDIAL SERVICE LICE			22. NAME AN	D ADDRESS OF FA	GUTSOWERS	FUNERA	L HOME, P.		
	7/1ariley	11/ XOU						MD 21532		
	23. PART i. Enter the diseases, or coahock, or heart failure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO JOR AS A CO	lina.	ter the mo	da of dying, auc	h as cardiac or reap	ratory arreat,	Approximate interval Between Onset and Death		
ON	Sequentially list conditions,	DUE TO (OR AS A CO	egenton	p	nemit					
CATI	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS A CO	NSECUENCE OF):	,						
Ē	CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):							
CERTIFICATION	d.									
PHYSICIAN: MEDICAL	PART II. Other algorificent conditions Ony	tecontributing to death but of the second se	not reauting in the	underlying	cause given in	Part i. 24a. WAS AN PERFOR	IMED?	No. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO		
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	074	28, PL	ACE OF OEATH (Ch	eck only one)				
14XSI		1 Inpatient 2 ER/Outpatie		Nursing Hom		8 Other (Specify)				
BY PI	1 Natural 5 Pending	(Month, Day, Year)	INJURY	28c, INJ WO	RK7	28d. DEŞCRIBE HOW I	NJURY OCCURED			
	3 Suicide 6 Could not be determined	Suicide 6 Could not be building set (Speciful						LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED		IAN: To the best of my knowledg						s(a) and manner as eleted		
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI			ED (Month, Day, Year)		
O BE	Legis 4	27.			2212	44	D 7/	0/52		
٩	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Print)			1				
	FROSTBURG PLAZ	32. REMISTRAR'S GIGNATU	MD 21532							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the hos	detach	once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requirement the day in confincate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been consistent and completely filled in by the funeral director, page 5 should be detached has filled within 72 hours after death with the State Bear of the filled within 72 hours after death with the State Bear of the filled within 72 hours after death with the State Bear of the filled within 72 hours after death with the State Bear of the filled within 72 hours after death with the State Bear of the filled within 72 hours after death with the State Bear of the filled within 72 hours after death with the State Bear of the filled within 72 hours after death within 12 hours after death w	IMPORTANT: It item 28 is marked, or item 23 shown with the traumatic event, the medical examiner must be notified at once.
ay be re	bage 5	be no
ge 6 ma	irector,	r must
eath. Pa	funeral o	xamine
s after d	by the	dical e
24 hour	filled in	he me
within	mpletely	went, 1
executed	and co	matic e
cate be	hysician P prior 1	er trau
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w require	been	3 show
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DING PH	After thi	mark
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TAL OF	RAL DIF	it ite
E HOSP	E FUNE	RTANT
2	P 24	IMPC
		- 1

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

SOURCE COUNTY NUMBER 197-12-1342 1. SAY 2 F AGE (Pr.) YES 67 YES 67 YES 68 FACILITY MANUSCRIPT 197-12-1342 1. SAY 2 F AGE (Pr.) YES 107-12-1342 1. SAY 2 F AGE (Pr.) YES 108-1341 1. SAY 2 F AGE (Pr.) YES 1. SAY 3 F AGE (Pr.) YES	DAY	YEAR 3. TIME OF DEATH							
TO THE PART I STATE TO THE PART I STATE	19	92 8:35 p M							
Easton Memorial Hospital Easton Eas	a. BIRTHPLACE (State or Foreign Penn).								
10. STREET AND NUMBER P. O. BOX 135 11. MARTA STRUS 12. MARS DECEDENT EVER IN U.S. ARMED FORCES? 1 MARTS 11. Were specific John, Medican, Puerio Rican, etc.) 11. Yes, especific John, Medican, Puerio Rican, etc.) 11. Were specific John, Medican, Puerio Rican, etc.) 11. Were Struct 2 Most flower device for development of the specific John, Medican, Puerio Rican, etc.) 11. Were Struct Very Completed 12. MART MART STRUS 13. NES DECEDENT'S USUAL OCCUPATION (John Medican, Puerio Rican, etc.) 11. Were structed John Medican, Puerio Rican, etc.) 12. MARTHER'S NAME (Free Medican Completed) 13. MARTHER'S NAME (Free Medican Completed) 14. MARTHER'S NAME (Free Medican Completed) 15. MARTHER'S NAME (Free Medican Completed) 16. MARTHER'S NAME (Free Medican Completed) 16. MARTHER'S NAME (Free Medican Completed) 17. MARTHER'S NAME (Free Medican Completed) 18. MARTHER'S NAME (Free Medican Completed) 19. MARTHER		COUNTY OF DEATH Talbot							
10. STREET AND NUMBER P. O. BOX 135 11. MARTA STRUS 12. MARS DECEDENT EVER IN U.S. ARMED FORCES? 1 MARTS 11. Were specific John, Medican, Puerio Rican, etc.) 11. Yes, especific John, Medican, Puerio Rican, etc.) 11. Were specific John, Medican, Puerio Rican, etc.) 11. Were Struct 2 Most flower device for development of the specific John, Medican, Puerio Rican, etc.) 11. Were Struct Very Completed 12. MART MART STRUS 13. NES DECEDENT'S USUAL OCCUPATION (John Medican, Puerio Rican, etc.) 11. Were structed John Medican, Puerio Rican, etc.) 12. MARTHER'S NAME (Free Medican Completed) 13. MARTHER'S NAME (Free Medican Completed) 14. MARTHER'S NAME (Free Medican Completed) 15. MARTHER'S NAME (Free Medican Completed) 16. MARTHER'S NAME (Free Medican Completed) 16. MARTHER'S NAME (Free Medican Completed) 17. MARTHER'S NAME (Free Medican Completed) 18. MARTHER'S NAME (Free Medican Completed) 19. MARTHER		Taibot							
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BiampstepySecondary (0-tot) College (1-4 or 5 +) Shipping Wyeth		Specify: White							
Shipping 12th Shipping Wyeti 17. FATHER'S NAME (First, Mickin, Last) I Sac Leroy Bedwell 18. MOTHER'S NAME (First, Mickin, Makin) I Sac Leroy Bedwell 19. MALING ADDRESS (Street and Number or Plural Pable Number, City or No. Box 135 Coldsborro, MD 2: 19. MALING ADDRESS (Street and Number or Plural Pable Number, City or No. Box 135 Coldsborro, MD 2: 19. MALING ADDRESS (Street and Number or Plural Pable Number, City or No. Box 135 Coldsborro, MD 2: 20. METHOD QF, DISPOSITION 1	KIND OF BUSINESS	SS/INDUSTRY							
198. MALING ADDRESS (Street and Number or Rural Route Number, City or To Blanche Ward Bedwell 199. MALING ADDRESS (Street and Number or Rural Route Number, City or To Blanche Ward Bedwell 200. METHOD OF DISPOSITION 1 Burlet 2 & Cremetion 3 Removal from State 200. bt. ACE AND DATE OF DISPOSITION/Numer of contents or conte	Wyeth Labs								
Blanche Ward Bedwell Blanche Ward Bedwell Blanche Ward Bedwell Blanche Ward Bedwell Blanche Ward Bedwell Blanche Ward Bedwell P. O. Box 135 Goldsboro, MD 2: 20e. METHOO of oisposition Burlet 2 & Cremetion 3 Removal from State Capital Crematory or other piece) Capital Crematory Capital Crematory T-2() 21. SIGNATURE OF PLANS AS SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fleegle—Helfenbein Fune Creensboro MD 21639 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dyling, such as cerdiac or resignation of the mode of dyling, such as cerdiac or resignation in the deeth. Do not enter the mode of dyling, such as cerdiac or resignation in death) DUE TO (OR AS A CONSEQUENCE DF): DUE TO (OR AS A CONSEQUENCE OF): Capital Crementory of the mode of dyling, such as cerdiac or resignation in the underlying cause given in Part I. PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause	ns Bedw	vell							
23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or residence, or other failure. List only one ceuse on each line.	MD 21636	te, Zip Code) 6							
22. NAME AND GOORESS OF FACILITY Committee Commit		ON — City or Town, State							
23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respectively and the second through the substance of the substance of the second through the substance of th		•							
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQU	1620								
DUE TO (OR AS A CONSEQUENCE OF): Farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE	IMMEDIATE CAUSE (Final								
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending investigation 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY (Month, Day, Year) 28. PLACE OF DEATH (Check only one) 28. DATE OF DEATH (Check only one) 28.	24a. WAS AN AUTOPS	PSY 24b. WERE AUTOPSY FINDINGS							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	PERFORMED?	AMILABLE PRIOR TO							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	1 YES 2 NO	OF DEATH?							
27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident 3 Suicide 8 Could not be determined 2 Sec. PLACE OF INJURY — At home, farm, street, factory, office 286. DATE OF INJURY — At home, farm, street, factory, office 286. LOCATION (Street City or Town, State Check only one) 296. CERTIFIER (Check only one) 296. SIGNATURE AND TITLE OF CERTIFIER 296. DATE OF INJURY — At home, farm, street, factory, office 286. INJURY AT WORK? 1 YES 2 NO 286. LOCATION (Street City or Town, State City one) 286. DATE OF INJURY AT WORK? 1 YES 2 NO 286. LOCATION (Street City or Town, State City one) 286. DATE OF INJURY AT WORK? 1 YES 2 NO 286. LOCATION (Street City or Town, State City one) 286. DATE OF INJURY AT WORK? 1 YES 2 NO 286. LOCATION (Street City or Town, State City one) 286. DATE OF INJURY AT WORK? 1 YES 2 NO 286. LOCATION (Street City or Town, State City one) 286. DATE OF INJURY AT WORK? 1 YES 2 NO 286. LOCATION (Street City or Town, State City one) 286. DATE OF INJURY AT WORK? 1 YES 2 NO 286. LOCATION (Street City or Town, State City one) 286. LOCATION (Street City or Town, State City one) 286. DATE OF INJURY AT WORK? 1 YES 2 NO 286. LOCATION (Street City or Town, State City or		10123 2010							
27. MANNER OF DEATH Netural 5									
Netural S Pending Investigation	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending Investigation M 1 YES 2 NO								
3 Suicide 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29e. CERTIFIER (Check only 29e. CERTIFIER (Check only 20 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end ma 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER									
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end ms one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, at 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building ste (Specific)								
296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 0.0000000000000000000000000000000000	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated, one)								
1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner ee stated,								
30. NAME AND ADDRESS OF PERSON WHO COMPLETE CAUSE OF GEATH (ITEM 20 (Type, Print)		DATE SIGNED (Month Day Year)							
WAH WOOD IF MD EASTON, ME 21001		DATE SIGNED (Month, Offy, Year)							
31. DATE FILED (MONTH, Day, 1601) 32. REGISTRAR'S SIGNATURE JUL 21 '92 Gala Davidson-Randale	29d. 0	DATE SIGNED (Month, Ofix, Year)							



1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

SOCIAL SECURITY NUMBER

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JUL 21

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220-34-2668

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BOX 687	
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V OF V	
DIVISION	
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5	RESIDENCE OF DECEDENT	7105Pita	1		201	nardt	010	0	St	M	arys
DIRECTO	10a. STATE 10b. COUNT	TY		10c. CITY, TOW	N OR LOC	CATION			-	1	Od. INSIDE CITY
	Maryland S	St. Mary's	Mechanicsville				1	LIMITS?			
Z Z	100. STREET AND NUMBER					101, ZIP CODE			10g. CITIZ	EN OF WH	AT COUNTRY?
j j	2680 Baptist Chu					20659				U.S.A	A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO		If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Speci	an, Puerto	N? (Specify Yes Rican, etc.)	or No	14. RACE Black, \ Specify:	- American Indian, White, etc. White
TED	15. DECEDENT'S EDU (Specify only highest grad	JCATION le completed)	(G/v	EDENT'S USUA	ne durina i	TION most of working	168	. KIND OF BUS	INESS/IND	JSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. i	DO NOT use retire	id.)			a	_		
COMP	12th Grade		Cc	ourt Re	cora			State (nment	
	17. FATHER'S NAME (First, Middle, Last)	Desertes				18. MOTHER'S N.				010	
BE	Peter Paul Burke			and the second		Mary		agdalei			onnor
5		Tohnoon				t and Number or Rural					M3 20650
	Bernardine Marie										Md.,20659
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donetion 5 Other (Specify)	S	netery, crem T. J.C		Cem	etery 7/		992 Mo	rganz	aty or Town	aryland
	21. SIGNATUME OF FUNERAL SERVICE LI	Gardina			Mat	tingley-(Sardi				e, P.A. and 20650
	23. PART I. Enter the diseasea, or	complications that cause. List only one cause on a	d the dea	th. Do not en	ter the n	node of dying, su	ch ea cen	diac or reapir	atory arm	at.	Approximate
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A	A CONSEQU	JENCE OF):							Onset and Deatl
MEDICAL	PART II. Other significant condition Myo CArd/QL Cerebrovasco	TV far of	isN		underlyi	ing couse given in	Part I.	24e. WAS AN A PERFORM	MED?	CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3	DOA 4	ER:	PLACE OF DEATH (C)					
ву рну	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		28b. TIME OF INJURY	28c. II	NJURY AT YORK?	7		(Specify) RIBE HOW INJURY OCCURED		
ED	2 Accident Investigation 3 Suicide S Could not be determined	/ — At hom	e, farm, street,	lectory, off	lice	28t. LOC City	ATION (Street ar or Town, State)	nd Number o	or Rural Rout	te Number,	
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of my know ER: On the besis of examination	riedge, deat	th occurred at th	e time, de	te and place, and du	to the car	use(s) and mann	ner an state	d.	and manner are state to
	29%. SIGNATURE AND TITLE OF CERTIFIE			~	,			prace, and			
O BE	David To	28	MU						onth, Day, Year)		

Julia Davidson-Rondale

Elizabeth

1 M 2 X F

21

6. AGE (In yrs. lest birthday)

80

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MONTHS

YRS.

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

MIN

DAYE

92 20575

YEAR

9c. COUNTY OF DEATH

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

July 21,

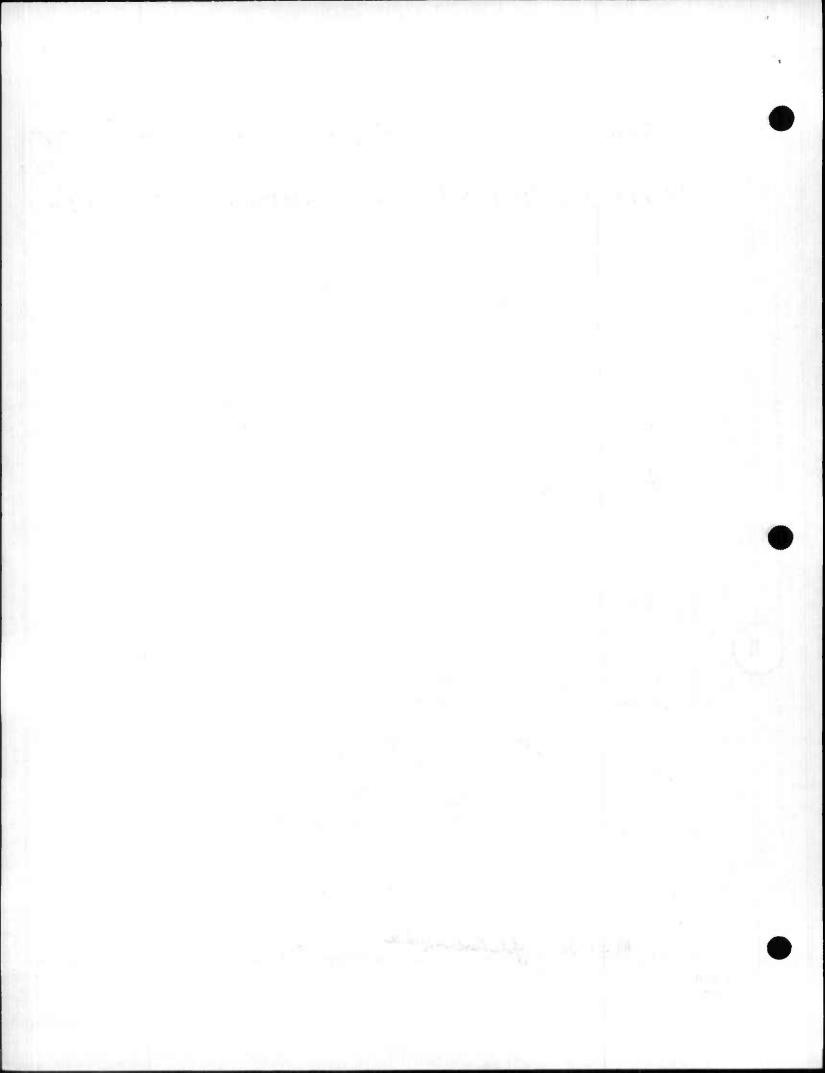
1912 Washington, D.C

12:30pm

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) July 11,



executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	i and completely filled in by the funeral director, page 5 should be detached for use as the burit to burial, cremation, or removal	matic event, the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires per the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Debt, of He this article manual livinger prior to burial, cremitation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows my Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	TATE OF MARYLA	ND / DEPART			IENTAL HYGIENE			
	1. OECEDENT'S NAME (First, Middle, Last)		0	- //		2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5. S.		yrs. last birthday)	2//		7-13	- 90	1/2/24 RM	
	218-80-6698	M 2 1 84	YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) October 16	,1907°	ATHPLACE (State or Foreign untry) Georgia	
DIRECTOR	9a. FACILITY NAME (If not institution, give street as St. May 4 RESIDENCE OF DECEMBENT	Hospit	La/	1	R LOCATION OF GEA	/	St. /	Mary's	
OIRE	Maryland St. M				on Park		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🏋 NO		
M	10e. STREET AND NUMBER				ZIP COOE		10g. CITIZEN OF WHAT COUNTRY?		
FUNERAL	Route 1 Box 141				20653			S.A.	
B	1 Never Married 2 X Married	WAS OECEDENT EVER IN FORCES? 1 \(\text{ YES}\) F YES, GIVE WAR OR DAT	2 NO	It yes, spe	ENDENT OF HISPANIC ecity Cuban, Maxican, 2 0 NO Specify:	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	В	ACE — American Indian, lack, Whita, atc. pocify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of					16b. KINO OF BUS	INESS/INOUSTRY		
PLE	Elementary/Secondary (0-12) Coll 12th Grade	lege (1-4 or 5+)	Homema				Home		
Ö	17. FATHER'S NAME (First, Middle, Last)		***************************************		18. MOTHER'S NAM	E (First, Middle, Maiden S			
BE (William Lemmon	Starr			Rebecca		nsley		
2	190. INFORMANT'S NAME (Type/Print) David D. Briell, Sr					oute Number, City or Town			
	20a, METHOO OF OISPOSITION 1 & Buriel 2 Cremation 3 Ramoval is 4 Donation 5 Other (Specify)	rom Stata 20b.F	PLACE ANODATE OF	DISPOSITION (Na	me of	DATE 20c. LOG /15/92 Wal	CATION — City of	Town, State	
	21. SIGNATURE OF FUNERAL SERVICE-LICENSE	E/ //	HILLY MAI	22 NAME AN	O ADDRESS OF FACI	LITY			
	Marie H	- felu.	hons			diner Fundendtown		land 20650	
	23. PART I. Entar the diseases, or complete shock, or heart failure. List of immediate CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS A C	ch lina.			ss cardiac or reapir		Approximats interval Between Onset and Death	
MION	Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A (CONSEQUENCE OF):		N C	Fay Con	(C)~		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	,					
	PART II Other significant conditions con								
CAL	PART II. Other significant conditions con	itributing to death but	t not resulting in	tha undarlying	cause given in P	art I. 24a. WAS AN A		4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO	
PHYSICIAN: MEDIC	Adrias &	1m11-+	10~			1 YES 2	□.MO	OF OEATH?	
2	hyperter	rion.	L+	CVA		-		1 TYES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPHAL:		26. PL	ACE OF DEATH (Chec	k only one)			
KSI	1 YES 2 NO 11	Inpatient 2 - ER/Outpat	tient 3 DOA 4	☐ Nursing Home	5 🗆 Residence 6				
BY P	1 Nitural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y WO		28d. OESCRIBE HOW IN	JURY OCCUREO		
<u></u>	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY - building, etc. (Specif)	At home, farm, stre	et, factory, office		28t. LOCATION (Street ar City or Town, State)	nd Number or Run	al Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 0 MEDICAL EXAMINER: On	To the best of my knowled the basis of examination	dge, death occurred and/or investigation,	at the time, data in my opinion, de	and place, and due to	the cause(a) and mann	ner es stated.	e(a) and manner as stated.	
8	29b. SIGNATURE AND TITLE OF CERTIFIER	RTA M	M		29c. LICENSE NUMB D 362	DER		EO (Month, Day, Year)	
2	30. NAME AND AGORESS OF PERSON WHO COM	IPLETEO CAUSE OF OEAT		_				1110111	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNAT		ws.	5 6/	-475	-557	7.7.	
	JUL 1 4 '92	Sulia Davids							
		1	<u> </u>						

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Leon

1 -

68760,

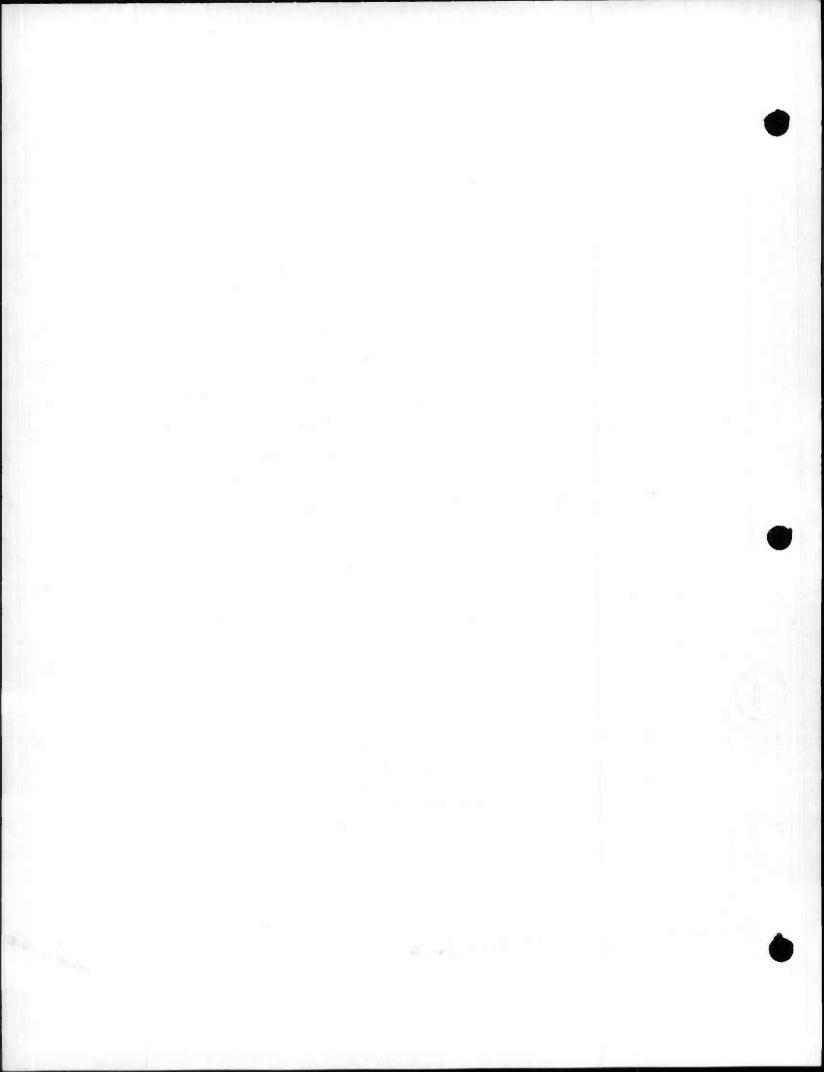
. BO	
P.O. I	
Sò	The second secon
RECOR	STATE OF STREET
VITAL	Age was a company
OF V	ALCOHOLDS
DIVISION	STATISTICS OF STREET
ō	OC TOWN
	0000

3. TIME OF DEATH James Baker EUN -9-2 YEAR JAMES 07 7-804 1174\$5 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) BIRTHPLACE (State or Foreign Country) 1 XM 2 | F DAYS 218-20-0494 66 Sept 3. 1925 Maryland use as the burial-transit permit. Pages 1. 2, 3 should SHADY GROVE ADVENTST HOSPITAL 96. CITY, TOWN OR LOCATION OF DEATH "MONTGOMERY MUNICOMERY DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION Maryland Montgomery Rockville YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5912 Vandergrift Ave, 20851 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? (X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 25 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black 18e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ğ Elementary/Secondary (0-12) College (1-4 or 5+) 10th Grade detached Custodian Montgomery Junior Col. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 8 Ħ Leon Baker BE Mabel Martin notified In attending physician and completely filled in by the funeral director, page 5 should mental Hygiene prior to burial, cremation, or removal. 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20851 (Wife) 2 5912 Vandergrift Ave, Rockville, Md Mrs Rosalie 99 20a. METHOD OF DISPOSITION
MXBurlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must Parklawn Memorial Park7/13 Rockville, Md 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Snowden Funeral Home P.A. 20850 Rockville, Md the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximate shock, or heart failure. List only one cause on each line. Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition executed within event, reaulting in desth) ove to 107 Schemic Cardiomyopathy Dode 26mo traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, lasding to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury CAS certificate injury, or other DUE TO (OR AS A CONSEQUENCE OF) that initieted events resulting in death) LAST death PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS E PVC AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF OFATH? 1 YES 2 NO PHYSICIAN: Pert 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) herm Certificate h HOSPITAL OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 4 6 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? with marked, 28d. DESCRIBE HOW INJURY OCCURED this 1 Netural 5 Pending Investigation 1 YES 2 NO BY FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Suicide 28 is 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as atteted. MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER THE F BE 29c. LICENSE NUMBER 29d. OATE SIGNED/(Month) Day. Year) ul 9 (92 24971 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (TEM 27) (Type, Print) SIMD. Me 225 ockille GNOVE 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE '97 13

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Middle, L	ant)			2. DATE OF DEATH		3. TIME OF DEATH		
		Koi Berfiel	ld	July 8, 1		7:18P M		
4. SOCIAL SECURITY NUMBER		MC	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT Coun	HPLACE (State or Foreign		
414-62-3744	_ M 2 XXF	64 'RS. MC	ONTHS DAYS HOURS MIN.	Nov. 27,1		Mexico		
9a. FACILITY NAME (If not institution,	give street and number)	9	b. CITY, TOWN OR LOCATION OF D		9c. COUNTY OF	DEATH		
Suburban Hospit			Bethesda		Montgo	omery		
RESIDENCE OF DECEDEN								
10a. STATE 10b. CO		10c. CITY, T	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?		
Maryland	Montgomery		Bethesda					
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
6804 Newbold D	rive		20817		United	States		
Suburban Hospit RESIDENCE OF DECEDENT 10a. STATE 10b. CO Maryland 10a. STREET AND NUMBER 6804 Newbold D 11. MARITAL STATUS 1 Never Married 2 V Married	12. WAS DECEDENT EVE FORCES? 1 Y		13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 14. RAC	CE — American Indian,		
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF		If yes, specify Cuban, Maxic		Spec	ck, White, etc.		
			Mexican		Whi			
1 15. DECEDENT'S (Specify only highest (Specify only highest (Bernentary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last	EDUCATION grade completed)	16a. DECEDENT'S US (Give kind of work	k done during most of working	16b. KIND OF BUS				
Elementary/Secondary (0-12)	College (1-4 or 5+)	Transport	etired.)	U.S. Go	vernment	:/		
-	5+		cam Specialist	Dept. o	f Transp	ortation		
17. FATHER'S NAME (First, Middle, Last			18. MOTHER'S NA	AME (First, Middle, Malden	Surname)			
Kendo Je	sus Koi		Car	rmen Bogard				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AT	ODRESS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Code)			
Frank H. Berfi	eld	6804 Ner	wbold Drive, Be	ethesda, Ma	ryland	20817		
20a. METHOD OF DISPOSITION		20b. PLACEAND DATEOF	DISPOSITION (Name of		CATION City or To	lown, State		
1 X Buriel 2 Cremation 3 4 Donation 6 Other (Specify)		cemetery, cremetory or other Gate of Hea	aven Cemetery 7					
21. SIGNATURE OF FUNERAL SERVICE		04.00	22. NAME AND ADDRESS OF FA	ACILITY Robert	A. Pumph	rev Funeral		
Mind A. K	7 1/2		Home/Bethesda	a-Chevy Cha	se, Inc.			
UNCHOUD Y	Sulla	M00348	7557 Wisconsi	in Avenue,	Bethesda	, MD 20814		
23. PART I. Enter the diseases, shock, or heart felic	or complications that cause or ure. List only one cause or	sed the death. Do not	anter the mode of dying, suc	ch as cardiac or reapi	ratory arrest,	Approximate		
IMMEDIATE CAUSE (Final	1 1		4 -			Interval Batween Doset and Death		
disease or condition resulting in death)	. Acute	Plyscer	Sol butur	. Km		Commented.		
	DUE TO (OR A	S A CONSEQUENCE OF	1 /	4		1		
A CANADA AND AND AND AND A	r. Comme	wy thrte	of Atherese	Levasis		YEERS		
Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF):	1					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c							
that initiated events	DUE TO (OR A	S A CONSEQUENCE OF):						
reaulting in death) LAST	d							
PART II Other significant cond	this are annially street and admit							
PART II. Other algnificant cond	The second second	i but not reauting in t	he underlying cause given in	Part i. 24a. WAS AN / PERFOR		b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
5 Typeria	wim			1 TES 2		COMPLETION OF CAUSE OF DEATH?		
<u> </u>						1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH			26. PLACE OF OEATH (CA	heck only one)				
1XXYES 2 .NO	HOSPITAL: 1 Inputient 2 ER/O		THER: Nursing Home 6 Residence	6 ☐ Other (Specify)				
27. MANNER OF DEATH	26a. DATE OF INJUR	TY 28b. TIME O	F 28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED			
Pending	(Month, Day, Year	i) injum	WORK? M 1 YES 2 NO					
	28e. PLACE OF INJU	JRY — At home, farm, stree		281. LOCATION (Street a	and Number or Rural	Bouts Number		
3 Suicide 6 Could not 4 Homicide 6 Could not detarmine 29a. CERTIFIER (Check only 0 Details one) 2 MEDICAL EXAL	building, atc. (S	pecify)		City or Yown, State)	The Itemson	Pilotta (varinger)		
29a. CERTIFIER CEPTIEVANO D					Reg I			
(Check only one)			nt the time, data and place, and due					
Z WEDTONL EAR		tion and/or investigation, i	n my opinion, death occured at the	time, data and place, and	d due to the cause(a) and manner as stated.		
29b. SIGNATURE AND TITLE OF CORT	TFIER		29c. LICENSE NU		29d. DATE SIGNED	D (Month, Day, Year)		
Homich Kee	mes mo		7060	19	> 7/20	152		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri						
HARRY KY KER	NER MP, L	0401 0/2 9	Enjeton Rd.	Rotheson	1. KeD	>0814		
31. DATE FILED (Month, Day, Year)	A2. REGISTRAR'S S	MATURE AS		1001 000	1			
.111 13 '92	A 184							

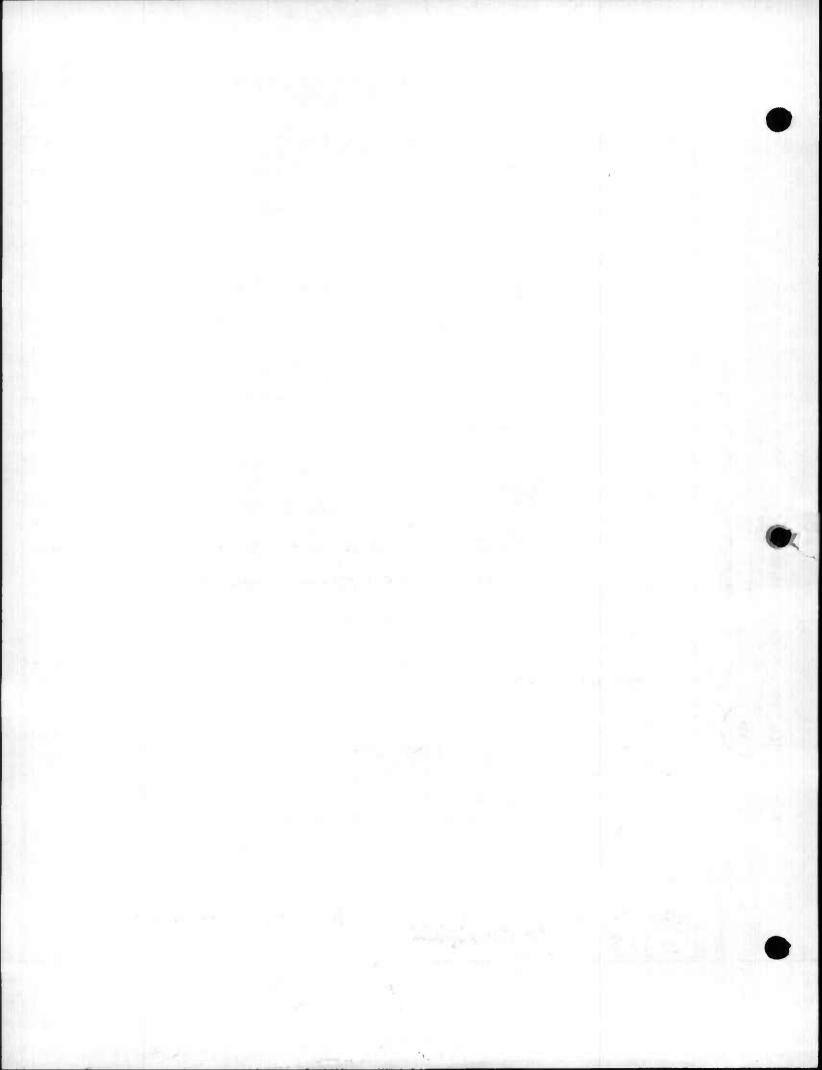
nowns that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The property of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should then the prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

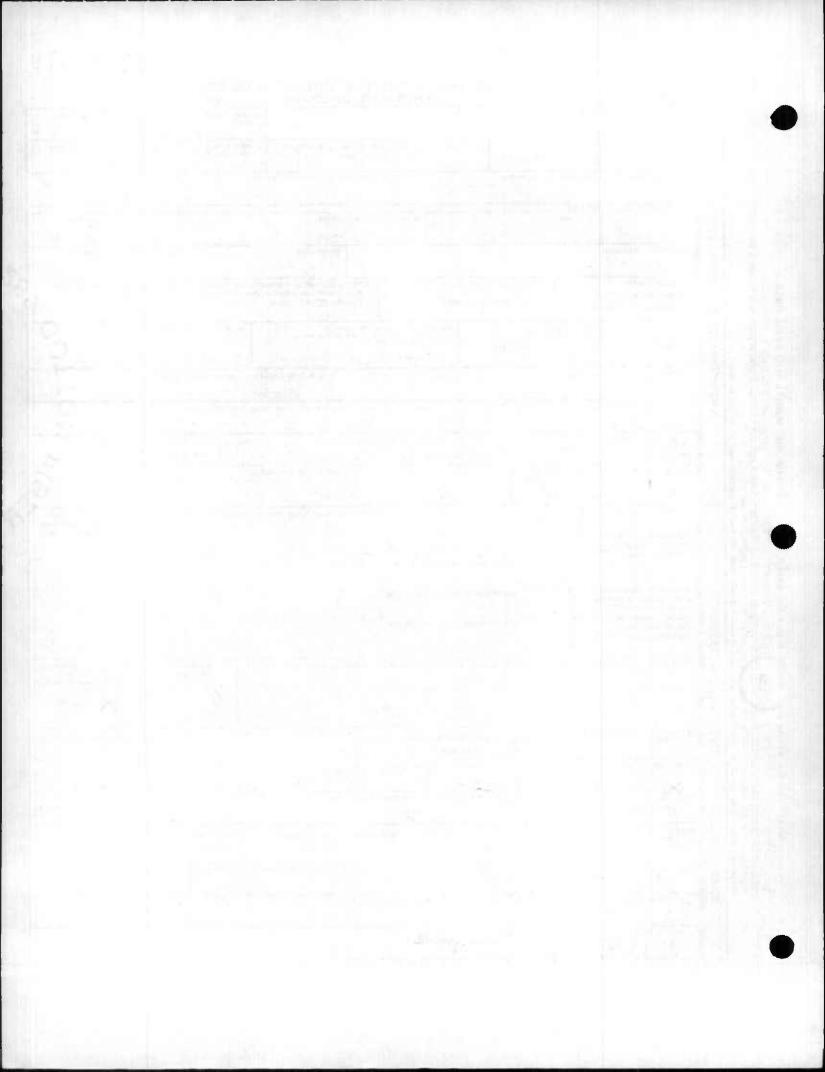
as any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICAL TO THE FUNERAL DIRECTOR: After this cell be filed within 72 hours after death with III IMPORTANT: If Item 28 is marked, c

DHMH-16 Rev 1/89



1. DECEDENT'S NAME (First, Middle, Last)	,					H	2. DATE O	E DEATH			A THE AT
Tamas		Description					MONTH	D/		YEAR	3. TIME OF DEATH
James 4. SOCIAL SECURITY NUMBER	H.	Bruce				-)7	08	199		2:51 A.
		6. AGE (In yrs. lest birthd	MONTHS		OURS 2	4 HRS.	7. DATE C (Month,	F BIRTH Day, Year)		8. BIRTHP Country)	LACE (State or Foreig
214-20-2830	1. M 2 🗆 F	66 YR	18.			_	Teb	2. 1	926	Man	cvland
Se. FACILITY NAME (If not institution, give	street end number)		9b, CITY	, TOWN OR I	OCATIO	OF DEA	TH		9c. COUN	TY OF DE	ATH
Johns Hopkins Ho	ospital		Ra	1 timo	CP C	1+57			Do	1	
RESIDENCE OF DECEDENT			1 Du	Baltimore City					Ва	ltin	ore
10e. STATE 10b. COUNT	ry	10c.	CITY, TOWN	OR LOCATION	1						10d. INSIDE CITY
Maryland Anne	Arunde	1	Se	vern							1X YES 2 NO
10a. STREET AND NUMBER				101. 21	P CODE				10g, CITIZ		AT COUNTRY?
1812 Pione					211	1 4 4				5.A.	
11. MARITAL STATUS	er Cour	T EVER IN U.S. ARMED	10	WAS DECEN			0.0010110	40 44 44			
1 Never Married 2 Married	FORCES? 1	YES 2 NO		if yes, specif	y Cuban,	Mexican,	Puerto Ri	(Specify Yes can, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 TES 2	NO	Specify:				Specify	
15. DECEDENT'S EDU	HCATION	Las access				_				Bla	.ck
(Specify only highest grade	le completed)	16a. DECEDEN (Give kind	NT'S USUAL O I of work done OT use retired.)	during most o	working		18b.	UND OF BUS	SINESS/INDL	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	•)									
6th Grade		Maint	enan	ce Wo	rke	r	L	aure.	L Rac	ce C	ourse
17. FATHER'S NAME (First, Middle, Last)				16	. MOTHE	R'S NAME		ddle, Meiden		777	A
John W.	Bruce				M	lari	e	Cagei	_		
19a. INFORMANT'S NAME (Type/Print)	(Wife)	19b. MAIL	LINQ ADDRES	S (Street and I	Vumber o	r Rurel Ro	ute Numbe	r, City or Town	n, State, Zio i	Code)	
Mrs Elizabeth			2 Pic								4
20e. METHOD OF DISPOSITION	B. B. HC	20h BI 405 445 54	TEOEDICA	OLITION (No.		, 5	eve.	11, 1	TU # Z	114	4
1 XBuriel 2 Cremation 3 Rem	noval from State	20b. PLACE AND DA cemetery, crematory	or other place)	Name (Name	" Ce	m.	7/1	20c. LO	CATION - C	πy or Tow	n, State
4 Donetion 6 Other (Specify)		Crownsv	ille	Vete	ran	9	1	Cro	wnsv	111	e, Md
21. SIGNAPHRE OF FUNERAL SERVICE LI	71		22.	NAME AND	DDRESS	OF FACIL	UTY	Uor	20 D	71	20850
E Thurs	KI has	I ~		locky	111	- uni	era.	r uon	ie P.	Α.	20850
resulting in death)	DUE TO	OR AS A CONSEQUENCE	WRIE	2	100						
			2 01).								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO	(OR AS A CONSEQUENCE							-384-7		
If any, leading to immediate	c	(OR AS A CONSEQUENCE	E OF):								
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(DR AS A CONSEQUENCE	€ OF):								
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO	(DR AS A CONSEQUENCE	€ OF):	nderlylng ca	ause glv	ren in Pa		14a. WAS AN PERFOR	MED?	1	WAILABLE PRIOR TO COMPLETION OF CAUS
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(DR AS A CONSEQUENCE	€ OF):	nderlylng ca	iuse glv	ren in Pa			MED?	0	WAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(DR AS A CONSEQUENCE	€ OF):	nderlylng ca	ause glv	ven in Pa		PERFOR	MED?	0	WAILABLE PRIOR TO COMPLETION OF CAU
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition	c. DUE TO	(DR AS A CONSEQUENCE	€ OF):				-	PERFOR	MED?	0	WAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	c. DUE TO	(OR AS A CONSEQUENCE	E OF): E OF): ng in the ur	26. PLACE			-	PERFOR	MED?	0	WAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	d	(OR AS A CONSEQUENCE	E OF): E OF): Ing In the un	26. PLACE	DF DEA	TH (Check	k only one)	PERFOR	MED?	0	WAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH	c. DUE TO	(OR AS A CONSEQUENCE	E OF): E OF): OTHER A OTHER A OTHER TIME OF	26. PLACE R: sing Home 5 28c. INJURY	DF DEA	TH (Check	k only one)	PERFOR YES 2 Specify)	MED?	1	WAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d	(OR AS A CONSEQUENCE	E OF): E OF): Ing In the un A OTHER 4 Num	26. PLACE R: sing Home S	DF DEA	TH (Check	k only one)	PERFOR YES 2 Specify)	MED?	1	COMPLETION OF CAUS OF DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO d. na contributing to HOSPITAL: 1 XInpatient 2 26e. DATE OF (Month, De	(OR AS A CONSEQUENCE death but not resulting ER/Outpatient 3 □ DO/ INJURY 28b.	E OF): E OF): OTHER A 1 Nun TIME OF INJURY	26, PLACE R: sing Home 5 28c. INJURY WORK7 1 YES	DF DEA	ATH (Check dence 6	COL	PERFOR Specify) RIBE HOW IF	MED? NO NJURY OCCU	JRED PATH	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 ND
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO d. na contributing to HOSPITAL: 1 XInpatient 2 26e. DATE OF (Month, De	(OR AS A CONSEQUENCE death but not resulting ER/Outpatient 3 DO/ INJURY 19, Year) 29b. FINJURY At home, fen	E OF): E OF): Time OF INJURY M	26, PLACE R: sing Home 5 28c. INJURY WORK7 1 YES	DF DEA	ATH (Check dence 6	Nonly one) Other Ref. LOCAT City or	Specify) RIBE HOW IF	MED?	JRED PATH	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
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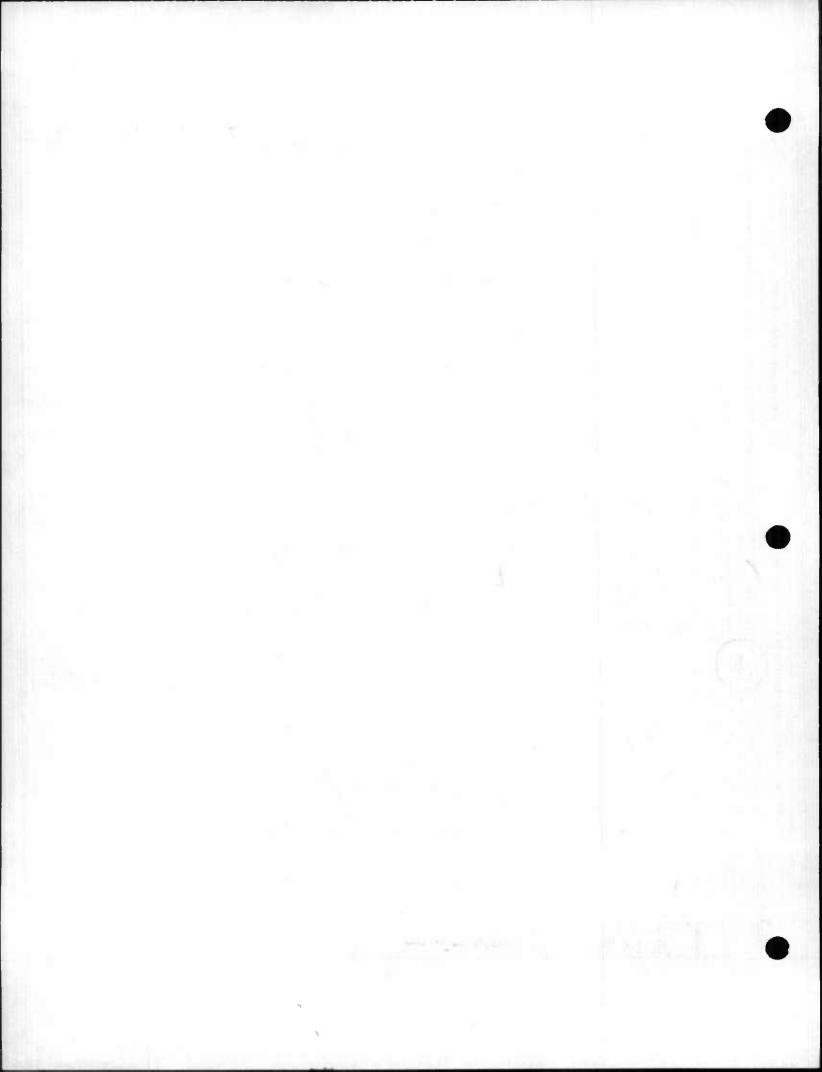
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DIVISION OF VITAL RECORDS, I	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires the configuration of a fine of the control of the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this cardificate has been soped by the manufacture of the configuration of the control of

FOR STATE	STATE OF	MARYLAND / DEP			MENTAL	HYGIENE
REGISTRAR		CERT	IFICATE	OF DEATH		REG. NO.
DECEDENT'S NAME (First, Middle, Last)	TOCEDII M	DARDET CERT	11		2 DATE O	E DEATH

	1 - STATE REGISTRAR		0.5	-CTIC			DEAT		MENTAL HYGIE REG. N			
	1. DECEDENT'S NAME (First, Middle,	Lest) JOSEPH M	. BATTIS	PA.	His	-Ci			2. DATE OF DEATH	% _	YEAR 92	3. TIME OF DEATH 0940 M
	4. SOCIAL SECURITY NUMBER 577-52 -2810	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIFTTH (Month, Day, Year) MARCH 27	, 193	Country	PLACE (State or Foreign) INGTON, DC
TOR	9a. FACILITY NAME (If not institution, WASHINGTON RESIDENCE OF DECEDEN	ADVENTIST	HOSPITA	L			A PAI		ATH		ONTGO	
DIRECTOR	10e. STATE 10b. C	OUNTY PRINCE GEORG	GES		Y, TOWN ADEL	OR LOCAT	TION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 8601 22nd A	VENUE				101	2078					HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced		IT EVER IN U.S. AR YES 2 ZAN WAR OR DATES	MED		If yes, spi	ENOENT O	n, Mexice	IIC ORIGIN? (Specify on, Puerto Ricen, etc.)	fes or No-	Black,	- American Indien, White, etc.
COMPLETED	15. DECEDENT' (Specify only highest Elementary/Secondary (0-12)		(Gi life.	CEDENT'S two kind of Do NOT u	work done se retired.)	during mo	ON st of workin	g	BLUE CR			HIELD
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TO E		ATTISTA							PHI, MD		ip Code)	
	2ta, METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 C 4 Donation 6 Other (Specify,)	20b. PLACE A		SHIN	GTON	CEME	TERY	7/11 AD	ELPHI	- City or Tow	
	21. SIGNATURE OF FUNERAL SERVI	ce LICENSEE	wolse	FRANCIS JORESCOLL'INS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901								
	23. PART /. Enter the disease shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. He	or caused the da	I	154				n as cardiac or rea	piratory a	rrest,	Approximate interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	oue to	(OR AS A CONSEC (OR AS A CONSEC	OUENCE O	reta		ses	ich	las			6 mo
CERT	resulting in death) LAST	d										
N: MEDICAL	PART II. Other algnificant con-	ditiona contributing to	death but not re	eaulting	in the u	nderlying	g cause g	lven in l	Part I. 24a. WAS / PERFI	AN AUTOPSY ORMED? 2 WAO		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	Прод	OTHE	R:			6 Other (Specify)			
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigs	28e, DATE OF (Month, D	INJURY	26b. TIM		28c. INJI			28d. OESCRIBE HOW	/ INJURY O	CUREO	
	3 Suicide 6 Could no determine	building.	F INJURY At hor etc. (Specify)	me, farm, :	street, fac	tory, office			28f. LOCATION (Street City or Town, State	t end Numbe	er or Rural Ro	ute Number,
COMPLETED		PHYSICIAN: To the beet of AMINER: On the beets of ex										and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CER	Shere	mp				29c. LICE	NSE NUM	BER 10	29d. DA	7 8	Month, Day, Year)
	SO NAME AND ADDRESS OF PERSO	sherer	BE OF DEATH (ITEN	30	Print) 947	Fe	rra	rq	Dr	Whe	aton	md
	JUL 13 92	32, REOISTRA	R'S SIGNATURE	مالك							,	



0100	I or attending physician.	or use as the budglesoeth cornis Doors 1 0 5 stock	or as as an ounar named permit, rayes I, 2, 3 should		
	uted within 24 flours after death. Page 6 may be retained by the hospi	is certificate has been some the function and completely filled in by the funeral director, page 5 should be detached for use as the businest names a 2 3 about	nial, cremation, or removal.	id, or item 23 shows any injury, or other fraumatic event, the medical examiner must be notified at once.	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the day requires that the day requires that the despital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the Literature provides and	be filed within 72 hours after death with the State Dept. or Hammand March program page to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other fraumatic	

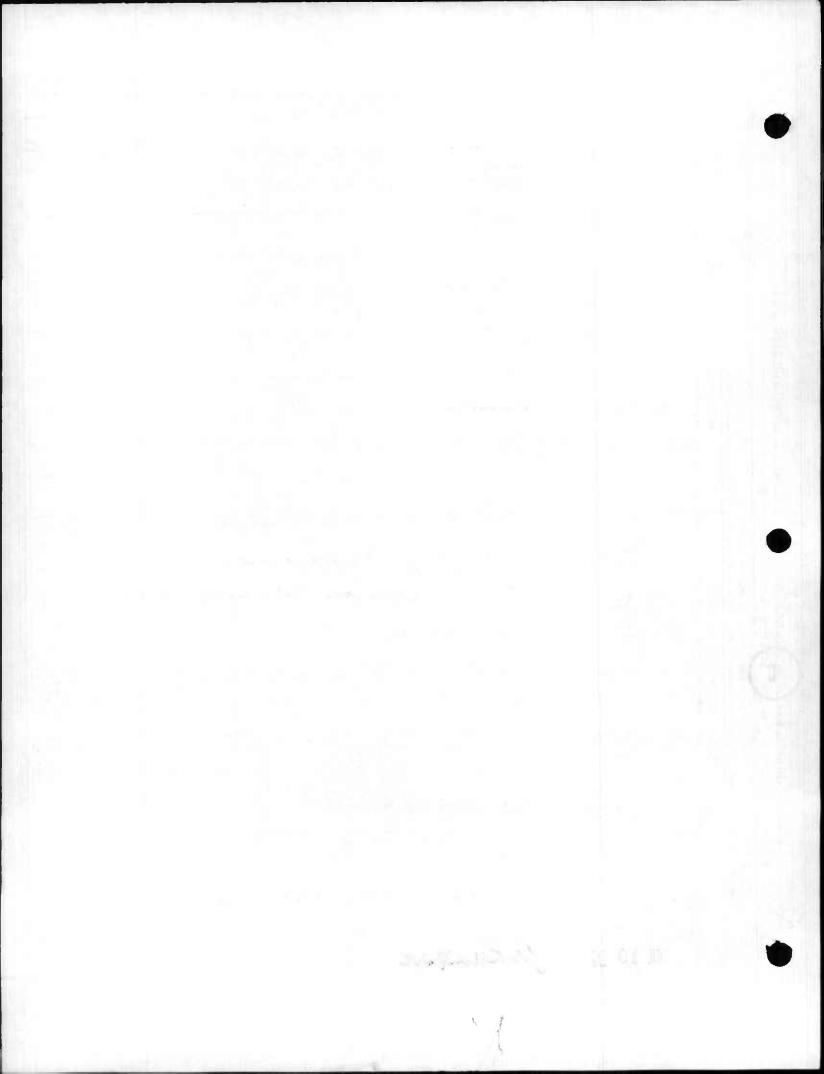
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Wasi	hington	Adve		Hos	pita	1 "		oma I				9c. COUN		mery Cou
Mary		Princ	ce Geo	rge':			nbel							10d. INSIDE CITY LIMITS? 1 YES 2 NO
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11. MARITA	AL STATUS or Married 2 Me owed 4 Divorce	erried	12. WAS DECED FORCES? IF YES, GIVE	ENT EVER IN	N U.S. ARME		13. WAS (ECENDENT specify Cub	en, Mexica	n, Puerto F	? (Specify Yes lican, atc.)		14. RACE Black	E - American Indian, k, White, etc.
Elemen	15. DECED (Specify only hintery/Secondery (0-12 8th		ATION completed) College (1-4 or	5+)	life. Do	DENT'S US kind of work NOT use n		ATION most of work	ing	16b.	KIND OF BUS	SINESS/INDI	USTRY	
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	RMANT'S NAME (Type arnetta				19b. N	ALING AD	oness (Street	et end Numbe	or Rural R	Route Numb	er, City or Town	n, State, Zip	Code)	pelt, MD.
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-	Muhn	17	By	lu			25. NAME	Carr	oll	st.	akoma , NW,	Fur Was	nera	al Home D.C. 200
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BALTIMORE, MARYLAND 21215-0020	4 hours after death, Page 6 may be retained by the hospital or attending physician	is certificate has been stone with completely filled in by the timeral director name 5 should be detached for use as the burded sources of the burded sources to the burded sour	n) of femory.	re medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requirement in the described within 24 hours after death. Page 6 may be retained by the hospital or attending numerican	TO THE FUNERAL DIRECTOR: After this certificate has been seemed and completely file	be filed within 72 hours after death with the State Dept, of Hanth and Mercal Hyriene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	J	lohn E.	Blanker	shin				14	ly 9, 1	992	YEAR	6:15	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER 24 HF	es. 7. D	ATE OF BIRTH			CE (State or Fr	
	236-94-5104	1 X M 2 🗆 F	34	YRS.	MONTHS	DAYS	HOURS MI	N. (A	forth, Day, Your)	1957 W	Country)		
	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN O	R LOCATION O		<u> </u>		Y OF DEATI		10
P O	11004 Schuylkill	L Road			Ro	ckvi	lle			Mont	gomei	rv	
띱	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY		10c. CD	Y, TOWN O	D I OCATI	ON						
L DIRECTOR	Maryland Mont	gomery			ockvi	lle					10	LIMITS?	
RA		Pood				101.	ZIP CODE					COUNTRY?	
FUNERAL	11004 Schuylkill	12. WAS DECEDEN	T EVED IN I.C. A	BMEO	40.1			2085			ced St		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2)()	(NO	13. V	MAS DECE 1 yes, spe YES	endent OF His city Cuban, Ma 2XXNO Sp	SPANIC OR ixican, Pua pacify:	IGIN? (Specify Yerlo Rican, atc.)	s or No— 1	Black, WI Specify:	American Indi hila, atc. hite	an,
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COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of le. Do NOT u Daste			t or working		Dairy	,			
ő	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	NAME (FI	st, Middle, Maiden				
BE (William B. Blan	kenship					Ezma	Tho	mpson				
2	19a. INFORMANT'S NAME (Type/Print)		1	_			d Number or Ru	iral Route f	lumber, City or Tox	vn, State, Zip Co	ode)		
	Philip D. Brasi	er			ne as								
	20e, METHOD OF DISPOSITION 1 IX Burial 2 Cremation 3 Rain 4 Donation 5 Other (Specify)	noval from State	cempetery, co	AND DATE	OF DISPOSI ther place)	TION (Nen	ne of	1		OCATION CIT		MAG	
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE	_ Ball	Ley Ce			O AOORESS OF		-14 _{Bea}	rtown,		/irgin	ia
	· Elen &	1. Rap	P		Ra 93	pp F	uneral	Ser	vices, Silver	P. A.	na Mi	2091	n
	23. PART I. Entar tha diseases, or ahock, or haart failure.	complications that	t caused tha d	eath. Do r	not enter	tha mod	a of dying, a	uch an c	ardiac or reap	iratory arrea	t,	Approxima	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. Wa	ote is	20	S	TOV	dro	m	2			Interval Be Onset and	
TION	Sequentially list conditions, if any, leading to immediate	b. Hus	OR AS A CONSE	QUENCE OF	n: ()	ux	Pof	Vci	ency	Ni	ius		
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated evants	cDUE TO	(OR AS A CONSE	OUENCE OF	F):								
E	resulting in death) LAST	d											
	PART II. Other algolficant condition	na contributing to	death but not	resulting	n the unc	terlylna	Carres alven	In Part I	T 04- 1400 044		1		
MEDICAL					ar tha one	zenying	Causa givan	mraiti	PERFOR	PME07	AWAI	LABLE PRIOR I	TO
									1 TYES 2	X□ NO	OF	DEATH?	
											1	YES 2 N	40
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLA	CE OF DEATH	(Check only	one)		<u> </u>		
l Si	1 TES 2 NO	HOSPITAL:	ER/Outpatient :	DOA	OTHER:	: ing Homa	5X Realden	ca 8 🗆 O	ther (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De	INJURY ny, Ybar)	28b. TIM INJ		28c. INJUI WOR	RY AT		DESCRIBE HOW I	NJURY OCCUP	CES		
- 12	3 Suicide 8 Could not be determined	28a. PLACE Of building,	F INJURY — At he atc. (Specify)	ome, farm, s	treet, lactor	ry, offica		28I, L	OCATION (Street (lity or Town, State)	and Number or	Rural Route	Number,	
ן ב	29a. CERTIFIER (Check only 1 X) CERTIFYING PHYS	ICIAN: To the best of	my knowledge d	ath occurre	d of the tim	a deta o	ad alass and	4 4 9		117 21-211-2	-		
COMPLETED	2 MEDICAL EXAMINI	ER: On the besis of ax	ramination and/or	investigatio	n, in my op	inion, des	ith occured at	the time, d	eta and place, an	d dua to the c	ause(s) and	menner ag st	lated.
H H	296. SIGNATURE AND TITLE OF CERTUFE	R					29c LICENSE	NUMBER	0-	29d. DATE S			
	30. NAME AND ADDRESS OF PERSON WH	CCCC COMPLETES	- 05		mi		114	10	8	▶ Jul	y 9,	1992	
	Cesar A. Caceres	s, M. D.,	1759			NW,	Wash	ingt	on, DC 2	20009			
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE								-		
100													



page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

director.

filled in by the funeral on, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL DR ATTENDING PHYSICIAN: The law remains that
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 0606 A M Elsie D. Bley 4. SOCIAL SECURITY NUMBER SEX 8. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day Year 08 3/ IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign New York DAYS HOURS MIN 1 | M 2 | 566-12-9725 Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HOSPITAL Suburban Montgomery FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10d. INSUDE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Montgomery Potomac 1 TES 2 X NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 11412 Woodington Terrace 20854 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or 14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 VES 2 NO Specify: FORCES? 1 YES 2 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5 +) Restaurant Owner 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Hyman Davis Sadie Weiss BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Victoria B. Roth Same as 10 8 20s. METHOD Q6 DISPOSITION
1 | Buriel 2 \(\Delta \) Cremation 3 | Removal from State
4 | Donation 5 | Other (Specify) 20c. LOCATION -- City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must Suburban Crematory

Suburban Crematory 7-10 Silver Spring, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Rapp Funeral Services, P. A. llen Ca 933 Gist Avenue, Silver Spring, MD 20910 medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onget and Death the CAPOI-PULM-SAR disease or condition resulting in death) Fromwe Day er traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Myelofibrosis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS эту North Rosse Frahm AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO shows a OF DEATH? Avenia Tipompocy 6 Peria 1 YES 2 NO Pheny on a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Dispetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO ne 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be DIRECTOR: A hours after of item 28 is COMPLETED 4 Homicide 29e. CERTIFIER (Check only CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner ee stated. TO THE FUNERAL (
be filed within 72 h
IMPORTANT: If it 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 296. FIGHATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 8 29d. DATE SIGNEO (Month, Day, Year) 1919~ D29675 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) BOLLIA shapasha sobbi pull W SUR DESTANT SIGNATURE SE

The state of the s

In by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PRESIDENT. The war affirmed by the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR, when the certificate has a part of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the Sam Dupt of Hisman and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is married, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEATH		REG. NO.

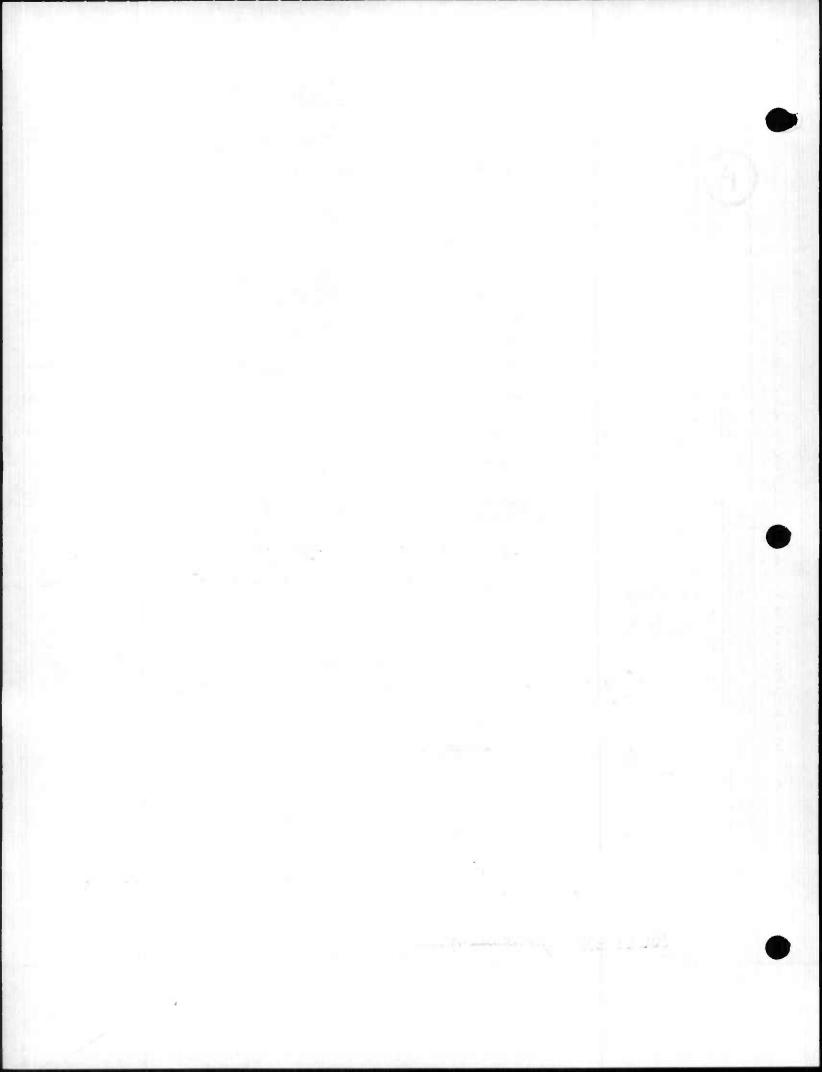
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH	
i i		Peter Jos	eph Black		July 7, 19	992 8:50 pm	М
3	4. SOCIAL SECURITY NUMBER			IDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	8. BIRTHPLACE (State or Foreign	n
	188-01-9148	1 🔀 M 2 🗆 F	75 YRS. MONTO	S DAYS HOURS MIN.	September	6 Pennsylvania	
	9s. FACILITY NAME (If not institution, give	street and number)	9b. C	TTY, TOWN OR LOCATION OF		C. COUNTY OF DEATH	
OH	Suburban	Hospital		Bethes	da	Montgomery	
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	TY	10c. CITY, TOW	N OR LOCATION		10d. INSIDE CITY	
HIC	Maryland Mc		1.00.01.1,100.			LIMITS?	
	10e. STREET AND NUMBER	ontgomery		Bethesd		1 ☐ YES 2 ☑ NO	
H/	E006 Ma.	lhonding Road					
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II		208 13. WAS DECENDENT OF HISP		United States No- 14. RACE - American Indian.	
	1 Never Married 2 🕅 Merried	FORCES? 1XXYES IF YES, GIVE WAR OR D	2 NO	If yes, specify Cuban, Mexic 1 ☐ YES 2 📉 NO Spec	can, Puerto Rican, etc.)	Black, White, etc.	
ВУ	3 Widowed 4 Divorced	WW 11		- 100 2 23 NO Space	ny.	White	
G)	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S USUAL	OCCUPATION ne during most of working	16b. KIND OF BUSIN		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retire	d.)			
MP		4	Bro	ker	Rea	l Estate	
COMPLET	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Meiden Sur	mame)	
BE		oseph Black			Sarah Bio		
0	19e. INFORMANT'S NAME (Type/Print)			ESS (Street and Number or Rura			
-	Peter M. Black		10805 Ma	zwood Place	Rockville, M	aryland 20852	
	20s, METHOD OF DISPOSITION 1 2 Burlai 2 Cremation 3 Ren	noval from State 20b	. PLACE AND DATE OF DISI		DATE 20c. LOCAT	TION — City or Town, State	
	4 Donation 5 Other (Specify)		Calvary	Cemetery 7/		h Portland, Maine	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Robert A. Pu	mphrey Funer	al Home/	
	wante	ound	M00672	Bethesda-Che Avenue Bethe	vy Chase, In	c. 7557 Wisconsin	n
	23. PART I. Enter the disesses, or	complications that caused	the death. Do not an	ter the mode of dying, su	ch as cardiac or respirat	pry arrest, Approximate	
	iMMEDIATE CAUSE (Final	List only one cause on e	ach line.			Interval Betwee	
	disease or condition resulting in death)	Rosal) failer	4		122000	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	2		- date	}—
Z		a BISSEMMA DUE TO FOR AS A	tod intour	scular cour	were the	7 day 5 day	
E	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	8	1	10	
2	cause. Enter UNDERLYING CAUSE (Disease or injury	· Yes priat	ore Just	un	U	day	
E	that initiated events resulting in death) LAST	DUIFTO (OR AS A	CONSEQUENCE OF):	0.	4	4mo	
CERTIFICATION		o. metast	atic pa	ncrontic	Course		
AL	PART ii. Other significant condition	ns contributing to death b	ut not resulting in the	underlying cause given is			IGS
3	Cremsen	& Sende	eno.		PERFORME	COMPLETION OF CAUSE	E
					10 123 22	OF DEATH?	
= 1						I I iea z [] ino	
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HAN: M	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
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Y PHYSICIAN: MEDIC	EXAMINER? 1 VES 2 XMO 27. MANNER OF DEATH 1 XMetural 5 Pending	1 Impatient 2 ER/Outp	atlent 3 DOA 4 1	ER: tursing Home 5 - Rasidence	8 Other (Specify)	JRY OCCURED	
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BY	EXAMINER? 1 YES 2 X YES 27. MANNER OF DEATH 1 X Neturel 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Speci	28b. TIME OF INJURY M	IER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO actory, office	8 Other (Specify) 28d. DESCRIBE HOW INJU 28f. LOCATION (Street and City or Town, State)	Number or Rural Route Number,	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	1 - STATE REGISTRAR		MARTLANI	CERTIF	ICATI	E OF	DEAT	H		i. NO.		
		Louise C	ARTER						2. DATE OF DEA	DAY	992	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT (Month, Day,)	TH	8. BIR	THPLACE (State or Foreign untry)
1	214-14-6695	1 🗆 M 2 🖰 F	75	YRS.	MONTHS	DATE	HOURS	MIN.	March 7	191	7 Mã	aryland
)	Se. FACILITY NAME (If not institution, give				9b. CITY	, TOWN O	R LOCATIO	ON OF DE	ATH		COUNTY OF	
ě	Washington Count	y Hospit	al		На	gers	town			W	ashin	gton
3	-10e. STATE 10b. COUNT	ry		10c. CIT	ry, town (OR LOCATI	ION					10d. INSIDE CITY
DIREC	Maryland Wa	shington		На	gers	town						LIMITS?
A P	10e. STREET AND NUMBER	8			0		ZIP CODE			100	. CITIZEN OF	F WHAT COUNTRY?
FUNERAL	9 Fourth Stree	et					217	40			U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.	ARMED	13.	WAS DECE	ENDENT O	F HISPAN	IC ORIGIN? (Spec	Ify Yas or N	0— 14. RA	CE — American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES			1 O YES			, Puerto Rican, s	tc.)	1.71	eck, White, etc.
	15. DECEDENT'S EDI	I I I I I I I I I I I I I I I I I I I			1							White
	(Specify only highest grad	e completed)		Give kind of life. Do NOT u	work done			g	16b, KIND (OF BUSINES	S/INDUSTRY	
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5		Worked		h p1	ates		P	rinti	ng	
	17. FATHER'S NAME (First, Middle, Last)							ER'S NAM	AE (First, Middle, A			
מנו	Vernon Newton Sr	nith							y Krine			
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street en			oute Number, City		ite, Zip Code)	
2	Mabel Clippinger	r			Dale							d 21740
- 11	20e. METHOD OF DISPOSITION 1	and from State	20b. PLA	CEANDDATE	OF DISPOS	ITION (Nan	ne of	na			N — City or	
-1	4 Donation 5 Other (Specify)		- Cemetery	ose Hi	11 C	emet	ery	7-2	2-92 H	agers	town,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			22.	NAME AN	DADDRES	S OF FAC	H ITV			
	SCATTE	Mus	Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md.									
CATION	shock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate news. Exercise IMMEDIATION.	a. Act DUE TO		SEQUENCE O	erglis Fi: Lau	el	Af.	ach	Direc	20		Interval Between Onset and Death
	cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	d	(OR AS A CON					٠				
IN: MEDICAL	Official	ns contributing to		ot resulting	In the un	derlying	cause g	iven in F	Pi	AS AN AUTO ERFORMED? ES 2 N		46. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		CE OF DE	ATH (Chec	ck only one)			
2	1 TYES 2 7 NO	1 Inpetient 24		3 000A			5 🗆 Res	ildence (□ Other (Specif	у)		
א היווי	27. MANNER OF DEATH 5 Pending Investigation	26a. DATE OF (Month, D		26b. TIM	IE OF JURY M	28c. INJU WOR 1 YE	RY AT NK? ES 2 _		28d. DESCRIBE	HOW INJUR	Y OCCURED	
2	3 Suicide 6 Could not be determined	26e. PLACE O building,	DF INJURY — A atc. (Specify)	1 home, farm,	street, fact	ory, offica			261. LOCATION (S City or Town,		umber or Rure	I Route Number,
COMPLET		ER: On the basis of a										e(a) and manner as stated.
H N	29b. SIGNATURE AND TITLE OF CERTIFIE	100	-				29c. LICEI	NSE NUME	BER	29d	DATE SIGNE	ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	and for	ge of an	Ten -	0		110	18	5/		7/2	0/92
	Edson B. N	Toody.	MD	1190	Print)	4-	leto	na	Rd. H	199	erst	OWNMD
	JUL 21 1992	Charles .	AR'S SIGNATUR	10 Apr 100						7		21740



by the hospital or attending physician.

I be detached for use as the burial-transit permit. RYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

BALLIMORE, MARYLAND	Yours after death. Page 6 may be retained by the hosp	y fined in by the funeral director, page 5 should be detache tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within whurs after death. Page 6 may be retained by the hosy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lined in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

PATRICEA

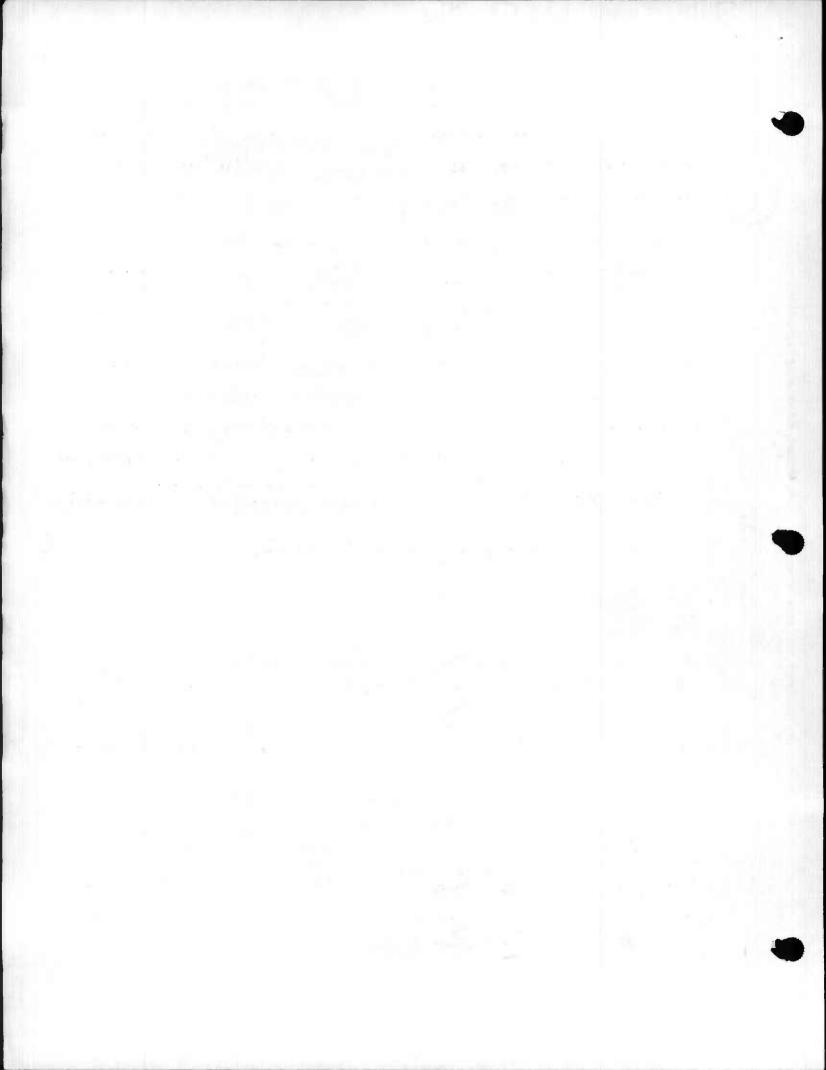
31. DATE FILED (Month, Day,

4565 HEL

Julia Duidson Rendera

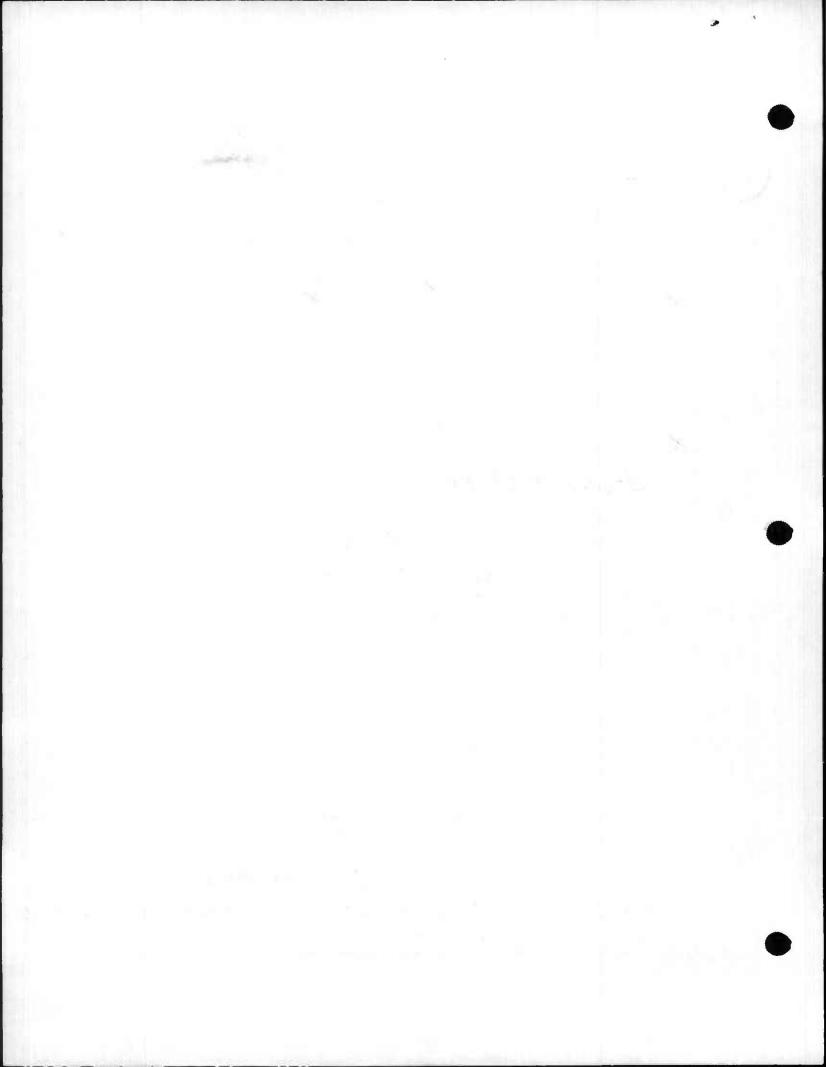
1 - FOR STATE REGISTRAR	STATE OF I					EALTH AND	MENT	AL HYGIEN	E		
1. DECEDENT'S NAME (First, Middle, Lest)	Albrod	Guy Cre						TE OF DEATH		YEAR	3. TIME OF DEATH 4:00 P
4. SOCIAL SECURITY NUMBER 462 - 80 - 7839	5. SEX 1 M 2 F	6. AGE (In yrs. 35		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7.04	TE OF BIRTH potth, Day, Year)			IPLACE (State or Foreign
99. FACILITY NAME (If not institution, give s 8328 Darkwood PL				96. CITY,		PR LOCATION OF			9c. COU	inty of c	DEATH
RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland Howa				TY, TOWN OF	R LOCAT	TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 8328 Darkwood Pl			1 30	soup		20794			10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED	NT EVER IN U.S., 1 [X] YES 2 [WAR OR DATES - 1992	OME	lf.	yee, sp	ENDENT OF HISP ecity Cuben, Mexi 2 X NO Spec	cen, Puer		or No—	14. BAC	E American Indian, k, White, atc.
15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) Grade 12	College (1-4 or 5	+)	DECEDENT'S (Give kind of life. Do NOT L	s usual oci work done di use retired.)	CUPATION TO THE COURT OF THE CO	ON st of working		united			lav y
17. FATHER'S NAME (First, Middle, Last) Harold Richard Co	raig					Gertru	ame (Fire	al, Middle, Malden Eunice N	surnamo) Iewto	n	
190. INFORMANT'S NAME (Type/Print) SUSAN E. Craig			8328	Darku	0000	Place,	Jes	sup, Mo	vryla	nd 2	20794 own, State
20a. METHOD OF DISPOSITION 1 Burial 2 (A Cremation 3 Ren 4 Donation 8 Other (Specify)		other	place)	emator 22. N	LU,	Inc.	FACILITY	Car	tonsu	ille	. Maryland
23. PART I, Enter the diseases, or	complications th	at caused the	death. Do	3	13	ldson Fu <u>Falbott</u>	Ave.	Laure	e. Mo	rylo	and 20707
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Short	use on each li	ne.								Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	O (OR AS A CON	SEQUENCE (OF):							
CAUSE (Disease or injury that initiated events resulting in death) LAST	d.	O (OR AS A CONS	SEOUENCE (OF):							
PART II. Other significant condition		∾ Suja				g cause given	in Part I	24s. WAS AN PERFO	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER 4 Nurs		LACE OF DEATH (oods	s he	whone
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a, PLACE	F INJURY Day, Year) OF INJURY — At		ME OF JURY M	28c. IN. W	ORK? YES 2 NO	28d.	DESCRIBE HOW	INJURY O	CCURED	
4 Homicide detarmined	building	j, etc. (Specify)					· ·	City or Town, State) /		
(ondon only	ER: On the beels of			tion, in my o			ha tima, c		nd dua to	the cause	(a) and menner as stated. D (Month, Day, Year)
I tomando	Lens	Iton	mile	Co		D31	473	3	•	-1.	0/92

ELLICATE MOZIOYD



	ages	aut p
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burkal-transit permit.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNE FUNE COURT OF After this certificate has been attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burda-transit permit. Pages and the first produced the page 10 miles and the page 10	be lied whill it industates death with the State Dept. Or regain any wenter types to burket, Centation, or remova. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTM			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	Rbin				2. DATE OF OEATH MONTH	¥ 92	ar 12:50 Pm
	216-16-2604	1×1 M2 DF 67	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day/ Year), 7/31/19	24 N	MRTHPLACE (State or Foreign Country) Maryland
DIRECTOR	98. FACILITY NAME (If not institution, give stress ST JOSEPH HO RESIDENCE OF DECEDENT	os pital	7	620/0	r R COCATION OF D	Towson	Ba Ho	, Md 21234
JIRE	Maryland Balt	imore		own on Locat Parkvil				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				ZIP CODE	-	18g. CITIZEN	1 TYES 2 NO OF WHAT COUNTRY?
FUNERAL	2402 Burridge Roa				2123			SA
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYPES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPA ecify Cuban, Maxico 2 NO Special	NtC ORIGIN? (Specify Ye an, Puerto Rican, etc.) 'y:	1	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	empleted)	(Give kind of work life. Do NOT use re	JAL OCCUPATIO	N st of working	16b. KIND OF BU	SINESS/INDUST	RY
IPLE	Elementary/Secondary (0-12) 8th grade	College (1-4 or 5+)	Line For			Md. Sr	ecialt	y Wire Co.
SON	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden		
BE (Edward Corbin				4	O'Sullivar		
TO	190. INFORMANT'S NAME (Type/Print) C. Darlene Kowale	vicz				Acute Number, City or Tow Parkville,		
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from State 20b. Pl	ACE AND DATE OF D	place)	me of		cation - city	
	21. SIGNATURE OF FUNERAL SERVICE LICEN		,	22. NAME AN	D ADDRESS OF FA	Eline	Funera	al Hone , Md. 21074
	23. PART i. Enter the diseasea, or con ahock, or heart fallure. Lie	mplications that caused the	ne death. Do not					Approximeta
	IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Kepali	1793	bili	ne			interval Between Onset and Daath
z		Des	STILL	6	3			
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	INSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):					
AL C	PART II. Other aignificant conditions	contributing to deeth but	not resulting in t	he underlying	ceuse given in	Part I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICA						PERFOI		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:								
SIC!		HOSPITAL:		THER:	ACE OF DEATH (Ch			
HYS	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME O	F 28c. INJ		8 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCURE	D .
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	44	RK? ES 2 NO			
- 1	3 Suicide 6 Could not be detarmined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, stree	t, factory, office		281. LOCATION (Street City or Town, State)	and Number or Ri	ural Route Number,
COMPLETED		AN: To the best of my knowledge. On the basis of examination as						use(s) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Dison	- w	1.	29c. LICENSE NUI			NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO O	COMPLETED CAUSE OF DEATH	TEM 27) (Type, Prin	et.	Poses	1. Hosp	ital	Warson my
	31. DATE FILED (Morning, Day, Yang)	32. REGISTRAR'S SIGNATU		V	0	7		



1 -	FOR STATE REGISTRAR	STATE OF N	IARYLAND C	/ DEPAI	RTMENT	T OF H	IEALTH DEAT	AND	MENTAL	HYGIEN			
4. 8	Donald CARR COLL SECURITY NUMBER 216-14-6581A	5. SEX 1 🔀 M 2 🗆 F	Ray CA		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	Ju 7. DATE (OF DEATH	5 199	YEAR	2:39 A ACE (State or Foreign
O PE	AVAION MANOR SIDENCE OF DECEDEN STATE 106. CO	Home Inc.		10c. CIT	1771	ager	STOW!				9c. COUN	ty of DEA	d. INSIDE CITY
¥ 10e.	STREET AND NUMBER 45 High Stree	shington		Н	ager		n . ZIP CODE			<u>_</u>	10g. CITIZ	EN OF WHA	LIMITS? YES 2 NO T COUNTRY?
à 3 □	MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	X YES 2]NO		If yes, sp	ENDENT O	F HISPAP	n, Puerto R	? (Specify Yelican, etc.)		14. RACE -	American Indian, fhila, atc.
₫ L	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 12 FATHER'S NAME (First, Middle, Les	College (1-4 or 5 +	(Give kind of the Do NOT u	work done se retired.)	CCUPATIO during mo	st of working			Coca	siness/indu		iny
ы Л 19a.	ames Bland Ca: INFORMANT'S NAME (Type/Print) une Hawbaker	7	1	96. MAILING	ADDRESS	S (Street a	Ve	or Rural I	V. N	iddle, Maiden laugan er, City or Tow		Code)	
1 X	METHOD OF DISPOSITION Burlel 2 Cremetion 3 □ Donation 5 □ Other (Specify) SIONATURE OF SUPERAL SERVICE		20b. PLACE	ANDDATE	of DISPOS	eme t	me of ery		7-1	8 Ha	CATION C	ity or Town,	State Maryland
Seq If a cau	deplate cause (Finel ease or condition ulting in death) quentially list conditions, ny, leading to immediate use. Enter UNDERLYING USE (Disease or Injury t initiated events	a. DUE TO (se on each lin	EONENCE O	F):	ths mo	de Df dyli	ng, suci	h as csrdi	ac or resp	ratory erre	st,	Md. 2174 Approximata Interval Between Onset and Deat
PAF	arting in deeth) LAST	d. Itions contributing to a		recuiting	in the un	derlying	ceuse g	iven in	Pert I.	24a. WAS AN PERFOF 1 YES 2	MED?	AM CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
2	MAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	t:			ck only one				
2	Natural 5 Pending Accident Investigat Suicide Could not	28s. PLACE OF			W M	28c. INJU WOI 1 Y	RK? ES 2 🗌	NO			NJURY OCCU		
290.	Homicide defermine CERTIFIER (Check only)	HYSICIAN: To the best of r	ny knowledge, d	eath occum	ed at the ti	me, data	and place,		City or	Town, State)	ner as state	1.	
296.	2 MEDICAL EXAMINATION AND TITLE OF CENTRAL AND ADDRESS OF PRISON	too.	m.D.			pinion, de	29c. LICE			nd place, an			nth, Day, Year)
31. D	ATE FILED (Month, Day, Your)	-M.), 13 8	SE.A.	. 0	-	+. !	Hag	ers d	toun	m=	2170	40)

STATE OF M	ARYLAND /	DEPARTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATI	OF	DEAT	TH		REG. NO.

FOR STATE REGISTRAR	STATE OF M			OF HEALTH		MENTAL HYGIEN REG. NO.	E	100
1. DECEDENT'S NAME (First, Mi	Jennie	Violet	Carter			2. DATE OF DEATH DATE OF DATE OF DEATH DATE OF DATE OF DEATH DATE OF DAT	1992	
4. SOCIAL SECURITY NUMBER 200–32–4886	5. SEX	8. AGE (In yrs. lest bi	YRS. IF UNDER	DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 04/22/1	.895	e. BIRTHPLACE (State or Foreign Country) Pennsylvania
	General Hospi	tal	9b. CIT	r, town on Local	TION OF DE	ATH		gomery
Maryland	Montgomery	1	IOC. CITY, TOWN	or Location ermantow	m			10d, INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 11113 Hof	fman Drive			10f. ZIP CO	0E 20876		10g. CITIZI	EN OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Married 2 Me 3 Widowed 4 Divorce	rried FORCES? 1 [EVER IN U.S. ARME YES 2 NO R OR DATES			ben, Mexica	IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 1	14. RACE — American Indian, Black, White, etc. Specify: White
15. DECED (Specify only hi Elementary/Secondary (0-12	ENT'S EDUCATION ghest grade completed) College (1-4 or 5+)	(Give	NOT use retired.)	during most of wor		16b. KIND OF BU		
17. FATHER'S NAME (First, Midd	homas Allen Ev		sing Su	pervisor 18. MG	THER'S NA	ME (First, Middle, Malden ace Hahle	spita. Surname)	1.
190. INFORMANT'S NAME (Type Kathryn O	/Print)	19b. F			per or Rural F	Goute Number, City or Tow Germantown		
	ERVICE LICENSEE L Molesu eses, or complications that It failure. List only one caus	cath	22	Olin L. 26401 F	Mole Mole	esworth, P Rd., Dama	.A.	Md. 20872 est, Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	R.E	SPIRA OR AS A CONSEQU	TOPY ENCE OF):	FAILL	RE	1-C- 0.		Onset and Dec
Sequentially list condition if any, leeding to immedia cause. Enter UNDERLYINK CAUSE (Disease or injury that initiated events resulting in death) LAST	a Ma	OR AS A CONSEQUE	171C		AST	EFFUS1 CA	020	MONTH YEARS
PART H. Other algoriticant	conditiona contributing to	death but not rea	ulting in the u	inderlying cause	e given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDIN. AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL HOSPITAL:		ОТНЕ	28. PLACE OF	DEATH (Ch	eck only one)		
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pe	28a. DATE OF (Month, De	INJURY y, Year)				6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCC	URED
3 Suicide 6 Co	estigation uid not be termined 28e. PLACE Of building,	INJURY — At home atc. (Specify)	s, ferm, street, fe	ctory, office		28t, LOCATION (Street City or Town, State	end Number (or Rural Route Number,
anal crity	YING PHYSICIAN: To the best of ex LEXAMINER: On the besis of ex							
296. SIGNATURE AND TITLE O	MS 10841	PRANCE E OF DEATH (ITEM	Par	2 29c L	38	45 ⁷	29d, DATE	G-23-92
N. C. O'SAC 31. DATE FILED (Month, Day, Ye	M B B B B B B B B B B B B B B B B B B B	PL/ R'S SIGNATURE	RE PT	tILIPE	OR T	-13 OL	NEY	MD 2083
JUN 24		dson-Randa	82					

12 to A Committee of the Comm send moden has, deserte,

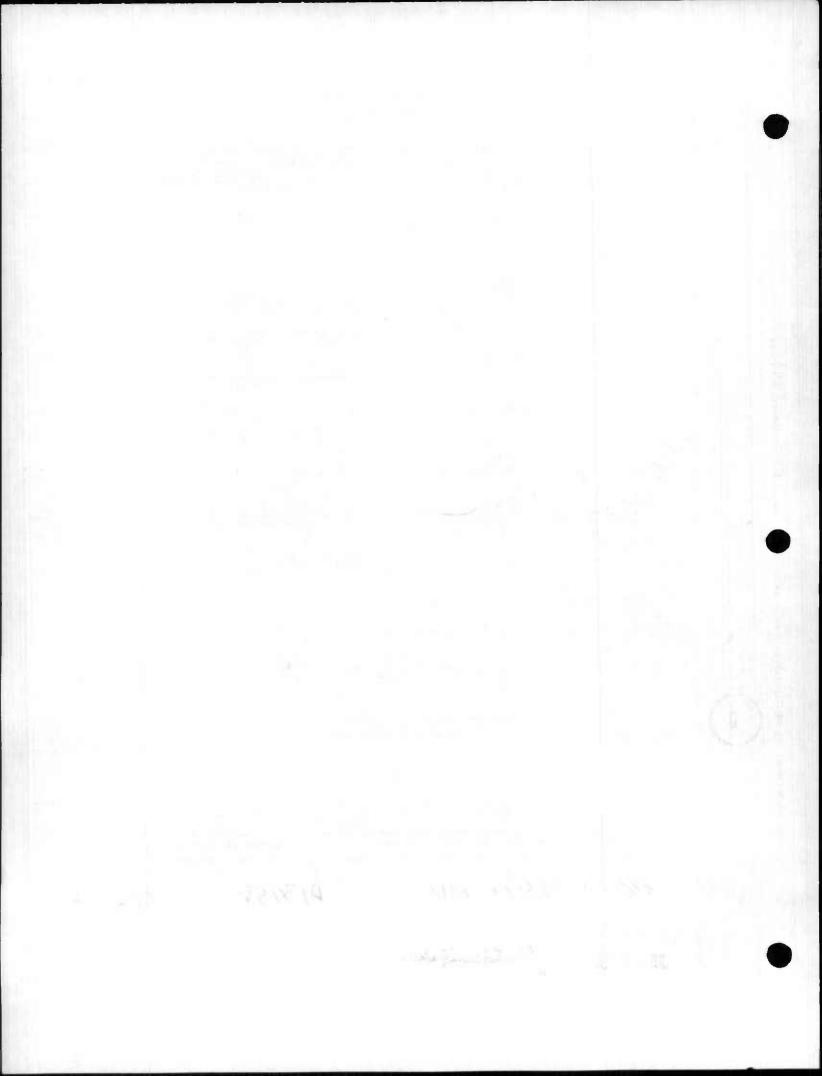
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physicia	IF FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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. DECEDENT'S HAME (First, Middle, Last) BRIAN	MICHA	EL C	CHRIST	FOFF	2. DATE OF	2/	92	3. TIME OF DEATH 0/19A
I. SOCIAL SECURITY HUMBER 214-98-4167 De. FACILITY NAME (If not institution, give a	13€ M 2 □ F	in yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De June	12,197	Coun	aryland
Hayward Road	areet and number;			rederic				rick
0	ederick	10c. CI	TY, TOWN OR LOCA Fre	derick				10d. INSIDE CITY LIMITS? 1 YES 2 1 HO
8127 Runnymeade				1. ZIP CODE 2170			U.	S.A.
II. MARITAL STATUS Hever Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X HO	If yes, sp	CEHDENT OF HISPA Hecity Cuban, Maxic 3 2 1 HO Specif	en, Puerto Rica		Blac	CE — American Indian, ck, White, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 VOAPS		(Give kind of	s usual occupati I work done during m use retired.) udent	OH ost of working	10000	nivers:		of Md.
7. FATHER'S HAME (First, Middle, Lest) Patrick L. Ch	ristoff, S	r.		DATE OF STREET STREET		T. Re	-	nski
Patrick L. Chr	istoff, Sr		og Address (Street Runny					c, Md. 2170
20a. METHOD OF DISPOSITION X Burlel 2			TE OF OISPOSITION			92 Fre		Town, State LCK Md.
Robert W. 23. PART I. Enter the diseases, or shock, or heart fellure.	Keeney #M	the death. Do	22. HAME A Keen 106	E. Chur	sford ch St	Fred	i. Mo	Approximate
Robert W. 23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Keeney #M complications that caused List only one cause on e a. MULT DUE TO (OR AS A b. DUE TO (OR AS A	f the death. Do ech line.	22. HAME A Keen 106 o not enter the mo	ey & Ba E. Chur	sford ch St	Fred	i. Mo	Approximate Interval Between
Robert W. 23. PART I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Keeney #M complications that caused List only one cause on e a. MULT DUE TO (OR AS A b. DUE TO (OR AS A	of the death, Do ech line. PLE CONSEQUENCE CONSEQUENCE	22. HAME A Keen 106 o not enter the mo	ey & Ba E. Chur	sford ch St	Fred	i. Mo	
Robert W. 23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Reeney #M complications that caused List only one cause on e s. MULT DUE TO (OR AS A b. DUE TO (OR AS A c. DUE TO (OR AS A	d the death. Do ech line. PL E CONSEQUENCE CONSEQUENCE CONSEQUENCE	22. HAME A Keen 106 on ot enter the motor of	ey & Ba E. Chur ode of dying, suc	esford ech St ch ss cardiac	Fred	arrest,	Approximate interval Betwee Onset and De Ons
Robert W. 23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions.	Reeney #M complications that caused List only one cause on e a. MULT DUE TO (OR AS A b. DUE TO (OR AS A d. DUE TO death to the contributing to death to HOSPITAL:	d the death. Do ech line. I PL E CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resulting	22. HAME A Keen 106 onot enter the moon of	ey & Ba E. Chur ode of dying, suc A A M ng cause given in	per Stord Per Stord Stor	G. WAS AH AUTOR PERFORMED? YES 2 NO	arrest,	Approximate Interval Betwee Onset and De Ons
Robert W. 23. PART I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 LYES 2 HO 27. MANNER OF DEATH 1 Hetural 5 Pending	Keeney #M complications that cause List only one cause on e s. Mul 1 DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d	The death. Do ech line. PLE CONSEQUENCE CONSEQUENCE CONSEQUENCE Dut not resulting	22. HAME A Keen 106 not enter the management of the management of 106 22. HAME A Keen 106 OF): ey & Ba E. Chur ode of dying, suc RAUP	n Part I. 24 In Part	Ia. WAS AH AUTOF PERFORMED? YES 2 N	PSY 24	Approximate Interval Betwee Onset and De Ons	
Robert W. 23. PART I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 XYES 2 HO 27. MANNER OF DEATH 1 Hetural 5 Pending	Reeney #M complications that caused List only one cause on e a. Mu L DUE TO (OR AS A b. DUE TO (OR AS A d. DUE TO (OR AS A	The death. Do ech line. CONSEQUENCE	22. HAME A Keen 106 o not enter the management of the management o	ey & Ba E. Chur ode of dying, suc PAUM rig cause given in place of oeath (c) right at the control of the c	Part I. 24 heck only one) 6 Other (S 28d, DESCR MOTA 2ef, LOCATI	Ia. WAS AH AUTOF PERFORMED? YES 2 N	PSY 24	Approximate interval Betwee Onset and Del On
Robert W. 23. PART I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 2 YES 2 HO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 2 Accident Investigation Could not be detarmined 29a. CERTIFIER Check only 1 CERTIFYING PHYS	Reeney #M complications that caused List only one cause on e a. Multiple To (or As A b. DUE TO (or As A d. DUE TO (or As A	The death. Do ech line. PLE CONSEQUENCE C	22. HAME A Keen 106 o not enter the management of the management o	ey & Ba E. Chur C	Part I. 24 heck only one) 6 Other (S 28d, DESCR MOTO 2et, LOCATI City or 1	Cor respiratory Ta. WAS AH AUTOR PERFORMED? VES 2 R NO Specify) RIBE HOW INJURY CON (Street and Nur Rowy, State) HR Y LJ (a) and manner as	PSY 24 O OCCUREO F STM ARD a stated.	Approximate interval Betwee Onset and Del On
Robert W. 23. PART I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 2 YES 2 HO 27. MANNER OF DEATH 1 Hetural 5 Pending Investigation 2 Accident Investigation Could not be detarmined 29a. CERTIFIER Check only 1 CERTIFYING PHYS	Reeney #M complications that caused List only one cause on e	The death. Do ech line. PLE CONSEQUENCE C	22. HAME A KE en 106 o not enter the month of the control of the c	ey & Ba E. Chur ode of dying, suc A A A M og cause given in place of oeath (come 5 Residence JURY AT ORK? YES 2 M HO ce 1 200 LICENSE MI	Part I. 24 1 Part I. 24 1 Description one) 6 Other (S 28d, DESCR MoTs 28t, LOCATI City or 1	Security on respiratory Ta. WAS AH AUTOR PERFORMED? YES 2 R NO Specify) WHEN THE HOW INJURY CY C LE ON (Street and Nu lowy, State) HAY LAN (a) and manner ac and place, and dua	PSY 24 O OCCUREO F ST AR D a stated. to the cause	Approximate interval Betwee Onset and De Ons

filte as va 38 gune la, derra . _ 'L' _ 'PER . noglob I. Christoff, Er. 127 annumends Brive, rra 124 . 14. All and process Silvisia waster asserted to MOOSES 108 M. Chartes Dt., Free. L. T. Tenan VELE TRANS the state of the state of

DALI MONE, MANICALINIONE, MANICALINI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The two manifests the death certificate be executed within 24 frours after death. Page 6 may be retained by the hose	TO THE FUNERAL DIRECTOR: After this certificate to be some single by the attending physician and completely filled in by the funeral director page 5 should be detached	be filed within 72 hours after death with the Star Deat, or Heart or Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: if Item 28 is marked, or item 23 Character any Injury, or other traumatic event, the medical examiner must be notified at once.	
	THE SAME THE	is been sided by	Not. of Health and	23 Shews grry	
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The	TO THE FUNERAL DIRECTOR: After this certificate	be filed within 72 hours after death with the State D.	IMPORTANT: If item 28 is marked, or item 1	

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF I	HEALTH AND	MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last) SAMUEL	C/	ANAL			2. DATE	OF DEATH		YEAR	3. TIME OF DEATN 3:47 AM M
	4. SOCIAL SECURITY NUMBER 120-22-3059 9a. FACILITY NAME (If not Institution, give str	1 💢 M 2 🗆 F	n yrs. lest birthday) 77 YRS.	#F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	AUGU	OF BIRTH		Country)	YORK
TOR	HOLY CROSS HOSE RESIDENCE OF DECEDENT				OR LOCATION OF I			9c. COUNT		
DIRECTOR		COMERY		Y, TOWN OR LOCAL LVER SPR						IOd. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	15100 INTERLACE	IEN DRIVE		10	20906					AT COUNTRY? STATES
ВҰ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 7 700	It yes, sp	CENDENT OF HISPA ecity Cuben, Mexic 2 X NO Spec	en, Puerto I	17 (Specify Yea Rican, etc.)	or No — 1	4. RACE - Black, Specify:	- American Indian, White, atc.
ETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION Work done during more retired.)	ON ost of working	16b	KIND OF BUS	INESS/INDU	STRY	
COMPL	12		ROOFER	/SHEET M	ETAL		SELF E	MPLOY	ED	
	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N					
BE	MAX CA 19a. INFORMANT'S NAME (Type/Print)	NAL			GOLDII			ILDKR		
5	FAY CANAL			ADDRESS (Street a						. 20906
	20e, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remove 4 Dopation 5 Other (Specify)	Val from Stata Certe BE	PLACE AND DATE OF A COLOR OF A CO	DE DISPOSITION (No.	ima of	7/2		INGTO		WNSHIP, N. J.
	21. SIGNATURE OF FUNERAL) SARVICE LICE	Ingan		1170	ROCKVILI	LE PI	KE, RO	CKVIL	LE,	ELS INC. MD. 20852
Z	23. PART I. Entar the diseases, or co abook, or heart failure. Li IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	CARDIAC DUE TO (OR AS A	ARREST]	END STAG		ch es cerd	iac or reapi	ratory arres	st,	Approximate Interval Batween Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O								
CEF	d.									
PHYSICIAN MEDICAL	PART II. Other significant conditions CHRONIC RENAL D S/P MI		t not resulting i	n tha underlying	cause given in	Part i.	24s. WAS AN A PERFORM 1 YES 2	MED?	A) C)	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
R.	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (C)	neck nak na	1			
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	lient 3 DOA	OTHER: 4 Nursing Nome	1.100,247,001					
E	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJI	JRY AT		CRIBE HOW IN	JURY OCCUP	RED	
BY	1 X Natural 5 Pending 2 Accident Investigation	(Markor, Day, Today)	IMOC		ES 2 NO					
	3 Suicide S Could not be determined	28a. PLACE OF INJURY - building, atc. (Specify	At home, farm, st	treet, factory, office		281, LOCA City o	TION (Street ar	nd Number or	Rural Rout	le Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 X CERTIFYINO PNYSICIAL 2 MEDICAL EXAMINER:	AN: To the best of my knowled On the basis of examination	dge, death occurre	d at the time, date	and place, and due	to the ceus	e(s) and mann	ner as stated.	ause(s) a	nd menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CENTIFIER	Edler M	0		DI34	MBER 56		29d. DATE 8	GALLE IN	192
	30. NAME AND ADDRESS OF PERSON WHO ALLEN A. OBOLER				- SILVER	SPR	ING, M	ARYLA	ID 20	0910
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT								



REG. NO

FOR STATE REGISTRAR

9 '92

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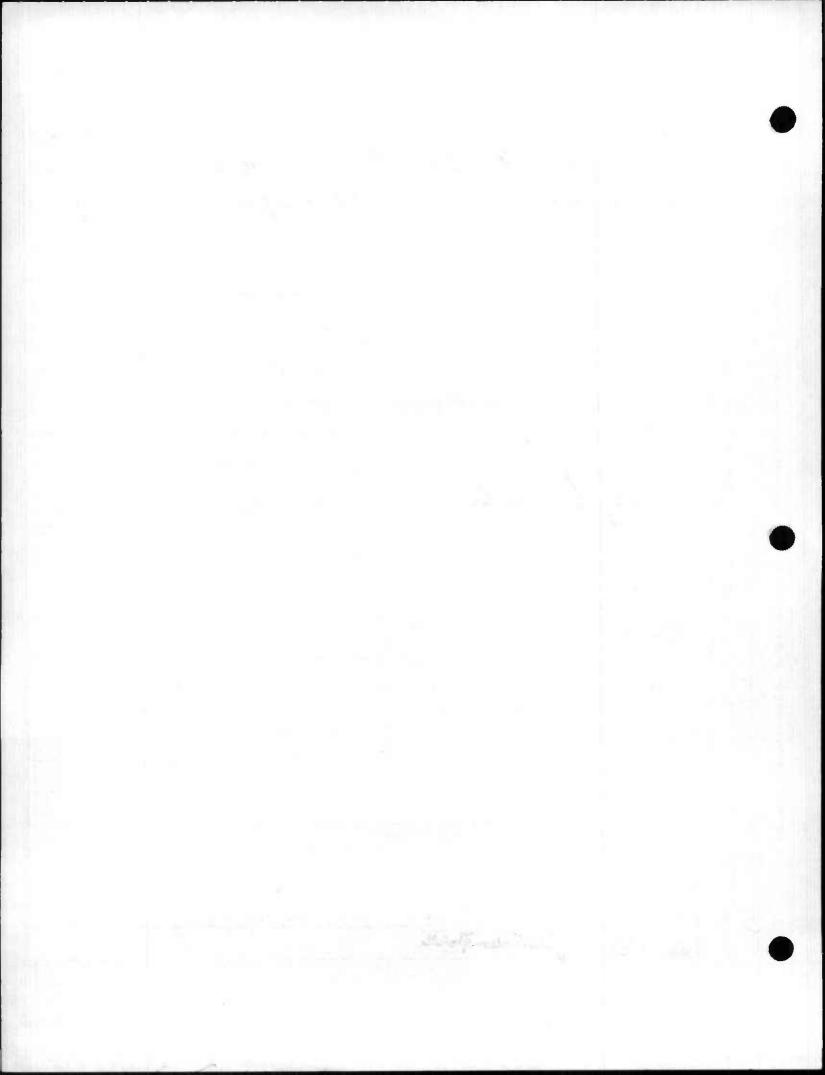
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F	E
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
7	4
SION	ENDING
5	A
	OR
	SPITAL

1. DECEDENT'S NAME (First, Middle, Last) SophiA ox 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER I YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 579-16-4552 1 - M 2 F MONTHS DAYS HOURS MIN VRS 16-190 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH WHCC RESIDENCE OF Russel Montgo DIRECTOR SATTHERS DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND MONTGOMERY GAITHERSBURG 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 301 RUSSELL AVENUE detached for use as the burial-transit 20854 USA 24 hours after death. Page 6 may be retained by the hospital or attending physician. If filled in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 XNO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 XXWidowed 4 Divorced GREEK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) UNOBTAINABLE 11 CLERICAL once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) CONSTANTINE VLAHOS 7 GEORGIA VLANGAS completely filled in by the funeral director, page 5 should al, cremation, or removal. notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) E.J. PRIOVOLOS 11401 GEORGETOWNE DR. POTOMAC, MD. 20854 pe 20s. METHOD OF DISPOSITION 13□ Burlet 2 □ Commation 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must ation 3 🗆 4 | Donetto LINCOLN CEMETERY 6+9-1992 BRENTWOOD, MARYLAND medical examiner 22. NAME AND ADDRESS OF FACILITY HINES-RINALDI FUNERAL HOME 11800 NEW HAMPSHIRE AVE. SILVER SPRING. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or raspiratory strest, shock, or heart feliure. List only one cause on each line. Approximete interval Between IMMEDIATE CAUSE (Finei **Onset and Death** the disease or condition Squamous Cell OUE TO (OR AS A CONSCOUENCE OF): lung carcinoma event, resulting in death) year traumatic physician and ne phomio bu CERTIFICATION Sequentially liet conditions, Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): injury, or other DUE TO (OR AS A CONSEQUENCE OF): the attending of Mental Hyghen resulting in desth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE een signed by the Hypertension Diabetes item 23 shows any Mellitus 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO certificate has been the State Dept. of I PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) the State **EXAMINER** HOSPITAL: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA Nursing Nome 5 - Residence 8 - Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28 is marked, death with this 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY THE FUNERAL DIRECTOR: After filed within 72 hours after death 3 Sulcide 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Nomicide TO THE HOSPITAL OR ATTTO THE FUNERAL DIRECTE
DE filed within 72 hours at
IMPORTANT: II Item 2. 1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the ilme, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTI 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 MID 30. NAME AND ADDRESS OF PERSON WNO COMPLETEO CAUSE OF DEATN (ITEM 27) (Type, Print) mes Brookes Ave 32. BEGISTRAR'S 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



permit. Pages 1, 2, 3 should

PRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

takie Davidson

notified 99 must examiner medical the event, traumatic other

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Injury.

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Item

6 the

marked,

IMPORTANT:

30. NAME AND

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s certificate has be th the State Dept.

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DIRECTOR: After the hours after death death

FUNERAL Within 72 I HOSPITAL

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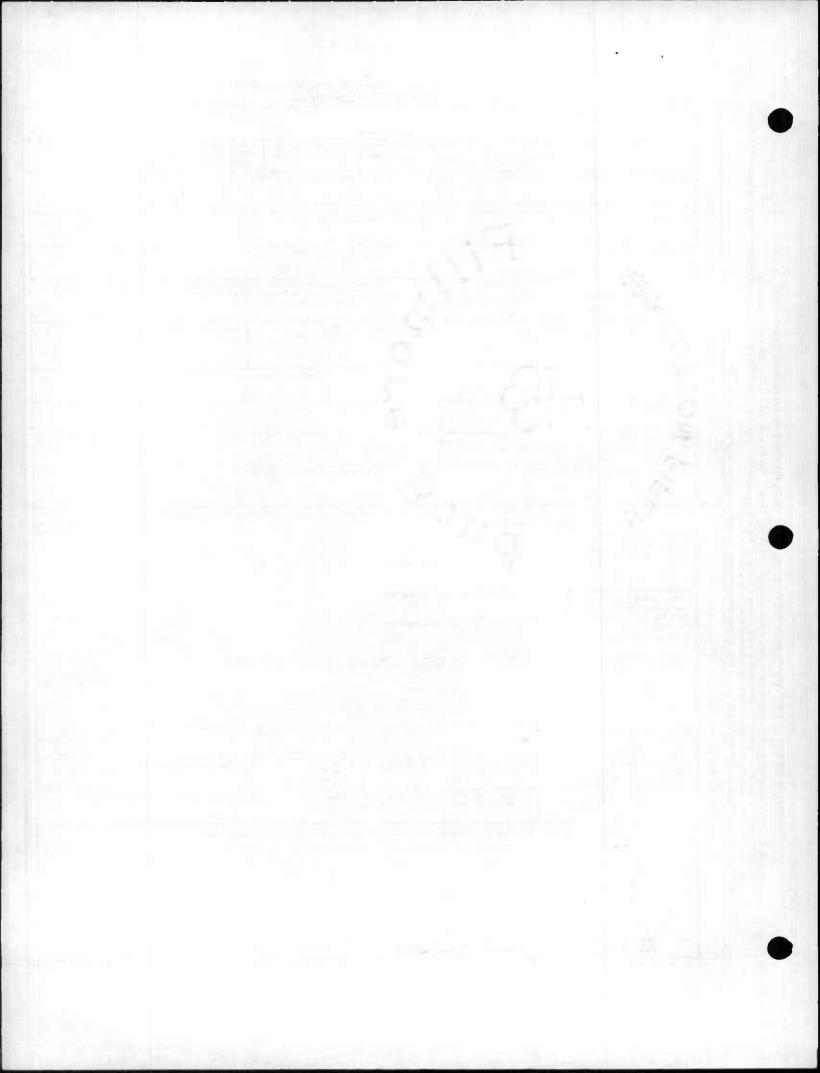
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DIVISION OF VITAL

OR ATTENDING PHYSICIAN:

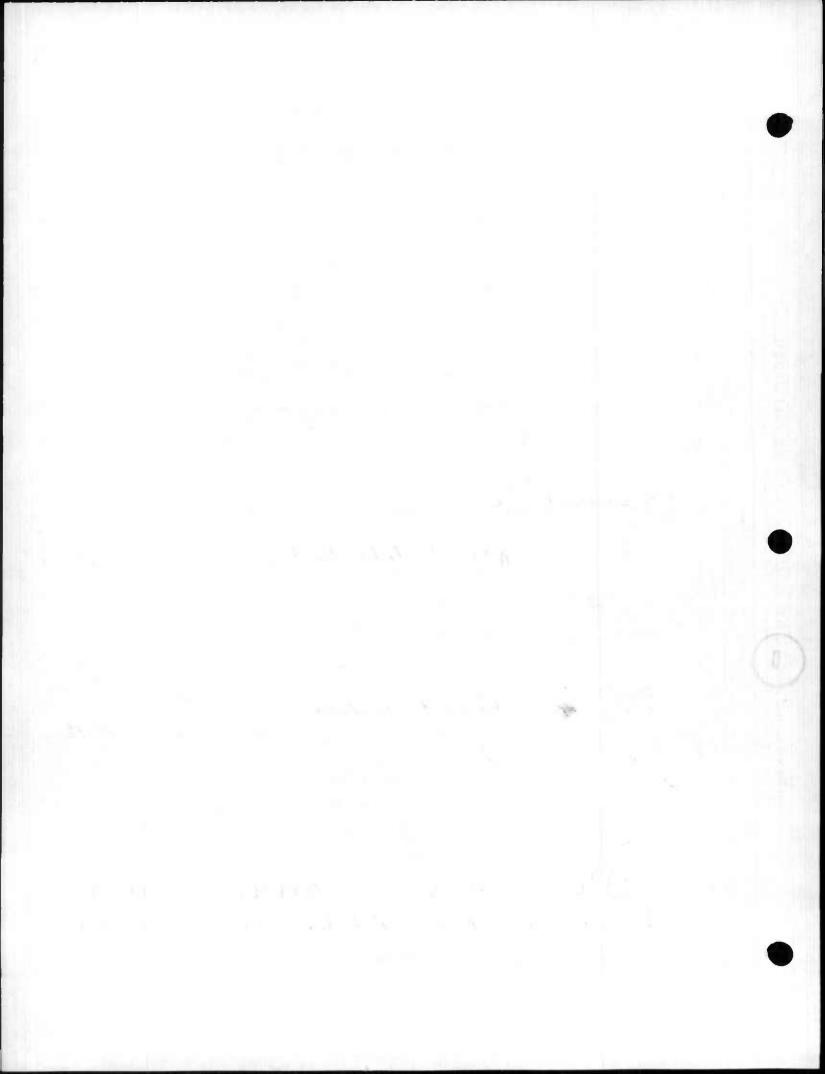
Items: 23 part I,27, per MEO G-689 7/29/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CONNOR YEAR JAMES **ANDREWS** CONNER, JR 07 13 1:47 PM 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
May 15, 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 217-88-3119 1 K M 2 | F 29 1963 Maryland Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR FREDERICK MEMORIAL HOSPITAL FREDERICK FREDERICK 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Frederick Frederick 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? BB 304 Waverly Drive 21702 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FDRCES? 1 X YES 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced 20-81 to 7-31-81 White ED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 Ken's Transmission Mechanic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) James Andrews Connor, Sr. BE Francine Hamilton 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 BB 304 Waverly Drive, Frederick, MD. 21702 Tammy L. Connor 20a. METHOD OF DISPOSITION
1 M Burlel 2 Cremetion 3 Removal from Stale 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Sista DATE Forest Oak Cemetery 7-16+92 Gaithersburg, MD. 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home 10 East Deer Park Dr., Gaithersburg, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE resulting in death) DUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE DE): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL 24a. WAS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? NES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 XYES 2 NO 1 Inpatient 2 XER/Outpatient 3 I DOA me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED **★**□ Netural 5 Pending Investigation 94 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 🔲 Could not be COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 SEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATUR AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE O.C.M.E 2 07/14/92

111 PENN STREET BALTIMORE MARYLAND 21201



		Donner C O Submits	II. rayes I, 2, 3 SHOUND		
DALLIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or attending obysician.	The physician and completely filed in by the timeral director, page 5 should be detached for use as the business serving boson 4 to a serving	emoval.	is a saminer must be notified at once.	
100 VOC 100 VO	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death confined be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the found physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

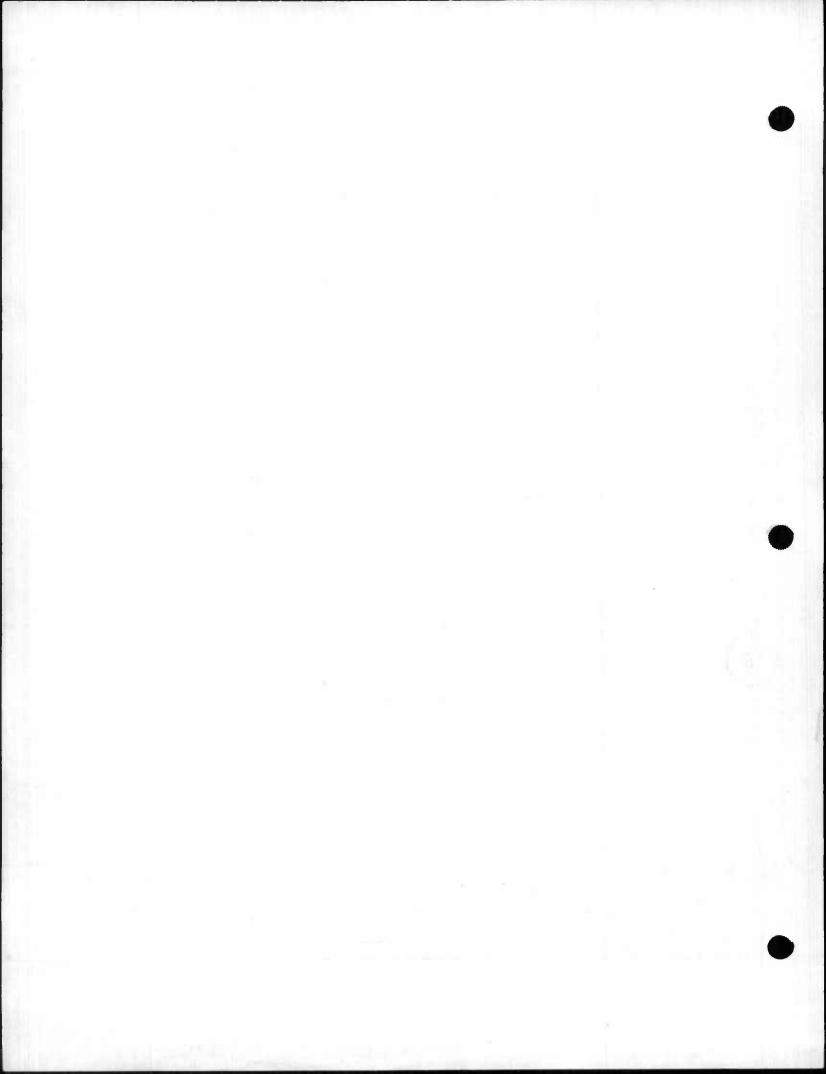
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF I	HEALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last) Lewis	Charles		ullock		2. DATE OF DEATH	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	July 9,	1992	3:04 P M BIRTHPLACE (State or Foreign
	214-12-6509	1 🔀 M 2 🗌 F	77 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	- 1	Maryland
	9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF D			Y OF DEATH
DIRECTOR	Memorial Hospi	ital		Eas	ton		Ta1	bot
2	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCA				10d. INSIDE CITY
		Caroline			Dento	on		LIMITS?
FUNERAL	10e. STREET AND NUMBER	1 71 4 7	0.0	10	f. ZIP CODE			N OF WNAT COUNTRY?
N N	Campground Roa				2162	29	U.S	.A.
5	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	e or No- 14	I. RACE — American Indian, Black, White, etc.
8	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		2 NO Speci			Specify:
0	15. DECEDENT'S EDU	JCATION	tée, DECEDENT'S	USUAL OCCUPATION	OM	16b. KIND OF BU		aucasian
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v life, Do NOT us	vork done during me	ost of working	100. KIND OF BU	ISINESS/INDUS	STRY
로	8	None	Produc	ction W	Jorker	Chicke	en pro	cessing
ő	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider		
BE (Charles H	H. Bullock			J	anie Dono	ovan	
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Rural	Route Number, City or Tox	vn, State, Zip Co	ode)
F	J. Richard Bul	lock				enton, Ma		
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	20b	PLACEANDDATEC	DE DISPOSITION /NO	ama of			y or Town, State
1	4 Donation 5 Other (Specify)	D	etery, crematory or ot enton C	emeter	У	7/13 De	nton,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LI	CEHREE)		22. NAME A	ND ADDRESS OF FA	CILITY		
	* Landon	41/1000	2			ral Home,		
	23. PART I. Enter the disease, or	complications that caused	the death. Do n	ot enter the mo	de of dylan suc	Denton, M	laryla	nd 21629
	ehock, or heart failure. IMMEDIATE CAUSE (Final	Liet only one ceuee on e	ech line.				natory arres	t, Approximate Intervel Between Onset and Death
	disease or condition resulting in death)	. Atri	41 f	16211	1/A ho			Onset and Death
1 1		DUE TO (OR AS A	CONSEQUENCE OF	7):		4		years
2	Sequentially list conditions,	b						
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):				
일	CAUSE (Disease or Injury	C	CONSEQUENCE OF					
Ē	that initieted events resulting in death) LAST	DUE TO (OH AS A	CONSEQUENCE OF	.):				1
핑		d						
A	PART II. Other significent condition	ne contributing to death b	ut not resulting in	n the underlying	cause given in	Part I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
(5)	hypert	ension				PERFOR	4	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Congert	ension hea	at o	failu	re			OF DEATH?
								NIA
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)		7-11
/SI	1 TYES 2 NO	HOSPITAL: t ☐ Inpetient 2 DER/Outp	ntient 3 XDOA	OTHER: 4 Nursing Home	e 5 🗆 Rasidence	6 Other (Specify)		
H	27. MANNER OF DEATH	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCUR	ED
B	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	- At home, ferm, st	treet, factory, office		281. LOCATION (Street of City or Town, State)	and Number or	Rural Route Number,
<u> </u>								
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurred	d at the time, data	and piece, end due	to the cause(e) end mar	mer se stated.	
Ö	one) 2 MEDICAL EXAMINE	R: On the bacle of examination	end/or investigation	n, in my opinion, de	esth occured at the	time, data and place, en	d due to the c	nuse(e) end menner es stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NUN	IBER	29d. DATE SI	GNED (Month, Day, Year)
8 0		1 ~	30'		D337	168	> 7	19/9-
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	POB.	66	DENT	V 7	1619
	31. DATE FILED (Month, Day, Year) 92	32. REGISTRAR'S SIGNA	TURE		000	7 (101 07	V 2	- 4 - 1
	JUL - 3 92	Julia Day	dson-Rande	02				



TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires parties of the conflicate be executed within 24 ho DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DRDS. P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires with the law requires with the law include the executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been significate has been significate by a providing the filed within 72 hours after death with the State Dept. of Health and the price to burial, cremation, or removal.	or item 23 shows any burn, other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires with the law requires in the	TO THE FUNERAL DIRECTOR: After this certificate has been signified by filed within 72 hours after death with the State Dept. of Health and the	IMPORTANT: If Item 28 is marked, or item 23 shows and particular

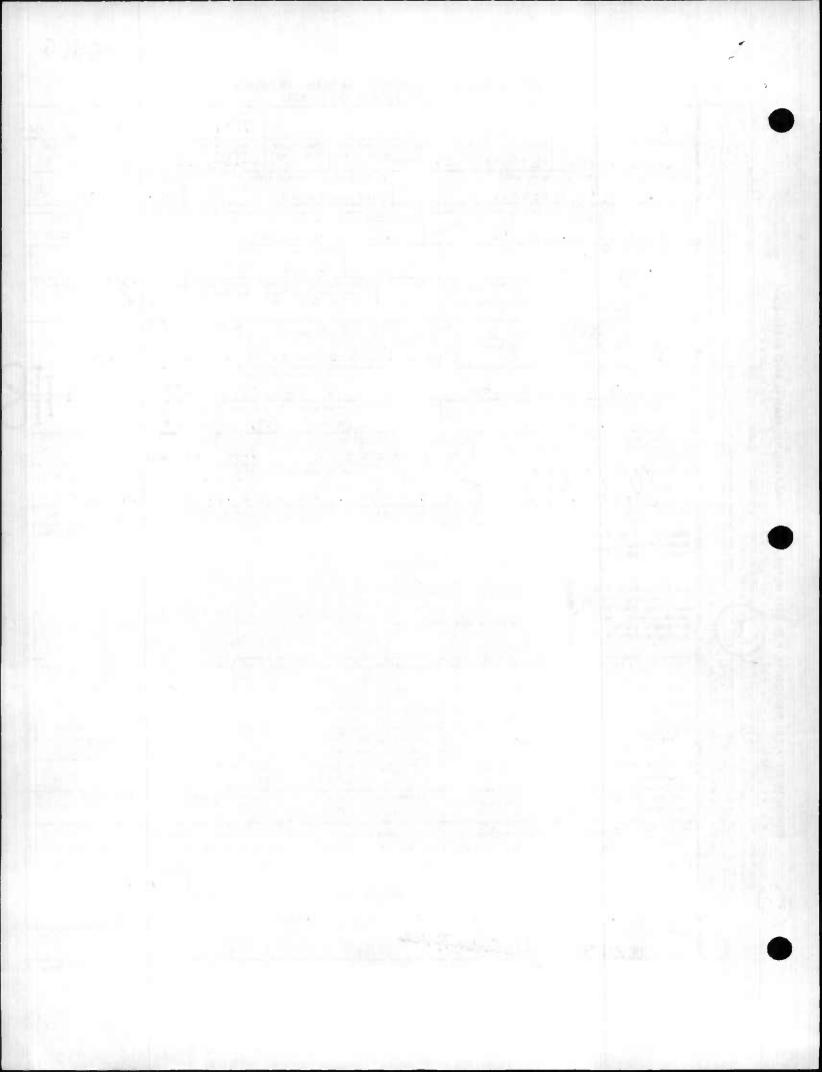
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF H	EALTH AND	MENTAL	HYGIENI REG. NO.	E	16	200	20
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH			TIME OF DEAT	Н
1	Mary Eli	zabeth Co	hee			MONTH 7	20	92	EAR	4:50	ам
	4. SOCIAL SECURITY NUMBER S	S. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	F BIRTH			ACE (State or Fo	
	217-74-2586		86 YRS. MO	NTHS DAYS	HOURS MIN.		Day, Year) 09 19		Country)	/land	
	9e. FACILITY NAME (If not institution, give stree	t end number)		. CITY, TOWN O	R LOCATION OF D		09 13	9c. COUNTY			
BY FUNERAL DIRECTOR	Memorial H	ospital		East	ton			Talb	ot		
E	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION				10	d. INSIDE CITY	
DIE	Maryland C	aroline			Ridge	1 v				LIMITS?	NO.
AL	10e. STREET AND NUMBER	<u> </u>		101	ZIP CODE	-1		10g. CITIZEN		T COUNTRY?	
E	Route 480	Rt. 1 Box	x 32		21660			II. S	S.A.		
5		2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	(Specify Yes		RACE -	American India	ın.
7 F	1 Never Married 2 1 Married	FORCES? 1 YES			2 NO Specif		en, etc.)		Black, W Specify:	hite, etc.	
	3 Widowed 4 Divorced				22,10 0,000	7.		Ic		asian	
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	ION moleted)	16a. DECEDENT'S USL	JAL OCCUPATIO	IN of working	16b. K	IND OF BUS	INESS/INDUS	TRY		
<u> </u>		College (1-4 or 5+)	life. Do NOT use re	tired.)	at or working						
MP		one	Homema	aker			Ho	me			
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA		idle, Meiden S	Surname)			
BE		rrison Be	etts		Dai	-	Mae .	Voss			
2	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural						
	Lyman P. Cohee		Rt. 1	Box 3	32, Rid	gely	, Mar	yland	d 2	1660	
	20e. METHOD OF DISPOSITION 1)C Burlet 2 Cremation 3 Remove	20b.	PLACE AND DATE OF D etery, crematory or other	ISPOSITION (Ne	me of	DATE	20c. LOC	ATION — City	or Town,	State	
	4 Donetion 5 Other (Specify)	De	enton Cer	netery	7	17/2	23 De	nton	, Ma	rylan	d
	21. SIGNATURE OF FUNERAL SERVICE LICEN	? ⁴ \\		22 NAME AN	249 St	O'THY	DRA	WER.	B		
	> Trudonly	Y 03 1	4)	125	24d St	Dew	ku, 1	Ud 2	162	9	
	23. PART I. Entar tha diseases, or com	nplications that caused	the death. Do not							Approxima	nto.
1	snock, or haart failure. Lia	t only one cause on ac	och lina.							Interval B	etween
- 1	IMMEDIATE CAUSE (Final disease or condition	C 21-	DCA	133	>2710	- 7	21/0	11.1		Onset and	Death
ł	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE OF:	- '			ONE	15/>		1	765
- 1	_									İ	
ō	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):								
¥.	cause. Enter UNDERLYING									j	
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	reaulting in death) LAST										
	PADT ii Other significant conditions o	contribution to death by									
AL	PART ii. Other significant conditions of			ne underlying	ceuse given in	Part I. 2	4a. WAS AN A PERFORA			RE AUTOPSY FI VILABLE PRIOR	
ă	THE OL	US TO MI	2m			1	YES 2	DN6	CO	MPLETION OF C	AUSE
E	PLUI	OF GNAZ	Nuce	-					1 [YES 2	10
PHYSICIAN: MEDIC											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPHAL:	0.0	26. PL	ACE OF DEATH (Ch	eck only one)					
YSI	1 YES 2 NO	Inpatient 2 - ER/Outpa			5 Residence	8 Other (S	Specify)				
표	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU		28d. DESCF	RIBE HOW IN	JURY OCCUR	ED		
ΒY	1 Netural 5 Pending 2 Accident Investigation				ES 2 NO						
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, etc. (Speci	- At home, farm, stree	t, factory, office		281. LOCATI	ION (Street er Town, State)	nd Number or F	Rural Route	Number,	
	4 Homfcide determined					J., J.	iowi, olaloy				
<u> </u>	290. CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowle	edge, death occurred at	the time, date	end piece, end due	to the ceuse	(e) end mann	ner se stated.	-		
COMPLETED	one) 2 MEDICAL EXAMINER: C								suse(e) en	d menner ee st	sted.
	296. SIGNATURE AND TITLE OF CENTIFIER	1			29c. LICENSE NUI		Т			onth, Day, Year)	
BE (D201-	freed	1 en m		mzz	162		▶ 7	71	2,54	
5	30. NAME AND ADDRESS OF PERSON WHO C	MPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	0	1					1 4-	
	403 MASSVEL	CT EASS	DN MO Z	1601	C - 10	0 57	216-0	now	· O.	6	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE YO		30011	9-11	-01/1	1/2/N			-
	JUL 21 '92	32. REGISTRAN'S SIGNA	widson-Handa	للالم							



DNMH-16 Rev 1/89

ding physican and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should require to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the frent be filed within 72 hours after death with the State Dept. of Health and Mera HIMPORTANT: If Item 28 is marked, or Neim 28 shows any injury or

1 - FOR STATE REGISTRAR		STATE OF MARYL			OF HEALTH		MENTA	L HYGIE			
1. DECEDENT'S NAME (FIR CHARLES		RD REJAN C	AWOOD					OF DEATH		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM 214-30-	2154	1 🖫 M 2 🗆 F	In yrs. last birthday) 59 YRS.	MONTHS	DAYS HOURS	MIN.	4-1	of BIRTH h, Day, Year) 5-19	33	Mar	yland
9a. FACILITY NAME (II not	y's Ho				onardt		EATH		St.		ry's
10e. STATE Marylan	10b. COUNTY	fary's		ry, town or Lexi	LOCATION	Par	k				10d. INSIDE CITY LIMITS? 1 YES 2 NO
Rt. 5,		7			101. ZIP COO 206				10g. CITIZI	US.	A A
11. MARITAL STATUS 1 Never Married 2 (3 Widowed 4 (3) Di	Married	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	lf :	AS DECENDENT (yes, specify Cubi TYES 2 1 NO	n, Mexic	en, Puerto	Y? (Specify Y Rican, etc.)	tes or No 1	Black,	- American Indian, Whita, etc. White
15. DE (Specify of Elementary/Secondary 1 2 17. FATHER'S NAME (First,	CEDENT'S EDUCA nly highest grade co (0-12)	TION impleted) College (1-4 or 5+)	Ille. Do NOT L	work done du ise retired.)	ring most of worki		16t		USINESS/INDU		1
12			кесаі	I Sa.	les Ow				ature	Sa	res
	44-47	Cawood						Middle, Maide	t Sha	de	
D MANUEL MANE		. oawood	19b. MAILIN	G ADDRESS /	Street and Number	_					
Tammy C	. Hilbs	ırn			Forest)3
20a. METNOD OF DISPOS 1 Burial 2 Xremet	ion 3 🗆 Ramov		PLACE AND DATE	OF DISPOSIT	1ON (Name of		OAT	E 20c. L	ocation - ci	ty or Tow	rn, Stata
21. SKINATURE OF FUNES	IV KIS			22. N/	AME AND ADDRE		CILITY B	rinsf	ield F	uner	al Home PA
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in	a. Itions, ediete YING	DUE TO (OR AS A	e +25	· hands		N	0~	SM.	F 10	J ~/	Onset and Death
that initiated events resulting in death) LA		DUE TO (OR AS A	CONSEQUENCE O	PF):						0	
25. WAS CASE REFERRED EXAMINER? 27. MANNER OF OCATH	snt conditions	contributing to desth b	ut not resulting	in the und	erlying ceuse	given in	Part I.		N AUTOPSY DAMED? 2 AND		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL				26. PLACE OF O	EATN (C	neck only or	10)			
EXAMINER?		IOSPITAL:	atlant 3 DOA	OTHER:	g Nome 5 🗆 Re						
	Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR		Sc. INJURY AT WORK?	NO	1		INJURY OCCU	REO	
2 Culpida -	Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term,	street, tector	y, office			ATION (Street or Town, State	t and Number or	Rural Ro	oute Number,
29a. CERTIFIER (Check only one) 2 ME	TIFYING PHYSICIA	M: To the best of my knowl	edge, death occurs	red at the tim	e, data and placa nion, death occur	and dua	to the cau	se(s) and m	anner as stated	cause(a)	and manner as stated.
296. SIGNATURE AND TITL	1001	uce.			29c. LICI D36	206	MBER			SIGNED (Month, Day, Year)
Kiran D.	Mehta,	MD, Shanti	Medical		r, Rt.5	,Lec	onard	town,	MD 20	650	
31. DATE FILED (Month, De)		Julia Davidson	Mandall	10	8						



retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

should be detached for use as the burlal-transit permit, Pages 1, 2, 3 should

notified at

DIVISION OF VITACRECORDS, P.O. BOX 68760,

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TO THE MUSTIAL OF ALLENDING PHISICIAN: I was a the death certificate be executed within 24 hours after death, Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate the funeral director, page	be filed within 72 hours after death with the Stall and the stall and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 more any injury, or other traumatic event, the medical examiner must be in
Z.	ERA	in 7	H
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31. DATE FILED (Month, Day, Year)

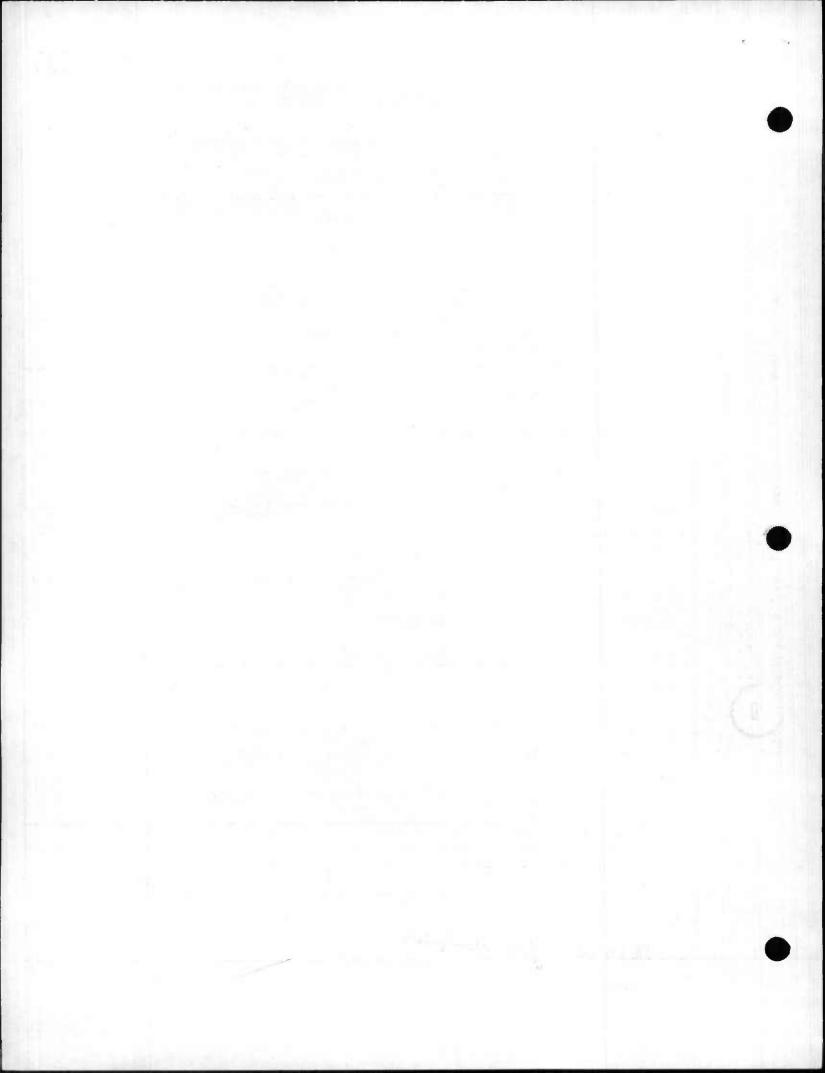
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH Ames loysius oo per 7:55 P # July 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR B. BIRTHPLACE (State or Foreign DAVE 1 🖾 M 2 🗌 F 214-58-0453 1949 Maryland 42 Sept. 12. 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR St. MARY'S 6-nRedlow RESIDENCE OF DE EDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland St. Mary's Morganza 1 TES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? General Delivery 20660 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1X Never Married 2 Married BY Specify: 3 Widowed 4 Divorced Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) Elementary/Secondary (0-12) Power Saw Operator 8th Grade Tree Service 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname, James L. Cooper Mary Cecelia Young BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 P.O. Box 452 Chaptico, Maryland 20621 Mary F. Baker 20a. METHOD OF DISPOSITION

1 🔀 Buriel 2 🗆 Cremation 3 🗀 Remote

4 🗆 Donation 5 🗇 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Charles Memorial Gardens 7/15/92 Leonardtown, Maryland 21. SIGNATURE OF FUNERAL SERVICE COENSER 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. Unmorre Letted P.O. Box 270 Leonardtown, Maryland 20650 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) eumonia DUE TO (OR AS A CONSEQUENCE OF) a nulocytic Lenkemia PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 - WO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2- TO Inpatient 2 - ER/Outpatient 3 - DOA ing Home 5 - Residence 6 - Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Accident 5 Pending 1 YES 2 NO BY 26a. PLACE OF INJURY — At home, farm, strast, factory, offica building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. ATURE AND TITLE OR CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DAVId 10 N 1

32. REGISTRAR'S SIGNATURE LOSS.



Paul T. Wielebinski,

31. DATE FILED (Month, Day, Year)

JUL 13 '92

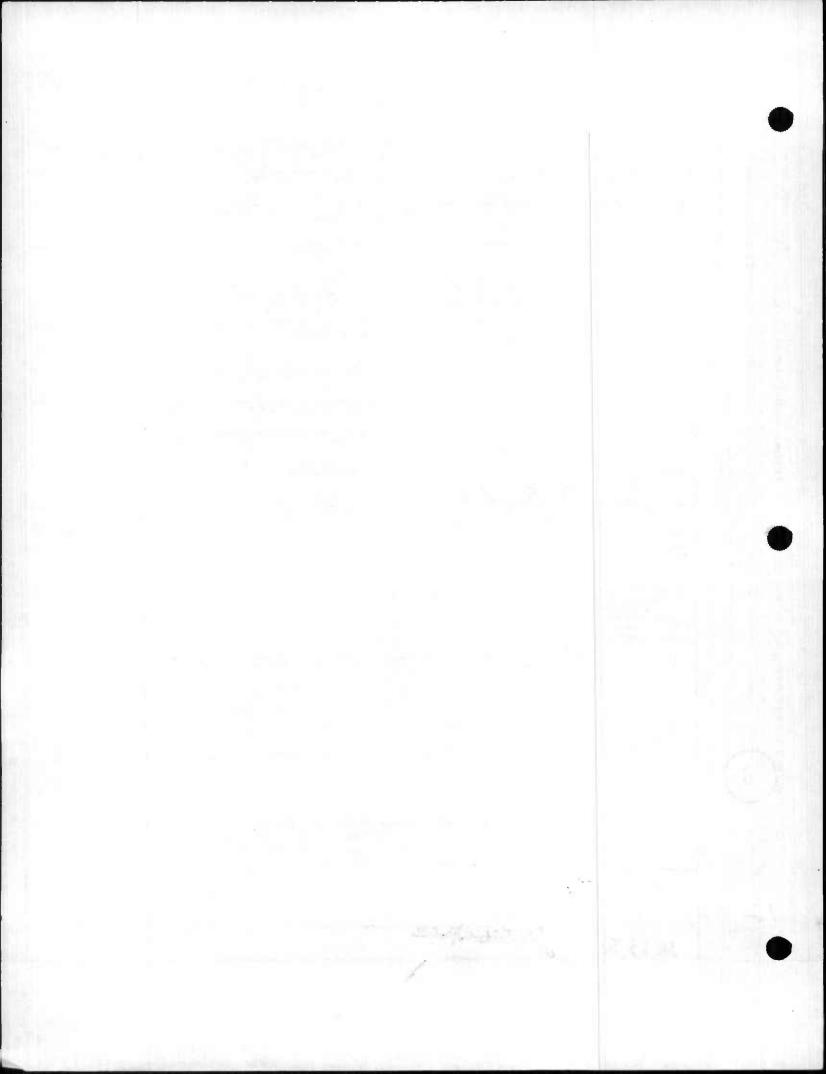
M.D.,

- 1	REGISTRAR 1. OECEDENT'S NAME (First, Middle, Las	at l			ICATE OF	DEATH		REG. NO),		
	Esther Hicks Co						MONTH	OF OEATH	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia		Υ		_	12,	1992		3:00 A.
	213-46-9957	1 M 2 K F	91	YRS.	IF UNDER t YEAR MONTHS DAYS	HOURS MIN.	7. DATE O	MOET 8, IS	000	Country	LACE (State or Foreign ington, D. (
	90. FACILITY NAME (If not Institution, give	atreet end number)			9b. CITY, TOWN	OR LOCATION OF C				TY OF OE	
TOR	19025 Threshing	Place				Saithers	ourg		Mo	ontgo	mery
DIRECTOR	180. STATE 10b. COU	ITY		10c. CI1	Y, TOWN OR LOCA	TION					10d. INSIDE CITY
		Montgomer	У		Gai	thersbur	g				1 YES 2XXNO
M	10e. STREET AND NUMBER				10	. ZIP CODE	•		10g. CITIZ	EN OF WI	HAT COUNTRY?
	19025	Threshing	Place			2087	19		Ur	ited	States
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDED FORCES?	NT EVER IN U.S. AF	RMED NO	If yes, sp	CENOENT OF HISPA	NIC ORIGIN?	(Specify Yelcan, etc.)		14. RACE Black,	- American Indian, White, etc.
D BY	3 📉 Widowed 4 🗌 Divorced									Specify	White
E	15. OECEOENT'S E (Specify only highest gra	DUCATION ide completed)	16	3hm kind of	USUAL OCCUPATION Work done during me	ON ost of working	16b.	KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	1/4-	. Do NOT u	se retired.)						
₹ E	12			Н	omemaker				Ow	n Ho	me
	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N		-,- ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
H H	Harry 19e. INFORMANT'S NAME (Type/Print)	L. Collie						ude H			
2	Harry C. C.	-1-			ADDRESS (Street						00050
					Marlbor OF DISPOSITION (NO			7			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Command 3 Re 4 Donatton 8 Other (Specify)	moval from State	cemetery, cre	ematory or o	orbisposition (Ni ther place) Jul ry Crema	y 13, 19	92 DATE		CATION —		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Mone	.qome	22. NAME A	ND ADDRESS OF F	VCILITY	Be	tnesc	la, M	aryland
	· Denne J	Kest	let MO	0335	Rober	t A. Pun ille, Ir ille, Ma	phrey	Fune Wes	ral H	Iome/	ery Avenue
	23. PART I. Enter the diseases, o shock, or heart fellun	complications the	If coused the de	eth. Do	not enter the mo	de of dying, suc	h ss cerdi	ec or resp	iratory arre	est,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	(8)	o Vascul		ccident						Onset and Deat
	resulting in death)		OR AS A CONSE								
201	Sequentisily list conditions, if any, leading to immediate cause, Enter UNDERLYING	b. DUE TO	(OR AS A CONSE	OUENCE O	F):						
CENTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSE	OUENCE O	F):						
Ħ I		d									
J [PART II. Other significant conditi	ons contributing to	death but not i	resuiting	in the underlyin	g cause given in	Part i.	24a. WAS AN PERFO			WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICA							_	1 NES 2	K) NO	1 4	OF DEATH?
											I NES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (C)	eck only one	1			
2	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	e 5 X Residence					
	27. MANNER OF DEATH	28e. DATE OF	INJURY	28b. TIM					NJURY OCC	URED	
- 1	1 Netural 5 Pending	(Month, E	Jay, Year)		IURY WO	PRK? YES 2 NO		ande tion t		Oneo	
8	2 Accident Investigation 3 Suicide 8 Could not b	28e. PLACE C	F INJURY — At ho	ome, term,	street, factory, offic		28f. LOCAT	FION (Street	and Number (or Rural Ro	ute Number.
3	4 Homicide datermined	- building,	etc. (Specify)				City or	Town, State)			
ן ב	290. CERTIFIER (Check only 1 X CERTIFYING PHY	SICIAN: To the best of	my knowledge, de	ath occum	ed at the time, date	end place, and due	to the caus	e(e) and me	anas aa stata	4	
COMPLET	(Check only one) 2 MEDICAL EXAMI										and manner ee stated.
	TURE AND THE OF CERTIF		1			29c. LICENSE NU					Montin, Day, Year)
A 1	1 0 4/	11.11	107)							
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of DEATH (ITEM 27) (Type, Print)

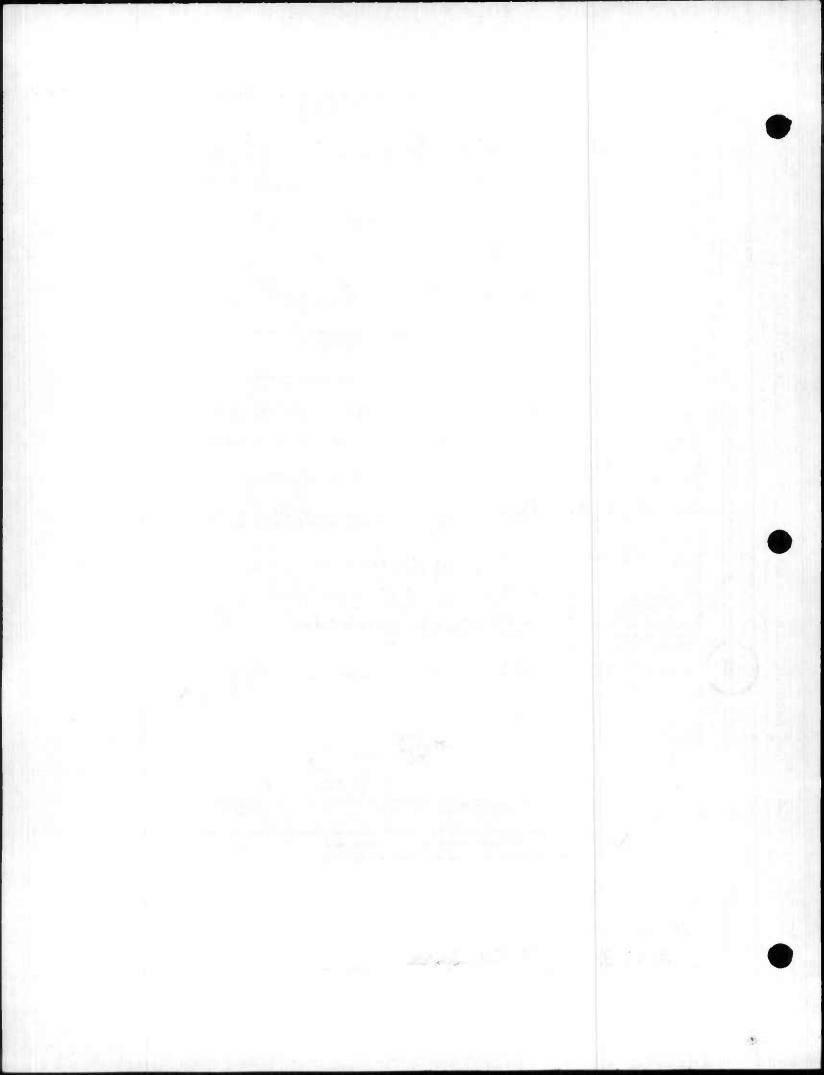
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19261 Montgomery Village Ave., #G-14 Gaithersburg, MD



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retrained TO THE FUNEFAL DIRECTOR: After this certificate has been sign. To the FUNEFAL DIRECTOR: After this certificate has been sign. To the fine of the completely filled in by the funeral director, page 5 should be filled within 72 burs after death with the State Dept. of Hearn and the prior to burial, cremation, or removal.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH **GEORGE** J. CLEMMER 1992 SR. 11:20 A 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign 7 M 2 □ F MONTHS DAYS HOURS 578-12-1770 72 DEC.31,1919 WASHINGTON, D.C. 9e. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 3406 RANDOLPH ROAD SILVER SPRING MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? burial-transit 3406 RANDOLPH ROAD 20902 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1-4 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuben, Maxican, Puerto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced use as the WW II WHITE COMPLETED 15. DECEDENT'S EDUCATION ecity only highest grade comple 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Po Elementary/Secondary (0-12) College (1-4 or 5+) 12 P BX REPAIRMAN C & P TELEPHONE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ WILLIAM B. CLEMMER BE VIRGIE LUNCEFORD 19e. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) HELEN MARIE CLEMMER 3406 RANDOLPH ROAD (WIFE) SIVLER SPRING, MARYLAND 20902 20e. METHOD OF DISPOSITION
1/k Buriel 2 Cremetion 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE GATE OF HEAVEN CEMETERY 4 Donation 5 Other (Specify) 7/14 SILVER SPRING, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) TIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS resulting in death) LAST B PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDI 1 - YES 2 NO 1 - YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient ng Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) TIME OF 28c. INJURY AT WORK? Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — building, etc. (Specify) 3 Suicide ETED. 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the ceuse(s) end menner es stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, 29d. DATE SIGNED (Month, Day, Year) 2 WHO PUMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2081 6410 ROCKLEDGE DR whia Davids 14'92



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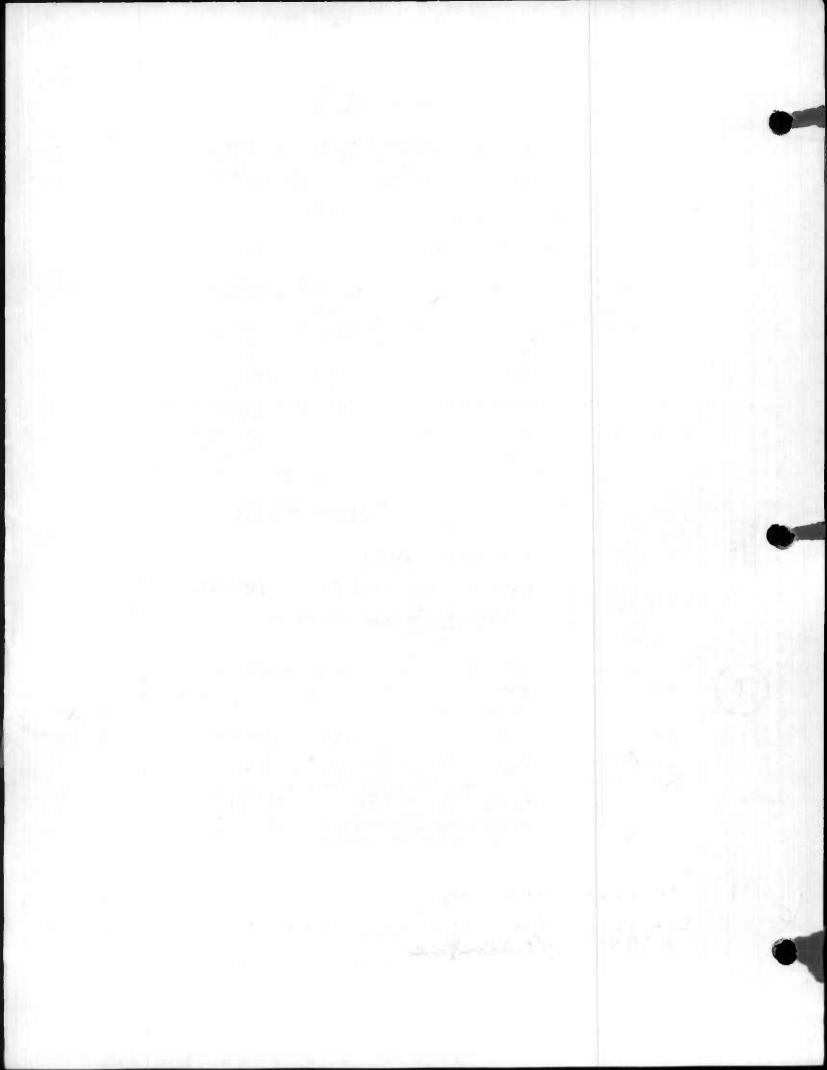
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PHYSICIAN: The law recommendation certificate be executed within 24 hours after death. Page 6 may be retained by the hos	this certificate has seen asset by the ameding physician and completely filled in by the funeral director, page 5 should be detached with the State Dept. of hear and Mean Hydrene prior to burial cremation, or removal.	rked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND C	/ DEPAI	RTMEN'	T OF I	HEALTH DEA	I AND	MENTA	L HYGIEN			
	1. DECEOENT'S NAME (First, Middle, Last)	1)					- L			OF DEATH			3. TIME OF DEATH
	HELEN A.		CAIRNS	ò					JUL	Y 3,°	19	92	10:50 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)		R 1 YEAR		R 24 HRS.	7. DATE	OF BIRTH		S. BIRTH	IPLACE (State or Foreign
	017-36-2766	1 M 2 X F	93	YRS.	MONTHS	DAYS	HOURS	MIN.	June	h, Day, Year) 2 3, 189	99	Mass	sachusetts
-	9a. FACILITY NAME (If not institution, give				9b. CITY	Y, TOWN	OR LOCAT	ION OF DI	EATH			NTY OF D	
DIRECTOR	Bethesda Retiranen RESIDENCE OF DECEDENT 100. STATE		Center				Cha	se			Mor	ntgon	nery
	Maryland Mo	ntgomery			nevy								10d. INSIDE CITY LIMITS? 1 YES 2 NO
3AL	10e. STREET AND NUMBER					104	H. ZIP COD	E			10g. CITI	ZEN OF W	VHAT COUNTRY?
FUNERAL	8700 Jones Mill N	Road					2081	15			Un	ited	States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 XWIdowed 4 Divorced		NT EYER IN U.S. A 1 YES 2 X WAR OR DATES	RMED		II yes, sp	CENCENT (pecify Cubi S 2 X NO	en, Mexica	in, Puarto F	f? (Specify Yea Rican, etc.)	14. RACE Black Specif	American Indian, c, While, etc.	
8	15. DECEDENT'S EDU	UCATION	16a, D	DECEOENT'S	S USUAL O	CCUPATION	ON		16b	KINO OF BUS	SINESS/IND	HISTRY	MILECO
<u>u</u>	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of ite. Do NOT u	work done	during mo	ist of working	ng		, Anto C. SC.	344600444	USIMI	
MP.	12			lomema	aker					Own Ho	ome		
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA		Middle, Malden			
BE (John B. Aimone						Lir	nda	Pe	essa	-CIII		
0	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town	n, State, Zip	Code)	
-	James J. Cairns,	Jr.		30301	Kling	gleF	Road,	, NW	Was	hingto	on, D	C 2	8000
	20e. METHOD OF DISPOSITION 1 ☐ Buriel 2 (X Cremailon 3 ☐ Ren	movel from State	20b. PLACE	E AND DATE	OF OISPOS	SITION (Na	ame of		DATE 20c. LOCATION — City or Town, State				wn, Stete
	4 Donatton 5 Other (Specify) Suburban Crematory 7-4 Silver Spring, M								ng, MD				
	21. SIGNATURE OF FUNERAL SERVICE LI	000	/		22.1	NAME AN	FUDE	SS OF FAC	SPTV	ices,			
	sith	-B.Clu	MOO	827						ver Sp		MD	20910
CERTIFICATION	ehock, Dr heert fellure. List only one ceuee on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):												
MEDICAL	PART II. Other algnificant condition	ns contributing to	death but not	resulting	in tha un	derlying) cause g	jiven in i	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	ck only one	9)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 X Nurs	R:			6 Other				
Ä	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJU	URY AT			(Specify)	LJURY OCC	URED	
ВУ Р	1 Natural 5 Pending	(Month, De	sy, Year)	INJ	JURY	WOR				W1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	Ment. C.J.	UNED	
	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE O	F INJURY — Al ho	ome, farm,	street, lectr			-	261. LOCA	TION (Street a	nd Number (~ Rural Re	nute Number
H	4 Homicide determined	Dullaing,	etc. (Specify)						City o	v Town, State)		JF F Norman	nuto evarinos.
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	ICIAN: To the best of ER: On the basis of ex	my knowledge, de	eath occurr	ad at the Hi	me, dete	and place,	, and due t	to the caur	le(s) and man-	ner as state	id.	and manner as stated.
EC	296. SIGNATURE AND TITLE OF CERTIFIE							ENSE NUM					(Month, Day, Year)
8	Mechael.	Bron	ly 1	CN			D	38-	781				3, 1992
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF BEATH (ITE	M 27) (Type,	Print)		10	00	101			, , ,	7, 1772
1	Michael J. Grady		4910 Ma	assac	nuset	cts	Ave,	NW :	#312,	Was	hingt	on.	DC 20016
	31. DATE FILED (Month, Day, Year)	4 Janda	R'S SIGNATURE	2				-					

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requirements that certificate be executed within 2 months.	TO THE FUNERAL DIRECTOR: After this certificate has been uponed by the monding physician and completely filled	within 7
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	2	2	2

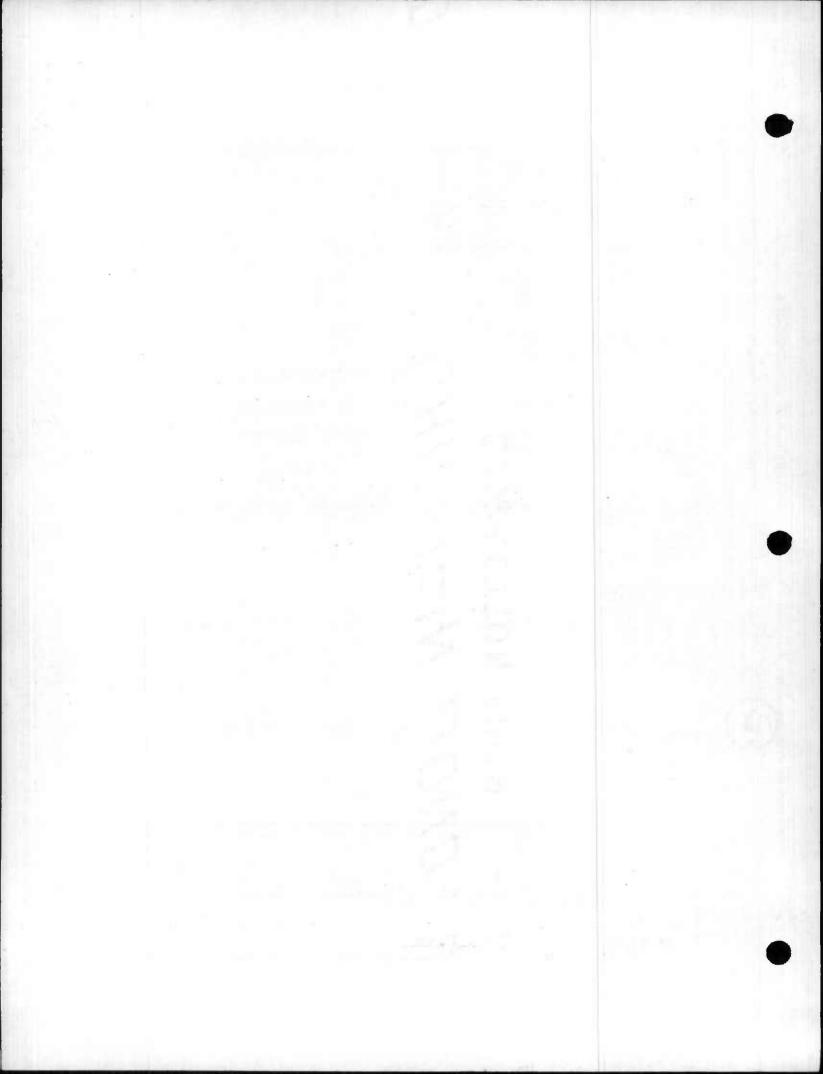
9	1. DECEDENT'S NAME (First, Middle, L	Last)						2. DATE OF	DEATH			3. TIME OF DEATH
	JOHN	HENRY	CA	LLAHAN	. SR.			JULY	8		YEAR	6:34 P.
1	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE OF			6. BIRTH	PLACE (State or Foreign
	016-03-3225	1- M 2 F	77	YRS.	MONTHS D	AYS HOURS	MIN.	DEC.		914	MAS!	, SACHUSETT:
	9a. FACILITY NAME (If not institution, s	give atreet and number)			9b. CITY, TO	WN OR LOCAT			, ,	~	NTY OF DE	
S	601 BONIFANT	ROAD			7.112	ER SPF	TNC			MON	TGOME	PV
CTOR	RESIDENCE OF DECEDEN	T				- 000	CING			HON	TGOIT	ZKI
DIRE	10a. STATE 10b. CO			10c. CIT	Y, TOWN OR I							10d. INSIDE CITY LIMITS?
		IONTGOMERY			SILVE	ER SPRI	NG					1 YES 2 NO
RAL	10e. STREET AND NUMBER					10f. ZIP COD			HAT COUNTRY?			
111	601 BONIFAN				20902 U				SA			
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Married 3 W Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S 1 YES 2 WAR OR DATES	NO	If w	B DECENDENT 106, specify Cub 1 YES 2 X NO	en. Maxica	n. Puerto Rice		or No—	Black,	— American Indian, White, etc.
E	15. DECEDENT'S EDUCATION 188. DECEDENT'S USUAL OCCUPATION						16b. K/I	ID OF BUS	SINESS/INI	DUSTRY		
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of v	work done duri	ng most of work	ing					
7	4 DIRECTOR							AFL	-CIO			
COMPL	17. FATHER'S NAME (First, Middle, Last					18. MOT	HER'S NA	ME (First, Midd	le, Maiden	Sumame)		
	PATRICK J.	CALLAHA	N				ANE			NEY		
BE	196. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)											
5	RAYMOND F. CALL	AHAN				VENUE,						1201
	20a. METHOD OF DISPOSITION		20b. Pl /	ACEAND DATE			TIL	DATE	· ·		City or Toy	
	1 Burial 2 Cremation 3 Tr 4 Donation 5 Other (Specify)		cemetery	y, crematory or or PETER	ther place)			1				
	21. SIGNATURE OF/KUNERAL SERVICE			PETER	22. NA	ME AND ADDRE			GKI	AI B	ARRIT	NGTON, MA
	b / 1 1 2	51 7	(()		FRANC	CIS J.	COLL	INS FU	INERA	T HO	ME,	INC.
500 UNIVERSITY BLVD., W., SIL.											, MD 209	
										Approximata Interval Betw		
	IMMEDIATE CAUSE (Final											Onset and De
	disease or condition resulting in death)	. CAR	MOZON	YOPA	147							YEARS
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Z	Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF): Sequentially list conditions, Due to (OR AS A CONSEQUENCE OF):											
E	if any, leading to immedieta							_				
3	CAUSE (Disease or Injury	. Collo				DIDE	ARE					YEARS
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EDICAL CERTIFI	PART II. Other significent cond	d	o deeth but n	not resulting	in tha unde	rlying ceuse	given in			MED?		AMILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
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BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNYER OF DEATH 1 Netural 5 Pending 2 Accident Investigat 3 Suicida 8 Could no 4 Homicide detarmine 29a. CERTIFYING P (Check only one) 2 MEDICAL EXA 29a. SIGNATURE AND TITLE OF CERTIFY	AL HOSPITAL: HOSPITAL: 1 Inpatient 2 28e. PLACE building PHYSICIAN: To the basic of a	ER/Outpatier F INJURY Day, Year) OF INJURY — A f, atc. (Specify) of my knowledge axamination and	At home, farm, se, death occurred/or investigation	OTHER: 4 Nursing E OF URY M street, factory ad at the time on, in my opin	28. PLACE OF 6 g Home 5 R c. INJURY AT WORK? I YES 2 office d, data and place	DEATH (Children In the Internal Interna	eck only one) 8 Other (S) 28d. DESCRI 28f. LOCATIK City or 3 to the cause(time, data and	PERFOR	NJURY OC	r or Rural Ri	AMALABLE PRIOR TO COMPLETION DF CAUSO OF DEATH! 1 VES 2 NO Dute Number, and manner sa atate (Month, Day, Year)



and by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mantal Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certified be filed within 72 hours after death with the MINDORTANT: If Item 28 is marked, or IN-

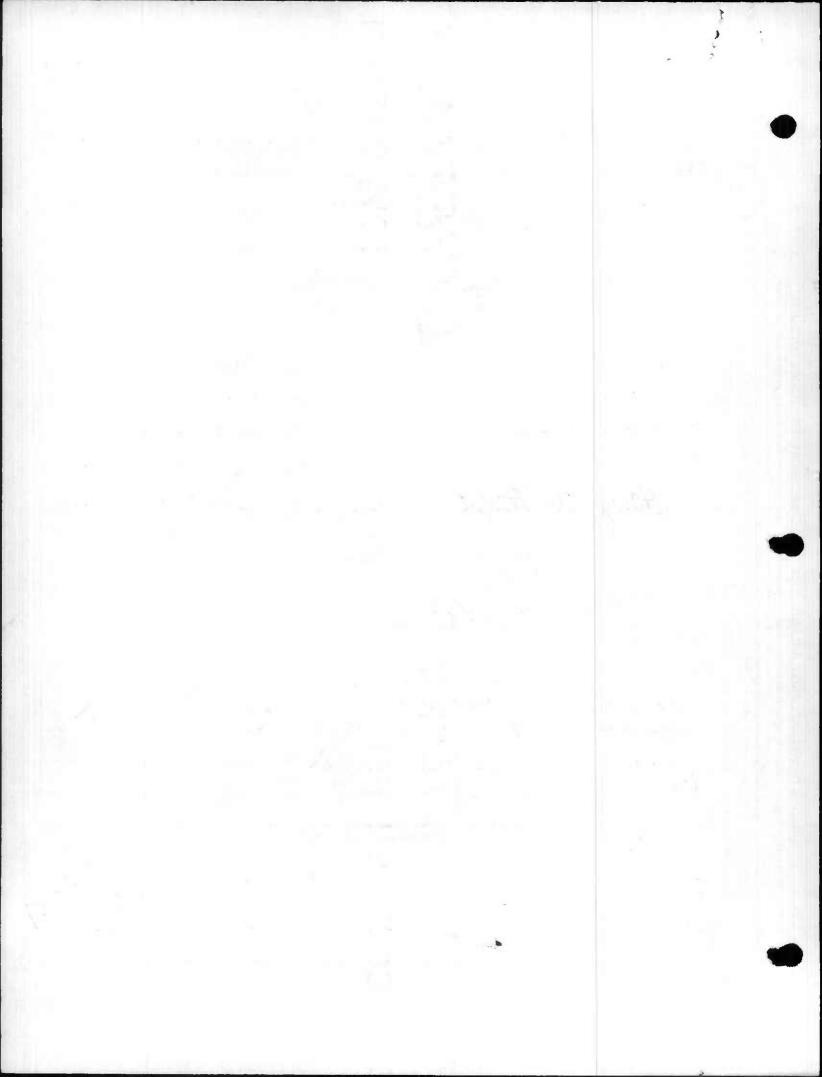
FOR STATE REGISTRAR	STATE OF MARY		ARTMENT OF HEAL' FICATE OF DE		HYGIENE REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	Esther	Ellen	Compton	2. DATE O MONTH	F DEATH DAY

	1 - STATE REGISTRAR	SIAIE UF MAH		ICATE OF		MENIAL HYGIEN REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		WEAR	3. TIME OF DEATH		
		Esther	Ellen	Comptor			8	92	5:45 M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	PLACE (State or Foreign		
	578-18-3993	1 M 2 X F	90 YRS.	MONTHS DATS	HOURS MIN.	Sept. 3,	1901	Il	linois		
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF DI	EATN	9c. COU	INTY OF D	EATN		
5	Shady Grove Adventist Nursing Center Rockville Montgomery										
2	10a. STATE 10b. COUNT	Υ	10c, CI1	TY, TOWN OR LOC	ATION				10d. INSIDE CITY		
DIRECTOR			Wa	shingto	n DC				LIMITS?		
	10e. STREET AND NUMBER				01. ZIP CODE		10g. CIT	TIZEN OF WHAT COUNTRY?			
ER	5425 Connecticut	Avenue, NW	, #518		20	0015	Ur	nited	States		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	ES 2 X NO	13. WAS DI	NIC ORIGIN? (Specify Yas or No— 14 an, Puarto Rican, alc.) ify:			E — American Indian, c, While, alc. hite			
	15. DECEDENT'S EDI (Specify only highest grad			USUAL OCCUPAT		16b. KIND OF BU	JSINESS/IN		11200		
<u></u>	Elementary/Secondary (0-12)	Collage (1-4 or 5+)	life. Do NOT u		nost or working						
COMPLETED		2	Dietici	Lan		Public	Scho	ools			
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maider	Sumame)				
BE	Walter A. Raybur	n				1200	wers				
2	19a. INFORMANT'S NAME (Type/Print)	iono	19b. MAILING	Coppest	and Number or Rural	Roule Number, City or Ton	vn, State, Zi	ip Code)	nc 20015		
	Ellen Compton-Te	lera							on, DC 20015		
	20b. PLACE of DISPOSITION (Name of cametery, cremetory or 1X) Burial 2 Cremetor 3 Removal from State 4 Donatton 5 Other (Specify) Woodbine Cemetery 20c. LOCATION — City of Woodbine Cemetery										
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		Rapp		Services, Ue, Silver			MD 2003.0		
SICAL CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR C. DUE TO (OR d.	AS A CONSEQUENCE O	PF: Le Nah	or will olion y expression in cause given in	Part I. 24a. WAS AI PERFO	RMED?	246	Onset and Death WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH		
PHYSICIAN: MED							/		1 TYES 2 NO		
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (C	heck only one)					
ח	1 TYES 2 NO	1 - Inpetient 2 - ER		4 Nursing No	me 5 🗆 Residence						
ву Рн	27. MANNER OF DEATH 1 Description S Pending Investigation	28s. DATE OF INJU (Month, Day, Y	ear) IN	M 1	YORK? YES 2 NO	28d. DEŞCRIBE NOW					
	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF IN- building, etc.	JURY — At home, ferm, (Specify)	street, factory, of	lce	281. LOCATION (Street City or Town, State	and Numbe	er or Rural i	Route Number,		
COMPLEIED	one) 2 MEDICAL EXAMIN	SICIAN: To the best of my I							a) and monner as stated.		
TO BE	296. SIGNATURE INDONTLE OF CENTIF	udl	aka	2 mi	29c, LICENSE NU	MBER 792	29d. DA	7 -	(Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON N 31. DATE FILED (Month, Day, Year)	anageneral 32. REGISTRAR'S	SIGNATURE	W-E	Edm	onto	10	٢,	RMD		
	JUL 10 '92	Julia Davidson	miljantelle						20119		



	Ï	Pages	
BALLIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital or attending physician.	in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.	e medical examiner must be notified at once.
13140,	executed within	and completely if o burial, crematio	natic event, th
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within jury after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Phose filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Le	pert T. Dettm			2. DATE OF DEATH MONTH DAY	YEAR 3.	TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 216 01 8665 9e. FACILITY NAME (If not institution, gr	5. SEX 6. AGE (In	yrs. lest birthday) IF YRS.	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN. LCITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 3/10/03		Md .		
329 Upla	and Road		Pikesville	1	Baltimo	re Co.		
Md. (C		10c. CITY, To	OWN OR LOCATION Sykesvill		d. INSIDE CITY LIMITS? YES 2 NO			
10e. STREET AND NUMBER			10f. ZIP CODE	10	g. CITIZEN OF WHA	T COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 K Merried 3 Widowed 4 Divorced	Dakland Road 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	21784 13. WAS DECENDENT OF HISPAI If yes, specify Cuben, Mexics 1 YES 2 NO Specify	in, Puerto Rican, etc.)	No- 14. RACE Black, W Specify:	American Indian, Thite, etc. White		
15. DECEDENT'S I (Specify only highest g	EDUCATION (rade completed)	16a. DECEDENT'S USI (Give kind of work	JAL OCCUPATION done during most of working tired.)	16b. KIND OF BUSINE	ESS/INDUSTRY			
Elementery/Secondary (0-12) 7th Grade	College (1-4 or 5 +)	life. Do NOT use re	Carpenter	Buildir	n cr			
17. FATHER'S NAME (First, Middle, Last)			The state of the s	ME (First, Middle, Maiden Sur				
Charles S. D	ettmer		An	nie E. Alt				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street and Number or Rural	Aoute Number, City or Town, S	itale, Zip Code)			
	Dettmer		Oakland Rd.					
20s. METHOD OF DISPOSITION 1. Burlet 2 Cremation 3 F	Removal from State	other place)	ON (Name of cemetery, crematory or		ION — City or Town,			
21. SIGNATURE OF FUNERAL SERVICE		ake Vie	W Mem. Park		sville	Md.		
· Harry	W. Horali	t	P 0 Boy 19	Haight 5 Sykesyi	Funera			
23. PART I. Enter the dispases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finet disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PRIDENT AWAILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only line)								
1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending Investigati	1 Inpetient 2 ER/Outpe 28s. DATE OF INJURY (Month, Day, Mar)	28b. TIME O	6 Other (Specify) 38d. DESCRIBE HOW INJ.	MY OCCURED				
3 Suicide 6 Could not 4 Homicide determine		— At home, farm, streety)	et, factory, office	28f. LOCATION (Street and City or Revn. State)	Number or Runii Roul	n Mumbes		
one) 2 MEDICAL EXAM	HYSICIAN: To the best of my knowle MINER: On the basis of examination		in my opinion, death occured at the	time, data and place, and d	lus to the cause(s) s	1		
294. SJOHATURE AND TITLE OF CERT	N WHO COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type, Pr	D 9 a	MBER 2	9d. DATE SIGNED M	3 92		
Brian Kahr	32. REGISTRAR'S SIGNA	800	5 Red Rus	Bluf OU	rigsA	11/52111		



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SION OF VITAL RECORDS, P.O. BOX 68760	
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	1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA CERTIF				D MI	ENTAL HYG			
1000000	1. DECEDENT'S NAME (First, Middle, Lest) Christine	E. Hawk					:	2. DATE OF DEA MONTH July	DAY	YEAR	3. TIME OF DEATH 9:45 PM
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. last birthday)		RIYEAR	IF UNDER 24 HI	RS.	7. DATE OF BIRT	н	8. BIRTHP	LACE (State or Foreign
	578-30-3539	1 □ M 2 🔀 F	69 YRS.	MONTHS		HOURS MI		(Month, Day, Ye 03-23			yland
- 3	9e. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY	r, town or	LOCATION O	OF DEAT	TH	9c. COUN	TY OF DE	ATH
DIRECTOR	Medlantic Mano	r Nursin	ng Home	Si	lver	Spr	inc	q Montgomery			
RE	10e. STATE 10b. COUNTY				OR LOCATIO					10d. INSIDE CITY LIMITS?	
	Maryland Mo	ntgomer	У	Silv		Sprin	g		1 ∑ YES 2 ☐ NO		
ERAI	12512 Winnexbu	r Drive	101. ZIP CODE 20906				06	10g. CITIZ	US.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		EVER IN U.S. ARMED VES 2000 R OR DATES		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					Black,	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 7th	T'S USUAL OCCUPATION of work done during most of working r use retired.)									
N	17. FATHER'S NAME (First, Middle, Last)			DOLO		18 MOTHER'	MAM 2	E (First, Middle, N	leiden Sumemel		
	Kermit R. Hawk	ins. Sr						. Duff			
BE (19e. INFORMANT'S NAME (Type/Print)			G ADDRES	S (Street en		_		or Town, State, Zip	Code)	
2	Ruby Howard (S	ister)	5207	Gri	ffit	th Ro	ad	, Gait	hersbu	irg,	MD 20882
	20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Remo		SPOSITION (Name DATE 20c. LOCATION — City or Tow DVC Cemetery Laytonsvil								
	21. SIGNATURE OF SUNERAL SERVICE LICENSEE / 22. NAME AND ADDRESS OF FACILITY								ie, mb		
	GARIR 1	Ans	moden	S	IWON	DEN F	'UNI		OME, P	.A.	
CERTIFICATION	immediate cause (Finel disease or condition resulting in deeth) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
ERTI	resulting in death) LAST	d									
MEDICAL	PART II. Other significent condition		desth but not resulting	g in the U	nderlying	ceuse give	n in P	P	AS AN AUTOPSY ERFORMED? (ES 2 A.NO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NA NA	25. WAS CASE REFERRED TO MEDICAL				28. PLA	ACE OF DEAT	H (Chec	ck only one)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHE		5 🗆 Realds	ence 6	Other (Speci	(v)		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, De		IME OF NJURY M	28c. INJU WOR	IRY AT	T		HOW INJURY OCC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building, e	INJURY — At home, ferm etc. (Specify)	n, street, fac	ctory, office			281. LOCATION (City or Town	Street end Number State)	or Rural R	loute Number,
COMPLETED	TOTAL CHAP		my knowledge, death occu amination end/or investiga) end manner se stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	un				29c. LICENS				76.	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHE	O COMPLETED CAUS	3944 Fer	pe, Print)	Dr	ive,	Wh	eaton,	MP 28	286	
	31. DATE FILED (Month, Day, Year)	0	A'S SIGNATURE					/			

and Juliet I

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

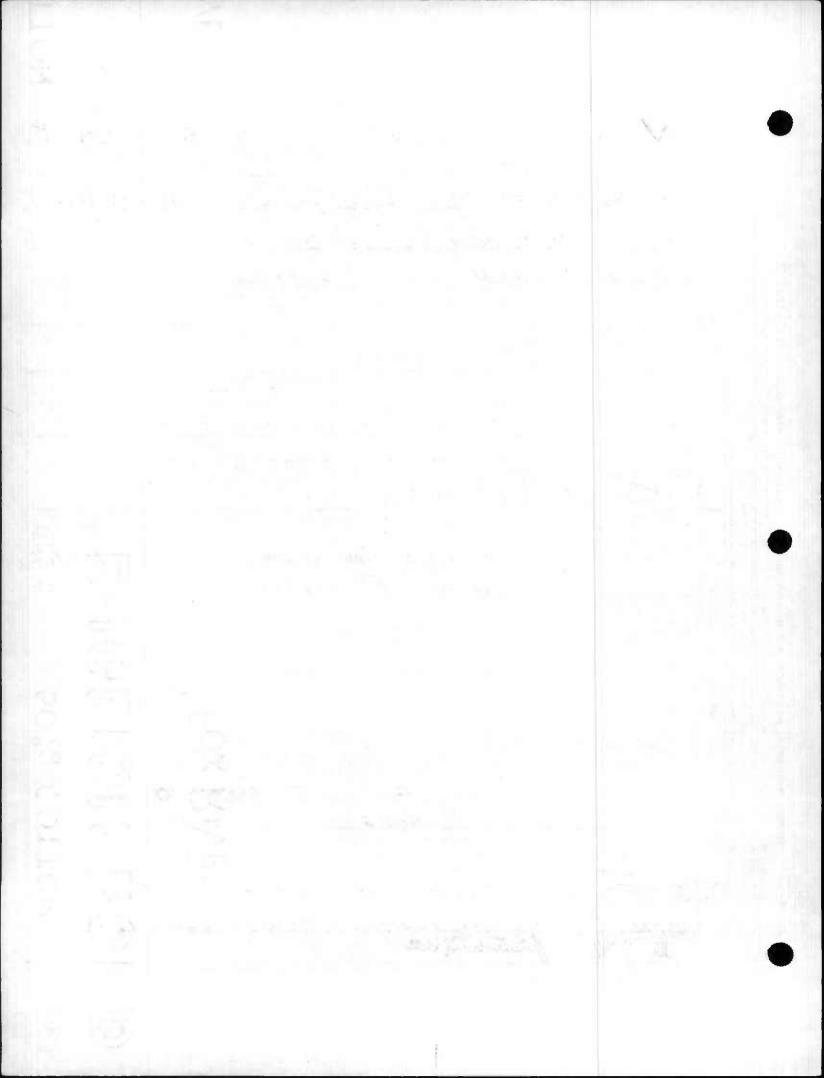
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours is
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	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTA	L HYGIEN	E	6	.0000
	1. DECEDENT'S NAME (First, Middle, Last)	Vera Dandr		-		2. DATE	OF OEATH	5-92×	3. T	TIME OF OEATH
		S. SEX 6. AGE (in yrs. i		UNDER 1 YEAR	IF UNDER 24 HR	(Mont	OF BIRTH h, Day, Year) 20-20		Country)	ce (Stele or Foreign
OR	2401 Glenalien	AVEN #193	5	Silve	Spri	ng		MONTGOMERY MONTGOMERY		
DIRECTOR	10a. STATE Maryland 10b. COUNTY	ontgomery	10c. CITY,	own or Local	Sprin	ng /	C		1.00	I. INSIDE CITY LIMITS? YES 2 \(\text{NO} \)
FUNERAL	100. STREET AND NUMBER 2401 Glenallen	Avenue	RA	10	ZIP CODE 209	206	<u>.</u>	10g. CITIZEN		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed & Divorced	2. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes, sp	CENDENT OF HIS ecity Cuben, Me 2 NO Sp	xican, Puerto	N? (Specify Yes Rican, etc.)	n or No — 14.	RACE — / Black, Wi Specify:	American Indian, nite, etc. Black
COMPLETED	15. OECEDENT'S EDUCA' (Specify only highest grade co	mpleted)	DECEDENT'S US Give kind of work fe. Do NOT use n Beaut	k done during mo	ost of working	161	o. KIND OF BU	SINESS/INDUS	TRY	
BE COM	17. FATHER'S NAME (First, Middle, Last) Unknown 18. MOTHER'S NAME (First, Middle, Meiden Surname) Marie Perry									
TO B	190. INFORMANT'S NAME (Type/Print) Angela Dandridge				ight I					20903 ng, MD
	20s. METHOD OF DISPOSITION Burlel 2 Cremation 3 Remov. 4 Donation 5 Other (Specify) 21. SIGNATURE OF TIME ALL SERVICE LICEN	of cemeta Metr	ce ano date o ry, crematory or copoli	tan C	(Name remato ND ADDRESS OF WDEN F KVILLE	FACILITY	AL HO		dria	
	IMMEDIATE CAUSE (Finel	Metastat: Metastat:	_{ne.} ic car	enter the mo	a e	such as cer			l,	Approximete Interval Between Onset end Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE OF).	reasi	BREA	\$7				INDET
S	PART II. Other significent conditions	contributing to deeth but no	t resulting in	the underlyin	g cause giver	ı in Part I.	24a. WAS AN PERFO	RMED?	CO OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
PHYSICIAN: MEDICAL		HOSPITAL:		THER:	LACE OF OEATH	,			11	
В	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY — At hullfling etc. (Specific)	28b. TIME (INJUR	M 1 🗆	JURY AT ORK? YES 2 1-NO	F0 281. LO	CATION (Street	end Number or	CH	A-IR Number,
BE COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICI	building, atc. (Specify) AN: To the best of my knowledge, On the basis of examination end/		at the time, dat		due to the ci		nner as stated,	ause(a) an	od menner as stated.

7		cede	11114/110	L
. Ny	ME ANO ADORESS O	F PERSON WHO, COMPLETE	D CAUSE OF DEATH (ITEM 27) (Type, Print)	_
_	000000	7 AAMILIO	10215 FERNWOOD	1
	RANCH (1111116	10HS / ZRNWOOD	9

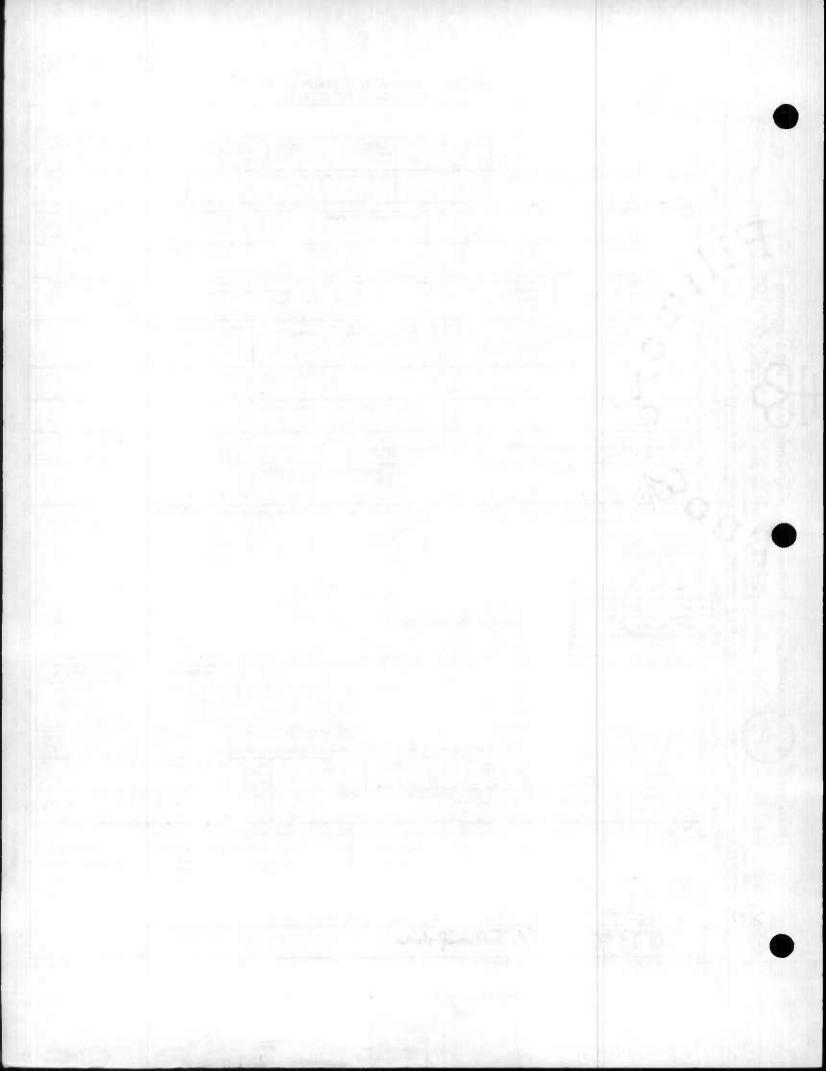
31. DATE FILED (Month Jonale St. 92

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Illean man win signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the action and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSITA TO THE FUNERAL DIRECTOR: After this chall be filed within 72 hours after death with the

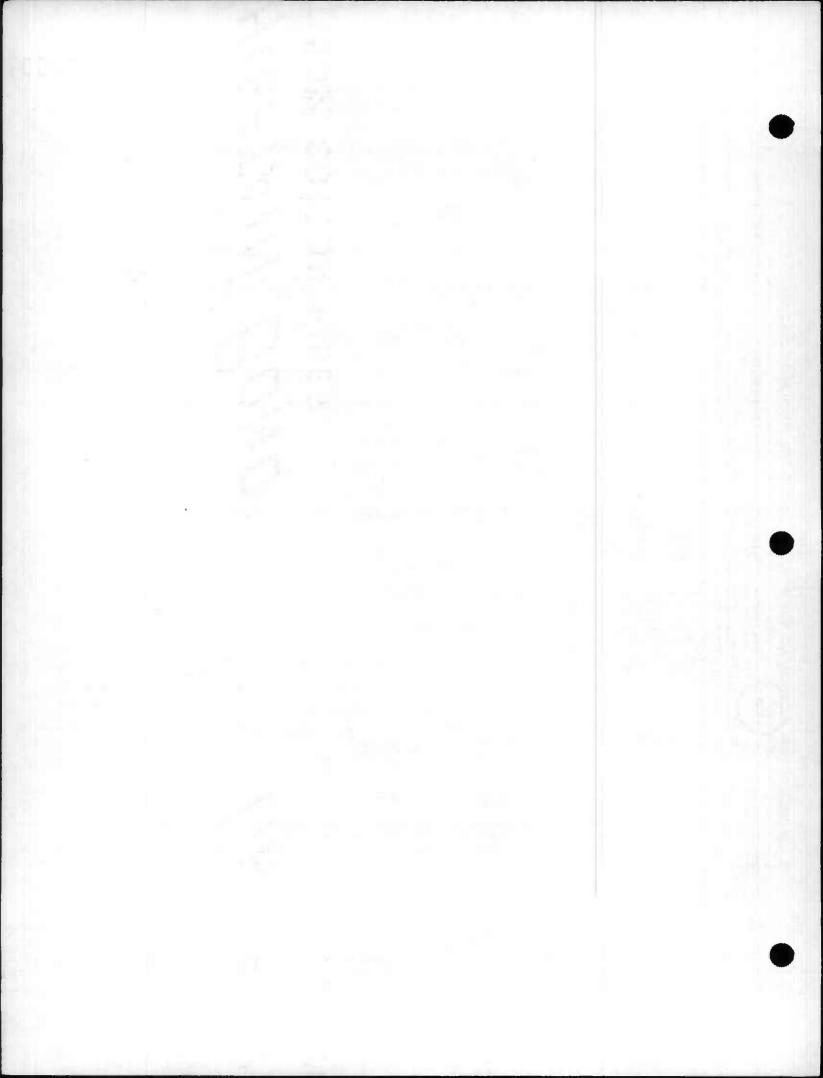
1. DECEDENT'S NAME (First, Middle, Last)					F DEATH	2. DATE O	REG. NO			3. TIME OF DEATN
James	_ JAMES DEWEY D					0.7	08		YEAR	5:30 P.
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		eadmon	IF UNDER 24 HRS.	7. DATE O	F BIRTH		8. BIRTN	PLACE (State or Foreign
577-34-3038	1½ M 2 □ F	63	YRS.	MONTHS DAYS	HOURS MIN.	OCT.	31,	1928	WAS	HINGTON,
Sa. FACILITY NAME (If not institution, give i				9b. CITY, TOW	OR LOCATION OF	DEATH		9c. COU	YTY OF DE	EATN
3518 Emperor C	ourt			Bowie				Pri	nce (Georges
10a. STATE 10b. COUNT			10c. CITY, TOWN OR LOCATION BOWIE							10d. INSIDE CITY LIMITS? 1 .YES 2 NO
3518 EMPEROR	COURT				20716	5			ZEN OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1) IF YES, GIVE W	LEVER IN U.S. AF YES 2 AR OR DATES	RMED NO	If yes,	ECENDENT OF HISP specify Cuben, Mexi ES 2 NO Specific	can, Puerto Ric	(Specify Yes	or No-	Black	- American Indian, White, etc. y: WHITE
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a, DI	ECEDENT'S Sive kind of a	USUAL OCCUPA work done during in se retired.)	TION most of working	16b. 1	CIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)				ARTMENT	TY	c Do	CTAT	CEP	UTOE
17. FATHER'S NAME (First, Middle, Last)		LIN	01 1101	TON DEP	18. MOTHER'S		S. PC		SER	ATCE
JAMES D.	DEADMON	N, SR.			IRENE		ddle, Meiden RIECHE			
19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS (Stree	t and Number or Rurs				Codel	
BETTY R. HORNE	1.2									0
BETTY R. HORNE 3426 DUKE STREET, COLLEGE PARK, MD 20740 20a. METNOD OF DISPOSITION 10 Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cognition, cremator, or other place) 20c. LOCATION — City or Town, State									vn, State	
12.1 Surfail 2 Cremation 3 Removal from State Complex Cremation Complex Crematio										
FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD										
23. PARTA. Enter the diseases, pr	1. Carob	ceused the de	eath. Do r	FRANC 500 U	NIVERSIT	LLINS Y BLVI	FUNER	RAL H	OME,	INC. P., MD 20
23. PARTA. Enter the diseases, proshock, or heart failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that Liet only one cause	CT GUN	SHOT	FRANC 500 U not enter the n	NIVERSIT	LLINS Y BLVI	FUNER	RAL H	OME,	INC. P., MD 20 Approximata
immediate cause (Finel disease or condition	complications that Liet only one cause	se Dn each line	SHOT	FRANC 500 U not enter the n	NIVERSIT	LLINS Y BLVI	FUNER	RAL H	OME,	INC. P., MD 20 Approximata
shock, or heart feiture. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	complications that Liet only one cause a. CONTA	CT GUN	SHOT	FRANC 500 U not enter the n	NIVERSIT	LLINS Y BLVI	FUNER	RAL H	OME,	INC. P., MD 20 Approximata
shock, or heart feilure. iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. CONTA DUE TO (C T G U N	SHOT DUENCE OF	FRANC 500 U not enter the n WOUNE	NIVERSIT	LLINS Y BLVI	FUNER	RAL H	OME,	INC. P., MD 20 Approximata
shock, or heart failure. iMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CONTA DUE TO (DUE TO (d.	CT GUN OR AS A CONSE OR AS A CONSE	SHOT DUENCE OF	FRANC 500 U not enter the n W O U N [NIVERSIT	LLINS Y BLVI ich as cardis	FUNEF . , W. ac or reapi	AUTOPSY MED?	OME, L. Sl	INC. P., MD 20 Approximate interval Betwoest and D
shock, or heart feiture. iMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	a. CONTA DUE TO (DUE TO (d.	CT GUN OR AS A CONSE OR AS A CONSE	SHOT DUENCE OF	FRANC 500 U not enter the n W O U N [NIVERSIT	LLINS Y BLVI ich as cardis	FUNER . , W. ac or reapi	AUTOPSY MED?	OME, L. SI eat,	INC. P., MD 20 Approximata interval Betw Onset and D
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Shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	a. CONTA DUE TO (DUE TO (d.	CT GUN OR AS A CONSE OR AS A CONSE DR AS A CONSE death but not a	SHOT DUENCE OF	FRANC 500 U not enter the n W 0 U N I F):	INIVERSIT	TLINS Y BLVI ich as cardia A D	FUNER . , W. ac or reapi	AUTOPSY MED?	OME, L. SI eat,	Approximata interval Betw Onset and D
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Shock, or heart feiture, idmeDiATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNIER OF DEATH 1 Natural	COMPlications that List only Dne cause a. CONTA DUE TO (b. DUE TO (c. DUE TO (d	DR AS A CONSE	SHOT DUENCE OF	FRANC 500 U not enter the n W 0 U N (F): F): 26. OTHER: 4 Nursing Ho	INIVERSIT	Part I. 2 Check only one) 6 Other (28d. DESC	FUNER . , W. ac or reapi 24e. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	OME, L. SI eat,	INC. P., MD 20 Approximata interval Betw Onset and D WERE AUTOPSY FINO AMALABLE PRIOR TO COMPLETION OF CAUNO F DEATHY 1 YES 2 ND
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Shock, or heart feiture. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 No 27. MANNER OF DEATH 1 Natural S Pending investigation 28. Manner of DEATH 1 Natural S Pending investigation 29. Manner of DEATH 1 Natural S Could not be determined	CONTAL: 1 DUE TO (DUE T	DR AS A CONSE DR AS	SHOT DUENCE OF OUENCE OF OUENCE OF	FRANC 500 U not enter the n W 0 U N [F): F): In the underlying the control of the control	NIVERSIT node of dying, au O F HE O F HE PLACE DF OEATN (Come 5 M Residence AUUNTY AT O F M Residence	A D Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one)	FUNER . , W ac or reapi 24a. WAS AN PERFOR 1 YES 2 Specify) RIBE NOW II 1 O W 10 O K 10	AUTOPSY MED? NO NUMBER 3 5 1	OME, L. SI eat, 24b.	INC. P., MD 2C Approximata interval Betw Onset and D WERE AUTOPSY FINOT AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH 1 YES 2 ND
Shock, or heart feiture. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Ves 2 No 27. MANNER OF DEATH 1 Natural S Pending investigation 28. Manner of DEATH 1 Natural S Pending investigation 29. Manner of DEATH 1 Natural S Could not be determined	CONTAL: 1 DUE TO (DUE T	C T G U N OR AS A CONSE OR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE INJURY — At he of the conserver of the con	SHOT DUENCE OF OUENCE OF resulting is DOA The Time	FRANCE 500 U not enter the n W 0 U N [F): F): In the underlying the company of the underlying the company of the company of the time, depend on t	INIVERSIT node of dying, au O F HE	A D Check only one) Call Description Check only one) Call Description City or Locat City or R O W Locat	FUNER O., W. ac or reapi Accor reapi	AUTOPSY MED? NO NUMBER 3 5 1	OME, L. SI eat, 24b.	Approximate Interval Betwoonset and D WERE AUTOPSY FINO ANALASILE PRIOR TO COMPLETION OF CAUSE OF COMPLETION OF DEATH? 1 YES 2 ND
Shock, or heart feiture, iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural	COMPICATIONS that List only Dne cause a. CONTA DUE TO (b. DUE TO (c. DUE TO (d	C T G U N OR AS A CONSE OR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE DR AS A CONSE INJURY — At he of the conserver of the con	SHOT DUENCE OF OUENCE OF resulting is DOA The Time	FRANCE 500 U not enter the n W 0 U N [F): F): In the underlying the company of the underlying the company of the company of the time, depend on t	INIVERSIT node of dying, au O F HE	A D Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one) Check only one)	FUNER O., W. ac or reapi Accor reapi	AUTOPSY MED? Ind Number 3 5 1 M. d. d. d. d. d. d. d. d. d. d. d. d. d.	OME, L. SI eat, 24b. 24b. cr Rural Re 8 E n ed. e cause(a)	Approximate Interval Betwoonset and D WERE AUTOPSY FINO ANALASILE PRIOR TO COMPLETION OF CAUSE OF COMPLETION OF DEATH? 1 YES 2 ND



IMPORTANT: If Item 28 is marked, or item 23 moust any injury, or other traumatic event, the medical examiner must be notified at once.

R	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

- STATE REGISTRAR	STATE OF MAKY		MENT OF	HEALTH AND I		YGIENE EG. NO.					
1. DECEDENT'S NAME (First, Middle, Last) NATALINA	G.	DE	L MONTE		2. DATE OF D MONTH July	1, 1992	3. TIME OF DEATH 8:50 I				
4. SOCIAL SECURITY NUMBER 578-01-7655	5. SEX 6. AGE	(In yrs. lest birthday) 97 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day Dec.	25,1894	BIRTHPLACE (State or Foreign Country) taly				
9a. FACILITY NAME (If not institution, give Carroll Manor N			96. CITY, TOWN	OR LOCATION OF OR	ATH	17.512.00	y of DEATH Ce Georges				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry		, TOWN OR LOCA				10d. INSIDE CITY				
Maryland Prin 100. STREET AND NUMBER	ce Georges	Нуа	ttsvill	e of, ZIP COOE		10g. CITIZE	1 街 YES 2 🗌 NO				
4922 LaSalle Roa				20782 CENDENT OF HISPAN	HC OBIGINS (Se		S . A . 4. RACE — American Indian,				
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			n, Puerto Rican		Black, White, etc. Specify: White				
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		Ille. Do NOT use	ork done during m retired.)	lost of working	16b. KINI	D OF BUSINESS/INDU	STRY				
12 17. FATHER'S NAME (First, Middle, Last)		h	ousewif			own home					
Giuseppe Ghillan	i				a Ameri	, Meiden Surname) Cani					
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street			ity or Town, State, Zip C	Code)				
Gloria McNulty		2402	Wyoming	Ave., N.	W.,Wash	ington, I	o.c. 20008				
20e. METHOO OF OISPOSITION 1 🖾 Burial 2 🗆 Cremation 3 🗀 Rer 4 🗆 Donation 5 🗀 Other (Specify)		other place) edar Hill			ly 14,	20c. LOCATION — CI 92 Suit]	ty or Town, State Land, Md.				
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DeVol Funeral Home, 2222 Wiscons Washington, D											
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Congest DUE TO (OR AS Cardiop	ardio-pul A CONSEQUENCE OF ive heart A CONSEQUENCE OF athy A CONSEQUENCE OF	failur				Onset and Dec				
PART II. Other algorificant condition degenarative	n the underlyi	ng cause given in	WAS AN AUTOPSY PERFORMED? YES 2 NO	ED? AMAILABLE PRIOR TO COMPLETION OF CAUSE							
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)											
EXAMINER? 1 YES 2 Mio	HOSPITAL: 1 Inputient 2 ER/Ou	tpatient 3 DOA	OTHER:	me 5 - Residence	Idence 6 Other (Specify)						
27, MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF 28c. II	JURY AT	28d. DEŞCRI	BE HOW INJURY OCCU	URED				
1 Netural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE DF INJUI	3Y Al home, farm, a		YES 2 NO	28f. LOCATIO	OCATION (Street and Number or Rural Route Number, Sky or Town, State)					
4 Homicide determined 29e. CERTIFIER 1 CE											
	(Check only one) MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(s) and manner as stated.										
(Check only		ion and/or investigatio	n, in my opimon,			prace, and ode to the	ceuse(s) and manner as stated				
(Check only	NER: On the basis of axaminat	ion and/or investigatio	y) .	29c. LICENSE NU D296	MBER	29d. DATE	SIGNED (Month, Day, Year) 11y 13,1992				



	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAN
1	TO THE HOSPITAL OR ATTENDING PHYSICIAN TO SET THE METER AND THE HOSPITAL OR ATTENDING PROPERTY. Page 6 may be retained by the hos
7	TO THE FUNERAL DIRECTOR: After this certification has been accorded by the attending physician and completely filled in by the funeral director, page 5 should be detach
)_	be filed within 72 hours after death with the Street and Mental Hygiene prior to burial, cremation, or removal.
	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

THE

31. DATE FILED (Month, Day Year)

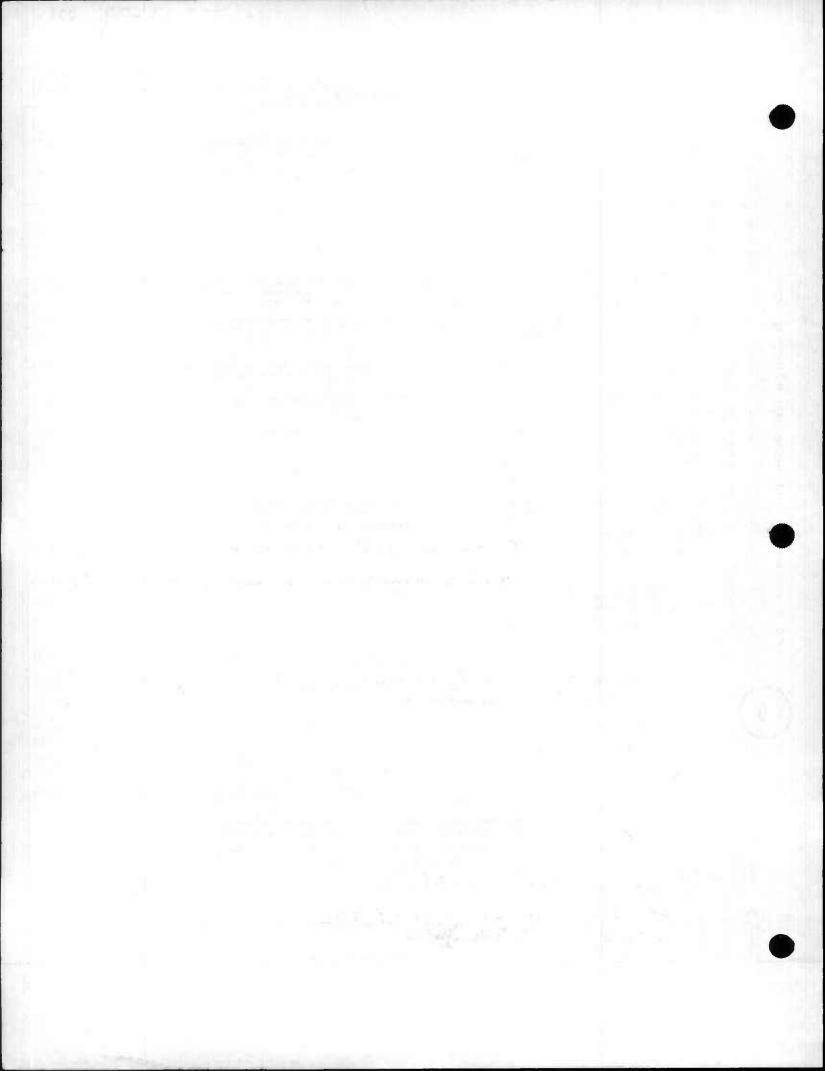
JOHNS

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

HOPKINS HOSPITAL

					6				7.4	5-3 TA	3 002	
	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND /	DEPAR	TMENT OF	HEALTH F DEAT	AND I	MENTAL HYG		92	120608	
	1. DECEDENT'S NAME (First, Middle, Last) TABOR E.	DUNMA		JF				2. DATE OF DEAT		2 YEAR	1:15 a.m.m	
			E (in yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER		7. DATE OF BIRTH (Month, Day, Yes			LACE (State or Foreign	
	231-56-1384 19a. FACILITY NAME (If not institution, give stree		48	YRS.	9b. CITY, TOW		MIN.	April 16,	1944	West V	irginia/	
TOR	THE JOHNS HOPKI		AL			MORE				ALTIM	ORE CITY	
DIRECTOR	10e. STATE 10b. COUNTY				Y, TOWN OR LOC		<u> </u>				Od. INSIDE CITY	
	10e. STREET AND NUMBER			Was	shingto T	of. ZIP COD			10a. CI		AT COUNTRY?	
FUNERAL	912 - "G" Street,	S.E.				2000	3		100		States	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 N	MED O	If yes,	CENDENT Copecify Cuba	ın, Mexicai	NC ORIGIN? (Specifin, Puerto Rican, etc.	Yes or No —	14. RACE - Black, ' Specify:	- American Indian, White, etc.	
	15. DECEDENT'S EDUCAT	TION	16a DEC	FRENTS	USUAL OCCUPA	TON		T 45 YMD OF	BUSINESS/IN	<u> </u>	White	
COMPLETED	(Specify only highest grade col	mpleted) College (1-4 or 5+) 5+	(Giv	re kind of v Do NOT us	ork done during in retired.)	nost of workir					Committee	
S S	17. FATHER'S NAME (First, Middle, Last)		1.000	02200	T Court 7	_		ME (First, Middle, Ms		MIOLE	Camerac	
BE (Tabor E. Dunmar	n, Sr.				Lo		Ellen	Owen	_		
인	19a. INFORMANT'S NAME (Type/Print) Robert C. Hansen					end Number	or Rural A	loute Number, City or	Town, State, Zi	ip Code)		
	Same as #10											
	20s. METHOD OF DISPOSITION 1 Gurdet 2X Cremation 3 Removal from State 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, crematory or other place) Suburban Crematory 7-12 Silver Spring, MD											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A.											
	23. PART j Enter the diseasea, pr con	nplications that ceus	ed the dea	th Dn n		ode of dy	Ave,	Silver	Spring	, MD	20910	
	23. PART LEnter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, ehock, or heart failure. List only one cause on each line. [PNEUMOLYSTIC LARINI PNEUMONIA]								interval Between Onset and Death			
	disease or condition ROBABLE PCP PNEUMONIA DUE TO (OR AS A CONSEQUENCE OF):										9 DAYS	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQU	UENCE OF	ŋ: 	munte	DEF	kiency s	YNDRE	ome)	8 YEARS	
PHYSICIAN: MEDICAL CER	CMV RETINITIS (CHOMEGALOVIRUS) PERFORMED? COMPLETION OF COMPLETION OF OF DEATH? OF DEATH?										ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 KNO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Light lent 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)											
BY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? WORK? 28d. DESCRIBE HOW I								NJURY OCCURED		
LETED	3 Suicide 6 Could not be determined	building, etc. (Sp	ecify)					281. LOCATION (Str. City or Town, St	tate)		te Number,	
COMPLET	(Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my kno	wiedge, deat	th occurre	d at the time, dan	e end place, death occur	and due t	to the cause(e) end lima, date end place	manner as sta , and due to ti	ted. he cause(e) e	nd manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO C	00-8	100/		D	29c. LICE	NSE NUM	BER	29d, DAT	F SIGNED (M	onth Day, Year)	

DHMH-16 Rev 1/89



FOR STATE REGISTRAR

31. DATE FILED (Month, D

6 '92

1. DECEDENT'S NAME (First, Middle, Last)

1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

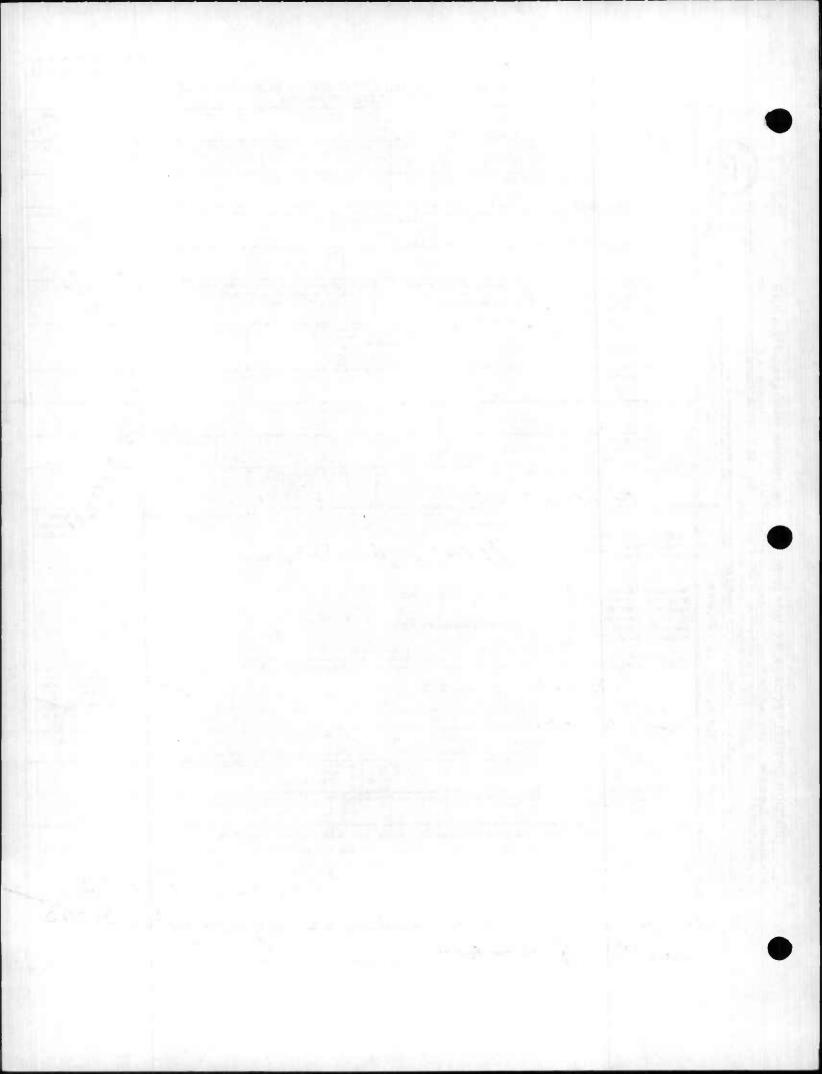
	MONTH											3. TIME OF DEATN		
		ALT	HA ENSO	ENSOR- Pauline Ensor			r				7 - 12			8:00 A
\	4. SOCIAL SECURITY NUM 218-01-75	5. SEX	6. AGE (In yra	s. last birthday) YRS.	IF UNDER	DAYS	IF UNDE	R 24 HRS, MIN.	7. DATE	OF BIRTH	905	8. BIRTH	NPLACE (State or Foreign	
Y	9a. FACILITY NAME (If not it					9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY (
5/	G.B.M.C 6	701 N		ES ST	REET	30.01		WSON		EATH.	BALTIMORE			
D	10a. STATE	10b. COUNT	Y	18c. CITY, TOWN OR LOCATION										10d. INSIDE CITY
DIR	MD.		timore			UPPERCO					LIMITS?			
ERAL	3204 MOU		RMEL RO	A D			10	211				10g. CIT		WHAT COUNTRY?
L L	11. MARITAL STATUS				40450	T								SA
5	1 Never Merried 2 2 3 Wildowed 4 Divi	FORCES?	YES 2	YES 2 DINO If yes, specify Cuben, Mexican, Puerto Rican, etc.)						E — Americen Indien, k, White, etc. White				
		EDENT'S EDU		16a	. DECEDENT'S	USUAL O	CCUPATI	ION	ina	16	b. KIND OF BUS	INESS/INE	USTRY	
	Elementary/Secondary (0-12) 6th grade		College (1-4 or 5	+)	Iffe. Do NOT u	se retired.)		iost or work	ng					
- 1	17. FATNER'S NAME (First, Middle, Last)							18. MOT	NER'S NA	MF /First	Middle, Meiden	Sumamel		
	George Ha					da V			ourname)					
ŀ	190. INFORMANT'S NAME (19b. MAILING	ADORES	S (Street	end Numbe	r or Rural	Route Nun	nber, City or Town	. State. Zic	Code)				
	Leona Ens	or									Upper			21155
	20e METHOD OF DISPOSIT		CE AND DATE	OF DISPOS	N) MOITIE	lame of				CATION -	City or To	wn, State		
4 Donation 6 Dotter (Specify) Forest Baptist Cem.								- /				Md.		
	Steven W. Eline Funeral Home 934 S. Main Street, Hampstead, Md. 21074													
CATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CONGESTIVE HEART FATLURE DUE TO (OR AS A CONSEQUENCE OF): SEVERE AORTIC STENOSIS DUE TO (OR AS A CONSEQUENCE OF): SEPSIS, ASPIRATION								Approximate Interval Betwee Onset and Dasi					
	CAUSE (Disease or inju- that initiated events resulting in death) LAS	ISEOUENCE O	1260-10											
	PART II. Other algoritics CHC	ot reaulting				given in	Part i.	24s. WAS AN / PERFORM	MEO?	24b.	WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO			
	25. WAS CASE REFERRED T	O MEOICAL					26. P	LACE OF D	EATN (Ch	eck only o	ne)		1	
	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpetien	R 3 🗆 DOA	OTHEI		ne 5 🗆 R	esidence	8 🗌 Oth	er (Specify)			
ETED BY PHYSICIAN:	2 27 13/2	27. MANNER OF DEATN 1 Netural 5 Pending 26e. DATE OF INJURY (Month, Day, Year)						JURY AT ORK?			Control (Specify) 28d. DESCRIBE HOW INJURY OCCURED			
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify)									LOCATION (Street and Number or Rural Route Number, City or Town, State)				
			CIAN: To the best of											
				xamination end	/or investigation	on, in my c	pinion, o	_			end place, end) end manner ee stated.
	296. SIGNATURE AND THICK OF CERTIFIER 296. LICENSE NUMBER 296. DATE SIGNEO (Month, Day, Year) 7/12/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type_Print)										1 -			
	C.P. C	HILI	MINO X	SE OF DEATH (19.	rect	in f	-10.	. 1	temi	me (Come	und.

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Cone

	1. DECEDENT'S NAME (First, Middle, Las	** FAURICE	FRANK		EYLER	2. D/	REG. NO.	YEAR 3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1	1 YEAR IF UNDER	24 HRS. 7. DA	ULY 17,199	B. BIRTHPLACE (State or Foreign			
	173-03-3122	1 💢 M 2 🗌 F	85 YRS.	MONTHS	DAYS HOURS	MIN. AP	RIL 25, 1	Country)			
	98. FACILITY NAME (If not institution, giver WASHINGTON CO		ГАІ		AGERST			NTY OF DEATH ASHINGTON			
3	10a. STATE 10b. COU		10c. CIT	TY, TOWN OF	R LOCATION	7111		10d, INSIDE CITY			
אר טוא	100. STREET AND NUMBER	ASHINGTON	Н	AGER	STOWN		10g. CITI	1 YES 2 NO			
FUNERAL	110 ELM STRE				2174			U.S.A.			
5	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE—Black, V 1 YES, GIVE WAR OR DATES 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify: S										
בובה	15. DECEDENT'S E (Specify only highest gra	ade completed)	16a. DECEDENT'S (Give kind of	Work done do	CUPATION luring most of workin	g	16b. KIND OF BUSINESS/INC	DUSTRY			
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		CK DRIVER LUMBER COMPANY							
	17. FATHER'S NAME (First, Middle, Last) CHARLES HEN	NRY EYLER		-			st, Middle, Melden Sumame)	DAKED			
J BE	19a. INFORMANT'S NAME (Type/Print)	VIII LILLI	19b. MAILING	G ADDRESS			LIZABETH lumber, City or Town, State, Zip	BAKER			
5	GLENN C. BECKNER 18 ½ BELVIEW AVENUE, HAGERSTOWN, MD										
	20e, METHOD OF DISPOSITION 1 (X Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify) Date Dat										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ANDREW K. COFFMAN FUNERAL HOME, INC										
- 18	ANDREW R. CUPPMAN FUNERAL HUME, INC. 40 E. ANTIETAM ST., HAGERSTOWN, MD. 21740 23. PART I. Enter the diseases, or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approxim										
	IMMEDIATE CAUSE (Final disease or condition	or complications that cause on a	ach ilne.	not enter t	E. ANTI	ETAM S	T., HAGERSTOW ardiec or respiratory arr	N, MD. 21740 reat, Approximate interval Batw			
	IMMEDIATE CAUSE (Final	a	ach ilne.	not enter t	E. ANTI	ETAM S	T., HAGERSTOW ardiec or respiratory arr	N,MD. 21740 reat, Approximate interval Batw			
AL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infiliated events	b. DUE TO (OR AS a DUE TO (OR AS a d	A CONSEQUENCE O	40 npt enter t	E. ANTI	ETAM S'	T., HAGERSTOW	N, MD. 21740 Peat, Approximate interval Batwoonset and De Onset and D			
MEDICAL CERTIFICATION	SHOCK, Dr heart failure shock,	b. DUE TO (OR AS a DUE TO (OR AS a d	A CONSEQUENCE O	40 npt enter t	E. ANTI the mode of dyl	ETAM Sing, such se o	T., HAGERSTOW ardiec or respiratory are 24a, WAS AN AUTOPSY PERFORMEO? 1 YES 2 No	N, MD. 21740 Peat, Approximate interval Batw Onset and De Onset and D			
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	SHOCK, Dr heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of the conditio	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF A CONS	OTHER: OTHER: A In the und OTHER: A In the und OTHER: A In the und OTHER: A In the und OTHER: A In the und OTHER: OTHER: A In the und OTHER: OT	E. ANTI the mode of dyl Significant of the mode of dyl 26. PLACE OF DE ing Home 5 Re 26c. INJURY AT WORK? 1 YES 2 Try, office me, date and place,	IVen in Part i.	T., HAGERSTOW ardiec or respiratory and ardiec or respiratory and 24a, WAS AN AUTOPSY PERFORMEO? 1 YES 2 PRO OCATION (Street and Number lity or fown, State) ceuse(a) and manner as state lets and place, and due to the	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO			



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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGI				
	1. DECEDENT'S NAME (First, Midgle, Last)	and the same of th				2. DATE OF DEATH MONTH		3. TIME OF DEATH		
	MAGDALENE 4. SOCIAL SECURITY NUMBER			FUA	res	JULY	6,199	2 11:13 P		
	212-56-2362	1 🗆 M 2 💢 F 💮 8	9 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Dec. 19,)	i. BIRTNPLACE (State or Foreign Country) Maryland		
JOR J	9a. FACILITY NAME (If not institution, give	street end number) HOSPITA			NARD	TOUR		Y OF DEATH		
DIRECTOR	10a. STATE 10b. COUNTY Maryland St.	Mary's		onardto				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☑ NO		
ERAL	Cedar I ane Apartm	ents #219		101	20650			EN OF WHAT COUNTRY?		
BY FUNE	III . I LIGHT WELLING 5 I WELLING	FORCES? 1 TYES	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \(\text{YES} \) YES 2 \(\text{XND} \) IF YES, GIVE WAR OR DATES			NIC ORIGIN? (Specify In, Puerto Rican, etc.) y:		4. RACE — American Indian, Black, White, atc. Specify: White		
LETED	Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use in HOUSEW	k done during mo: etired.)	ON st of working	186. KIND OF	BUSINESS/INDUS			
at once.	17. FATNER'S NAME (First, Middle, Lest) Robert Alexand	er Pilkerto		.110	16. MOTHER'S NA	AME (First, Middle, Maid	den Surname)	erton		
TO BE	II 19a INFORMANT'S NAME (Topo/Dried)		19b. MAILING AI	odress (Street e	nd Number or Rural	Route Number, City or	Town, Stete, Zip Co			
must be	20e. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from State Cem	PLACE AND DATE OF stery, cremetory or other Cred Hear	DISPOSITION (Ne	me of	DATE 20c.	LOCATION - CH	_		
examiner must be	21. SIGNATURE OF FUNERAL SERVICE L		ren	22. NAME AN Mattir	ngley-Ga	ouny rdiner Fu	neral H	Home, P.A. aryland 20650		
event, the medical	23. PART I/Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse on ea	ch ilne.	enter the mod	de of dying, suc	h as cerdiec or re	spiratory arres	Approximate interval Betwee Onset and Deal		
or other traumatic	DUE TO(OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO(OR AS A CONSEQUENCE OF): CLULLIA (D. LACT) DUE TO(OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
hows any Inju	PART II. Other significent condition O S Lev artle Protein D	mte	t not resulting in	the underlying	g cause given in	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 VES 2 NO		
23 AN:	25. WAS CASE REFERRED TO MEDICAL									
SICIAN	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch					
marked, or item, 23 s BY PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU	URY AT	6 Other (Specify) 28d. DESCRIBE NO	N INJURY OCCUP	RED		
28 IS	2 Accident Investigation 3 Suicide S Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	At home, ferm, stre		1.5	281. LOCATION (Stre City or Town, Sta		Rural Route Number,		
IMPORTANT: If item O BE COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of my knowle ER: Dn the basis of examination	edge, death occurred a	it the time, date	end place, end due	to the cause(e) end r	nanner as stated, end due to the c	:ause(e) end manner ee stated.		
MPORT	295. SIGNATURE AND TITLE OF CERTIFIE	Com			29c. LICENSE NUI	1380	29d. DATE S	SIGNED (Month, Day, Year)		
를 C	30. NAME AND ADDRESS OF PERSON WITH DR JUHN F	ENWICK	Leon		ı, Maryl		0			
	31. DATE FILED (Month, Day, Year) JUL 0 9 '92	32 HEASTRAR'S SIGNA	TURE Pandale							

10.00 m

3. TIME OF OEATH

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4:31

FOR STATE REGISTRAR

Frank

4. SOCIAL SECURITY NUMBER

William E.

31. DATE FILEO (Month, Day, Year) 14 '92

Battle,

M.D.

1. OECEDENT'S NAME (First, Middle, Last)
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL OR ATTENDING PHYSICIAN: TH

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS	7. DA	TE OF BIRTH	1	BIRTHPLACE (State or Foreign	
	579-58-4962	1 M 2 D F	77	YRS.	AS. MONTHS DAYS HOURS MIN, (Month, De					Dey, Year) Country)		
	9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN O	R LOCATION OF		11. 44		Murhay, KY	
S	5817 Johnson Ave	enue			Be	the	sda			Mo	ntcomown	
DIRECTOR	RESIDENCE OF DECEDENT					- CIIC	buu			MO	ntgomery	
	10a. STATE 10b. COUN	ry		10c. C/1	10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
	FL Co1	lier		1	Marco	Isl	land				1 TES 2 NO	
AL	10e. STREET AND NUMBER	-				_	ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?	
FUNERAL	1287 N. Collier	Blvd.				1 2	33969			11	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. W	AS DEC	ENCENT OF HISP	ANIC ORIG	GIN? (Specify Ye		. RACE — American Indian.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2	NO			2 NO Spe		o Rican, etc.)		Black, White, etc. Specify: White	
8		& Kore								MILLCE		
	15. DECEDENT'S EDI (Specify only highest grad	JCATION (e completed)	(0	Give kind of	Work done du			1	6b. KIND OF BU	USINESS/INDU	STRY	
COMPLE	Elementary/Secondary (0-12)	+)	b. Do NOT u	se retired.)								
Ē		ffici	ial				U.S.	State	Department			
3	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S I	IAME (Firs				
	Leslie Ellis Hortense Paschall											
	19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRESS	Street ar	nd Number or Run				ode)	
-	June Nirris Augu	st Ellis		1287	N. Co	011i	er Blvd	l M	farco T	brele	FL 33969	
	20a. METHOD OF DISPOSITION		20b. PLACE	ANODATE	OF DISPOSIT	ION (Nar	me of		TE 20c. L	OCATION - CI	y or Town, State	
	1 Burial 2 Cremation 3 Ren	noval from State	Sout	h P1e	ther place) Pasant	- Gr	OVE	7/				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Joseph Gawler's Soms, Inc.											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate											
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c											
CERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d											
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN PERFOR								RMED?	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL					20 PH 6	ACE OF DEATH (C					
2	EXAMINER?	HOSPITAL:	I EDIO A LIVE A		OTHER:							
N S	27. MANNER OF DEATH	1 Inpetient 2 = 28a. DATE OF		28b. TIM			5X Rasidence	-				
- 1	1 XNatural 5 Pending	(Month, D	ay, Year)	INJ	URY M	8c. INJU WOR	ES 2 NO	286. D	ESCRIBE HOW	INJURY OCCUI	REO	
B	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE Of building,	F INJURY — At ho	ome, farm, s	street, factor			281. LO	CATION (Street y or Town, State	and Number or	Rural Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of	my knowledge, de	eath occurre	ed at the tim	e, deta s	and place, and du	a to the c	euse(a) end ma	inner as stated.	ause(s) and manner as stated	
3			0		ar any opi	ull	occurred at th	e turnii, dii	a and place, at	no qua to the c	ause(s) and manner as stated.	
IO BE	296. SIGNATURE AND TITLE OF CERTIFIE	- 5/	Fall	tt			29c. LICENSE NU	35	17	29d. DATE S	IGNED (Month, Day, Year)	
=	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type	Print)	-					1-11	

, 1145-19th St., NW, Washington, D.C.

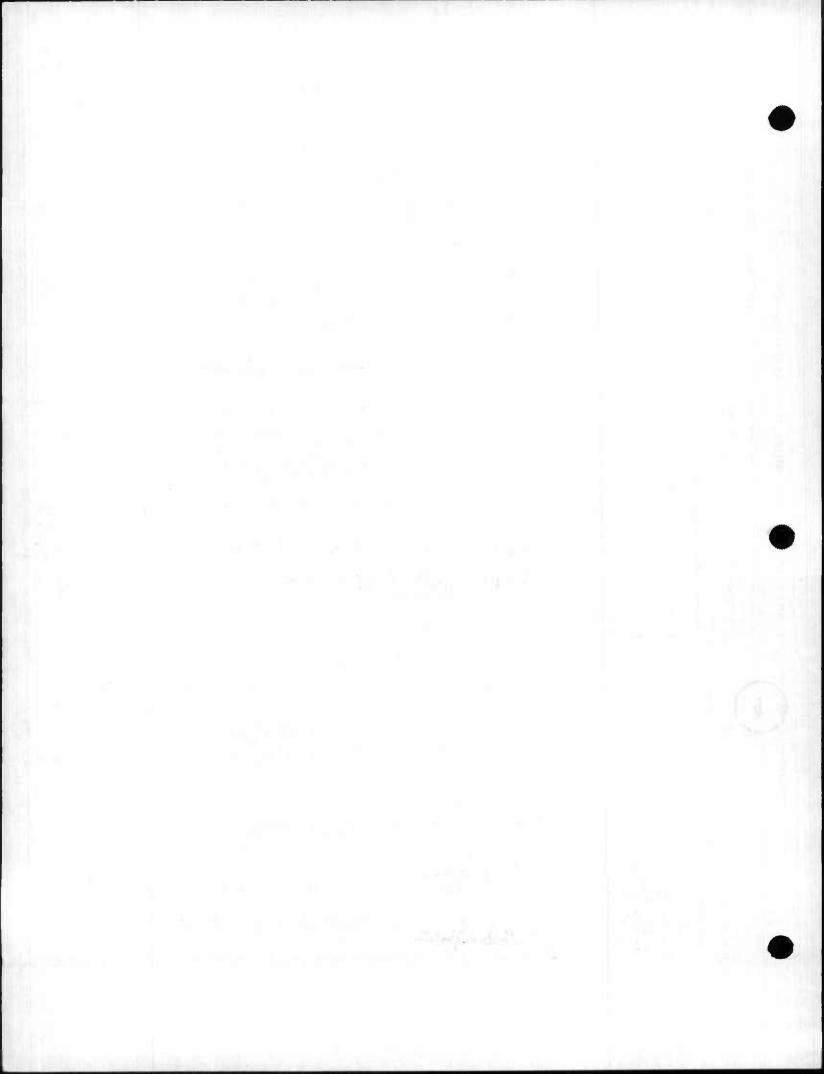
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Ellis

2. DATE OF DEATH MONTH July 10

10, 1992 YEAR

20036



OR ALLEMBING PHYSICIAM. THE WINDOWN THE DEATH CETHICATE DE EXECUTED WITHIN 24 HOURS ATEC DEATH. PAGE 6 MAY DE FOTAINED BY THE NO.	VIRECTOR: After this certification was recorded to the attending physician and completely filled in by the funeral director, page 5 should be detach		iom 28 is marked, or line 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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BE COMPLETED

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-	1 - STATE OF STATE OF	MARYLAND) / DEPAR CERTIF	TMENT	OF HE	ALTH DEAT	AND I			92	20613
	1. DECEDENT'S NAME (Elist, Middle, Last) 4. SOCIAL SECURITY NUMBER 579-42-4957 98. FACILY TRAME (# not institution, give street and manuals.	lest birthday) YRS.		MYS	IF UNDER	MN.		PTH (Year) - 1933	NE NE	W YORK	
DIRECTOR	Syburban H	aspit	M	9b. CITY, T	IESD	A	ON OF DI	EATH		TGOM	
	MARYLAND MONTGOMERY			Y, TOWN OR	E						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10401 GROSVENOR PLAC	E # 710)	_	101. 2	ZIP CODI	^E 2085	2			STATES
ВУ	1 Never Married 2 Married FORCES?	ENT EVER IN U.S. 1 TYES 2	NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, WI YES 2X NO Specify: Specify:					E American Indian, k, White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or :	5+)	69. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) EXECUTIVE SECRETARY WASHINGTON SUBU					JRBAN TRANS			
BE CO	17. FATHER'S NAME (First, Middle, Last) HARRY GLASS					HER'S NA	GRAEF	, Malden Surname)		
TO E	19a. INFORMANT'S NAME (Type/Print) SHEILA TEMPCHIN		19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 12621 FOLLY QUARTER ROAD — ELLICOTT CITY, MD.21042								
	20a METHOD OF DISPOSITION 1 N Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLA cernetery	PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State UDEAN MEMORIAL GARDENS 7/13 OLNEY, MARYLAND						own, State		
	21_SHONATURE OF FUNERAL SERVICE MICENSEE	me		DAN	ZAN	SKY-		DBERG M			PELS, INC. MD.20852
	23. PART I. Enter the diseases, or complications to shock, or heart failure. List only one of IMMEDIATE CAUSE (Finel disease or condition resulting in death)	week	death. Do r	not enter th	e mode	o of dyl	ing, suc	h sa cardiec e	or reepiratory	nrrest,	Approximate interval Between Onset and Deat
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	O (OR AS A CON		r):	a	ice	No	ma s	of the	leeny	2

PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 - YES 2 - NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 100 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 A inpatient 2 ER/Outpatient 3 DOA OTHER: 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 6 Pending
Investigation 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s)

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death

29d. DATE SIGNED (Worth, Day, Year) 296. SIGNATURE AND TITLE OF CERTIFIER DO 593

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Ro TER 10313

31. DATE FILED (Month, Day, Year)

JUL 13 '92

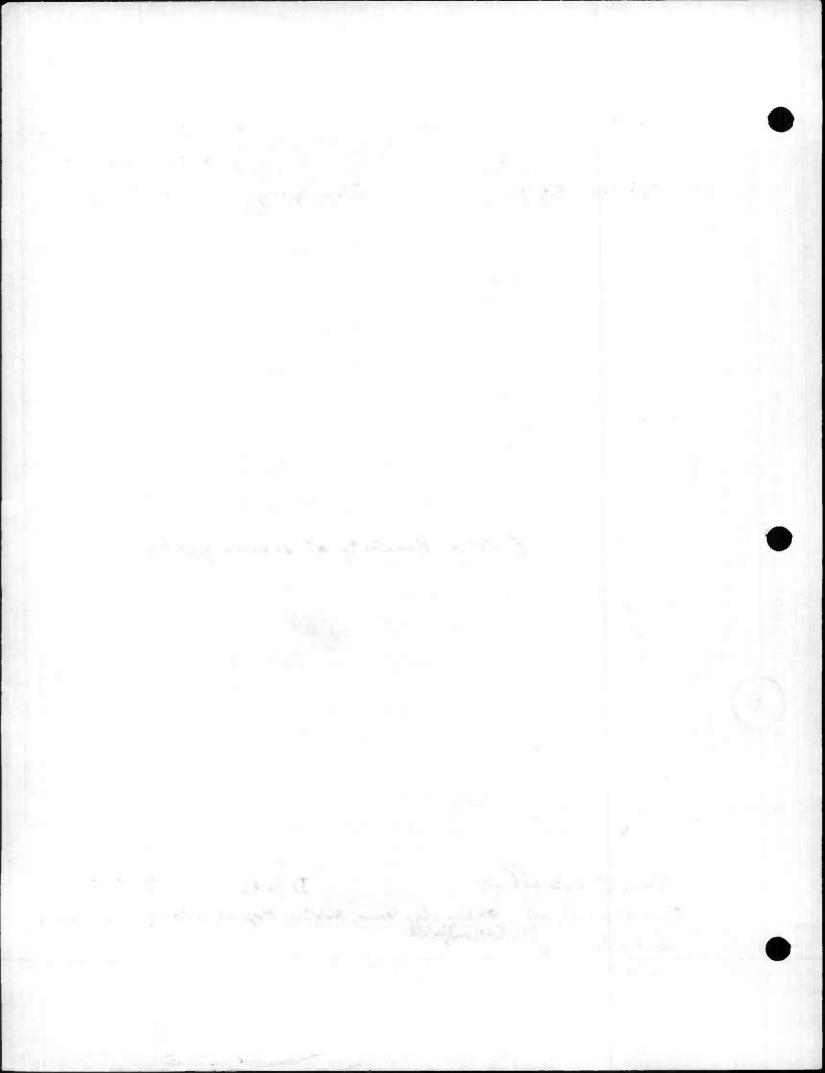
32. REGISTRAR'S SIGNATURE

Superior I Fischer

020	physic
BALTIMORE, MARYLAND 21215-0020	within 24 hours after death. Page 6 may be retained by the hospital or attending physic
AND	he hosoit
Y	3
MAR	retained
RE,	may be
0	40
Σ	Page
ALT	death.
m	after
	24 hours
60,	within

BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	certificate in been made in the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	val	i examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The pay includes the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate in the completely filled in by t	be filed within 72 hours after death with the State Death of Heart and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 and me any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MAR		RTMENT OF H			YGIENE EG. NO.			
		Baby Fin	Girl	Finnblad	le	2. DATE OF D	EATH DAY	YEAR 3. TIME OF DEATH 92 7-05 A M		
-	4. social security number None	1 🗆 M 2 💆 F	GE (In yrs. lest birthda YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		PTH Year) 92	B. BIRTHPLACE (State or Foreign Country) Mary land		
TOR	90. FACILITY NAME (It not institution, give street and number) 90. CITY, TOWN OR LOCATION OF DEATH 90. COUNTY OF DEA ### Solver Spring RESIDENCE OF DECEDENT 90. COUNTY OF DEATH 91. COUNTY OF D									
DIRECTOR		ce George's	George's Adelphi							
FUNERAL	9111 26th Avenu					20783	Uni	en of what country? .ted States		
BY	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 X NO	if yes, sp	ENDENT OF HISPAN ocity Cuban, Mexica 2 X NO Specify		14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind o	'S USUAL OCCUPATION of work done during management of the control			OF BUSINESS/INDU	ISTRY		
8	17. FATHER'S NAME (First, Middle, Last)		110	116	18. MOTHER'S NA					
	Richard Todd Fin	nblade					aslousky			
TO BE	190. INFORMANT'S NAME (Type/Print) Richard & Diane F:	innblade		e as 10				Code)		
	20a. METHOD OF DISPOSITION 1 General 2 Committee 3 Remo	wal from State	206. PLACE AND DAT	e of disposition (Na rother place) Cremator	me of	7-10	20c. LOCATION — C	oring, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE		PP	22. NAME AF	D ADDRESS OF FA	Servic	es, P. A.			
NO	23. PART I. Enter the diseases, or canock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	DUE TO (DR A	n eech line.	naturity OF:				Interval Between Onset and Death		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	DUE TO (OR A	S A CONSEQUENCE	DF):						
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions	contributing to deat	h but not resulting	g in the underlying	cause given in		WAS AN AUTOPSY PERFORMED? YES XX NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
2	EXAMINER? 1 YES 2 X NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
¥∥	27. MANNER OF DEATH	1 A Inpetient 2 ER/C		4 Nursing Hom IME OF 28c. INJ	5 Residence		city) E HOW INJURY OCCI	IDED		
B	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Yea	ir)	NJURY WO	RK? ES 2 ND					
ETED	3 Suicide a Could not be 4 Homicide determined	building, etc. (S	Specify)			City or Tow	n, State)	r Rural Route Number,		
COMPLET		EIAN: To the best of my kn						d. ceuse(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER Thomas & Wis	well mp			29c. LICENSE NUN	IBER	29d. DATE	SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO Thomas E. Wiswell			service, No			Silvers	/ (/		
	31. DATE FILED (Month, Day Year)	A. P. SUMAS	GNA dans LADZ		1	1	7.1000 37.	1 10 00110		



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M	e retair	5 sho	notifi
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2	9 96	directo	T BU
DALIIMORE, MARTLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires, man the down certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been with the completely filled in by the funeral director, page 5 should be detached	be med writin 72 Hours are death with the State Dept. Or maintenance system provide unual, cremation, or remova. IMPORTANT: If Item 28 is marked, or Item 23 shown with injury or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

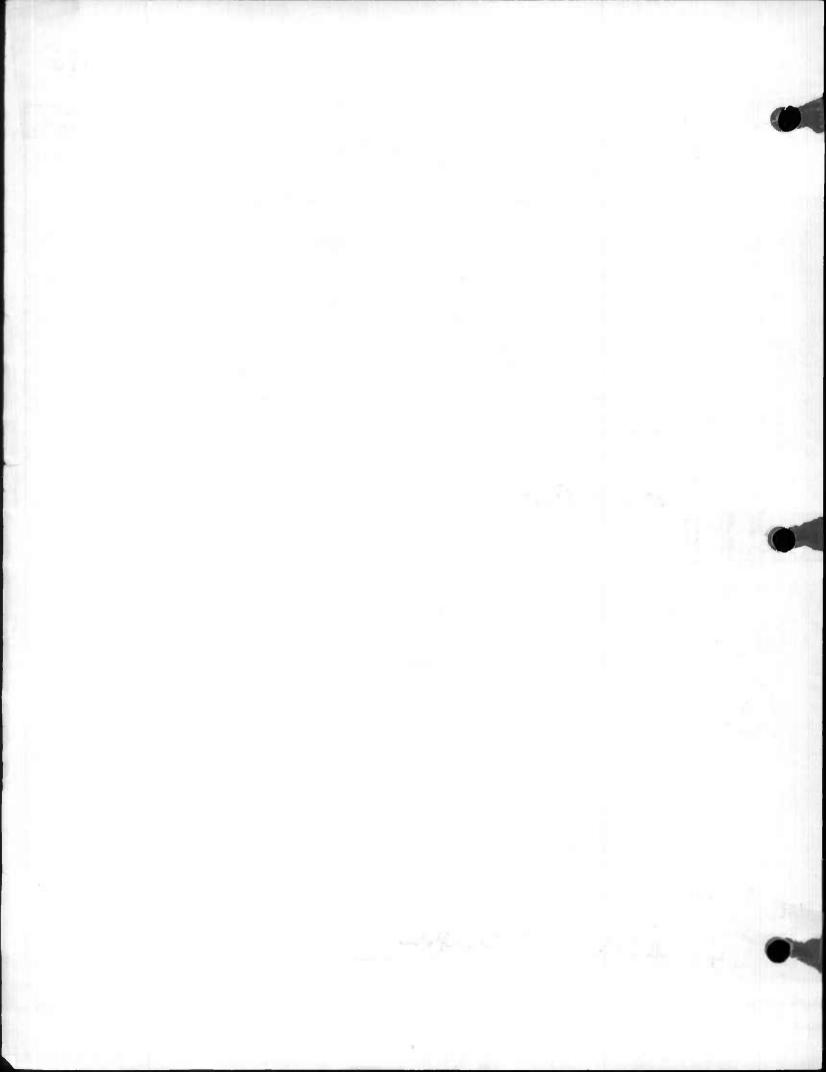
	FOR STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAI	RTMENT	OF H	IEALTH DEA	AND	MENTA	L HYGIEN	_	92	20615
	1. DECEDENT'S NAME (First										OF DEATH			3. TIME OF DEATH
- 1	Charlotte		lgate							MONT	8.	9	2 YEAR 9	:35 P M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER			R 24 HRS.		OF BIRTH		8. BIRTHP	LACE (State or Foreign
	579-44-780	-	1 M 2 M F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	Ju			Wash	nington D.C
OR	90. FACILITY NAME (# not in Montgomer	ıl		lney	OR LOCAT	ION OF DI	EATH			tgom				
띮	RESIDENCE OF DEC	10b. COUNT	Y		10c CI	ry, town o	OR LOCAT	ION						10d, INSIDE CITY
DIRECTOR	Md.		ontgomery											LIMITS?
AL	10e. STREET AND NUMBER		, <u></u>			N- 14. 14.		ZIP COD				10g. CIT		HAT COUNTRY?
FUNERAL	15307	Barnir	ngham Ct.					2090	06			II.	S.A.	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.				ENDENT	OF HISPAI		N? (Specify Yes		14. RACE	- American Indian,
ВУ Б	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	Пио	If yes, specify Cuben, Maxican 1 ☐ YES 2 🔣 NO Specify:								White, atc.	
		EDENT'S EDU	CATION	Lan	DECEDENTIA		001104							White
	(Specify ont	y highest grade	completed)		DECEDENT'S (Give kind of life. Do NOT u	work done	during mo	st of worki	ng	161	s. KIND OF BU	SINESS/INC	DUSTRY	
COMPLETED	12	-12)	College (1-4 or 5		Iomema	aker					Н	ome		
Š	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NA	ME (First,	Middle, Maiden	Surneme)		
BE (Edwin	I	Bayly					Me	ary		Tu	lley		
2	190. INFORMANT'S NAME (7		N-W-		19b. MAILING	ADDRES	S (Street e	nd Numbe	r or Rural	Route Num	ober, City or Tow	rn, State, Zip	Code)	
-	Rita Sheff				5319	Falm	outh	Rd.	Bet	thesc	la, Md.	208	16	
	20a. METHOD OF DISPOSITI	n 3 🗆 Rem	oval from State	20b. PLAC	EAND DATE	AND DATE OF DISPOSITION (Name of ematory or other place)						CATION —		
	1 Burlet 2									verda	le, N	1d.		
	Management	a C	11/4	670		- 1								
	23. PART I. Enter the di	3-1-1	complications the	neces	deeth Do	<u> </u>	OT (Leve	Land	1 Ave	Rive	erdal	e, Mo	20737
	shock, or he iMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart fallura.	a. Cere	bral	Vasc	ula			-			iratory an	eat,	Approximate interval Batween Onset/and Death
	DUE TO (OR AS A CONSEQUENCE OF):													
ON I	Sequentially list conditions, If any, leading to immediate													
CAT	cause. Enter UNDERLYING													
Ē	CAUSE (Disease or Injuthat initiated events		DUE TO	(OR AS A CONS	EOUENCE O	F):								
CERTIFICATION	resulting in death) LAS		d											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in i								PERFORMED? AVAIL COMP			WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ.														1 TES 2 NO
IA	25. WAS CASE REFERRED TO	O MEDICAL					28. PL	ACE OF D	EATH (Ch	eck only o	ne)			
Sic	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER		• 5 🗆 R	eeldence	8 🗆 Othe	er (Specify)			
£	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIN		28c. INJ				SCRIBE HOW I	NJURY OC	CURED	
BY		Pending Investigation	(110.11.1.1			M	_	rES 2] NO					
ETED	3 Suicide 6	Could not be determined	28e. PLACE C building,	OF INJURY — At I atc. (Specify)	home, farm,	street, fect	ory, offic	•		28f. LOC City	ATION (Street or Town, State)	and Number	or Rural Ro	ute Number,
COMPLE			CIAN: To the best of											
8	2 MEO	CAL EXAMINE			r Investigatio	on, in my o	pinion, d	eath occu	red at the	time, date	and place, an	d due to th	a cause(s)	and manner as stated.
B	296. SIGNATURE AND TITLE	OF CERTIFIER	DR.Go.	ldberg				29c. LIC	28	PAGER 79	/	29d. DAT	SIGNED (Month, Dey, Year)
2	200 NAME AND ADDRESS OF ROGER Le	PERSON WH	O COMPLETED CAU	SE OF DEATH (IT	211	Print)	seto	wn	65	B	Thesd	a V	W)	20814
	31. DATE FILEO (Month, Day, JUL 13 '9		a REGISTRA	MIS SIGNATURE	delle.		1							41/

and the state of the state of . Left , there bull . as a squared to the . I se constitution of the

ECO	Saint	Laigned.	Tare .	OWS A
AL B	The Part of	Mar Neg	B 100 E	g g
DIVISION OF VITAL	SICIAIN	certificat	h the Star	d, or the
0 N O	DING PHY	After this	death wit	s marke
INISI	OR ATTEN	DIRECTOR:	ours after	em 28 i
	TO THE HOSPITY LOR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certification	within 72 h	IMPORTANT: If item 28 is marked, or its
	TO THE	THE THE	be filed	IMPOR
0.				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART			NTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, L	est)				DATE OF DEATH		3. TIME OF DEATH	
	,	BETTY BURKE F	RANCISCO			JUL 7	1992 YE	8:22 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		IF UNDER 1 YEAR		DATE OF BIRTH (Month, Day, Year)	8. B	HRTHPLACE (State or Foreign	
-	217-46-6062	1 🗆 M 2 🖵 F	83 YRS.	ONTHS DAYS	HOURS MIN.	JUNE 3 1		Columbia	
	9a. FACILITY NAME (If not institution, g	ive street and number)		b. CITY, TOWN (R LOCATION OF DEATH		9c. COUNTY		
CTOR	NATIONAL NAVAI	MEDICAL CENT	ER		BETHESDA		MON	NTGOMERY	
<u> </u>	10e. STATE 10b. CO		ON			10d. INSIDE CITY			
DIRE	MARYLAND M	ONTGOMERY		BETHES	DA			1 YES 2 NO	
AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	7806 GLENBROOK	ROAD			20814		IINT	TED STATES	
5	11. MARITAL STATUS	12. WAS DECEOENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yes	or No- 14. I	RACE American Indian.	
	1 Never Married 2 Married	FORCES? 1 YES			ecify Cuben, Mexican, P 2 NO Specify:	uerio Rican, etc.)		Black, White, etc. Specify:	
BY	3 Widowed 4 Divorced				11-3			WHITE	
8	15. DECEDENT'S (Specify only highest g		16a. DECEOENT'S US (Give kind of wor	rk done during mo		166. KIND OF BUS	SINESS/INDUST	RY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	retired.)					
MPL		4	TEACH	HER		EDUCA			
8	17. FATHER'S NAME (First, Middle, Last,)			18. MOTHER'S NAME	First, Middle, Meiden	Sumame)		
BE	WILLTAM F	RURKE				MACAULEY			
2	19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural Rout	*			
	WELLINGTON FRANC			-	Brd Drive,	A STATE OF THE PARTY OF THE PAR	to the same of		
	20a. METHOD OF DISPOSITION 1 Derived 2 Of Cremation 3 D I		b. PLACE ANO DATE DF metery, crematory or other				CATION - City		
	4 Donation 5 Other (Specify)		metery, cremetory or othe Suburban C				er Spr	ing, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE			Funeral S		РΔ		
	they ma	See -		933 (Sist Avenu	e. Silver	Sprin	g, MD 20910	
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST CONCESTIVE HEART FAILURE ANOXIC ENCEPHALOPATHY OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
AL C	PART ii. Other significent condi	itions contributing to deeth	but not recuiting in	the underlying	cause given in Per	t i. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDIC						PERFDF	MED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO	
IAI	25. WAS CASE REFERRED TO MEDICA EXAMINER?			26. PI	ACE OF OEATH (Check	only one)			
SIC	1 TYES 2 NO	HOSPITAL: 1 Ninpatient 2 ER/Ou		OTHER:	e 5 Residence 8	Other (Specify)			
PHYSICIAN:	27. MANNER OF OEATH 1 Netural 5 □ Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	WC WC	URY AT 28	d. DESCRIBE HOW I	NJURY OCCURE	D	
ED BY	2 Accident 3 Sulcide 5 Could not be determined 4 Homicide 5 Could not be determined 5 Accident 5 Sulcide 6 S Could not be determined 6 S Could not be determined 7 Sulcide 7 Sulcide 8 S Could not be determined 8 S Could not be determined 8 S Could not be determined 9 Sulcide S S Could not be determined 9 Sulcide S S S S S S S S S S S S S S S S S S S							ural Route Number,	
COMPLET		HYSICIAN: To the best of my kno MINES: On the basis of examinati						use(x) and manner as stated.	
BE	200. SIGNATUSE AND SUPCE OF CERT	1. PAL	M.D.		28789 (WI)	29d. DATE BIG	MED (Month, Day, Mar)	
2	C. A OHI. LO	ODR, MC, USNR	EATH (ITEM 27) (Type, P	rint)	NATIONAL N BETHESDA,	The state of the s	ICAL C1	ENTER	
	31. DATE FILED (Month, Day, Year)		NATURE						
	JUL 10 '92	Je. REGISTBAR'S SIG	-Howarac						



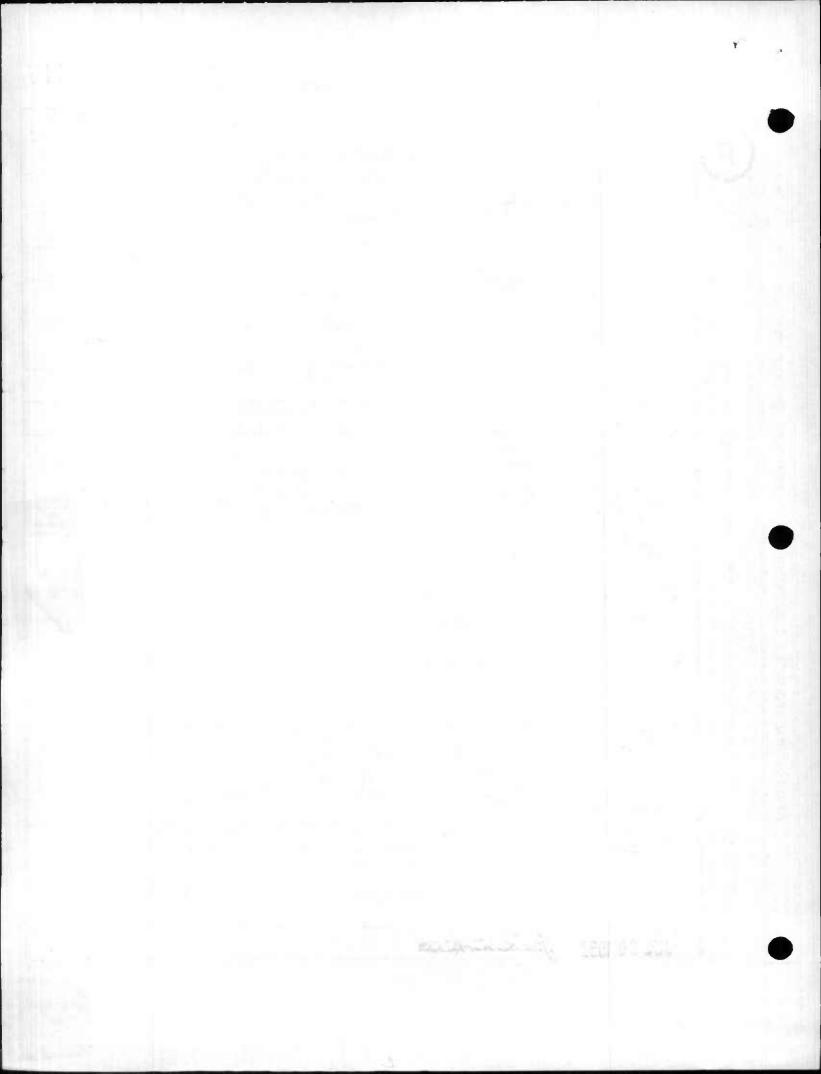
TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to be filled within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
HE HOSPITAL DR ATTE	HE FUNERAL DIRECTO ed within 72 hours after	DRTANT: If Item 28	
5	2 3	M	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year)

FOR 1 - STATE	STATE OF MARY	/LAND / DEPAR	TMENT OF H	IEALTH AND I	MENTAL HYGIEN	JE S	2 20617	
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFI	CATE OF	DEATH	REG. NO		3. TIME OF DEATH	
	Lee Rosel				MONTH 18	92"	4:25 A M	
4. SOCIAL SECURITY NUMBER 214-09-6460	1 N 2 F	88 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 6-26-19		BIRTHPLACE (State or Foreign Couptry) MARYLAND	
9e. FACILITY NAME (If not institution, give st				OR LOCATION OF DE		9c. COUNTY		
Reeders Mem			DOC	nsboro,	וווט.	Wasi	nington	
	SHINGTON		GERSTON				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
33 NORTH LOCK	JST STREE	Т	101	21740			S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2X NO Specify	IIC ORIGIN? (Specify Yer n, Puerte Rican, etc.)	or No- 14.	RACE — American Indian, Black, Whita, atc. Specify: WHITE	
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+)	GOODYE	ork done during mo e retired.)	st of working	SHOE			
17. FATHER'S NAME (First, Middle, Last) CHARLES	18. MOTHER'S NAI	ME (First, Middle, Maiden MAE	,	BBER				
19a. INFORMANT'S NAME (Type/Print) MARIE V. FAHNES	STOCK	19b. MAILING 5849	ROWLAN	nd Number or Rural F	noute Number, City or Tow	n, State, Zip Coo	21719	
20e. METHOD OF DISPOSITION 1/1 Burlet 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complete, cremetter) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. ADAMS, PA								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ANDREW K. COFFMAN FUNERAL HOME, INC. 40 E. ANTIETAM ST., HAGERSTOWN, MD. 21740								
23. PART I. Enter the diseases, or c shock, or heert feilure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Robok	S A CONSEQUENCE OF	sepsis	da of dying, such	n as cerdiac or respi	ratory arrest	Approximate interval Between Onset and Death	
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	Consequence of	e due to	multipl	e my clome	- exti	ะครั้นว่	
cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
PART II. Other significent conditions	Contributing to death	but not resulting in	the underlying					
"Blue" Multiple	molionancy of	bladden eebrol de	mentie.	cause given in	Pert I. 24e. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF OEATH (Che	ck only one)			
1 YES 2 D-NO 27. MANNER OF DEATH	1 Inpetient 2 ER/O	utpatient 3 DOA	4 Nursing Home	5 Residence		UNITED ADDITION		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year			RK?	28d. DESCRIBE HOW II	IJUNY OCCUM	EU	
3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJUI building, atc. (Sp	RY — At home, farm, at pecify)	reet, factory, office		28t. LOCATION (Street a City or Town, State)	nd Number or R	Burel Ploute Number,	
29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CONTINUES THE MEDICAL EXAMINES	IAN: To the best of my kno	owledge, death occurred	d at the time, data , in my opinion, de	and place, and due to	to the cause(s) and man	ner as stated,	ruse(s) and manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	tyle	MD		29c. LICENSE NUM			GNED (Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	ecdy svil		1 21	756	//		



Pages

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filled in by the funeral director, on, or removal, the medical attending physician and completely fille intal Hygiene prior to burial, cremation, other traumatic event, the atten Mental H shows any injury, been signed by the pt. of Health and A is certificate has be.

In the State Dept. o . this c marked, DIRECTOR: After the hours after death vitem 28 is mark

DIVISION OF VITAL

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BY PHYSICIAN:

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TO THE FUNERA be filed within 72 IMPORTANT: II 뿚

20618 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. OECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Stanley Joseph GLINIAK July 13. 1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) Nov. 7, 1920 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS 1 X M 2 F 222-07-2719 Delaware 9e, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 17808 Woodcrest Road Hagerstown Washington RESIDENCE OF DECEDENT DIRECT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington Maryland Hagerstown 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 17808 Woodcrest Road 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 X YES 2 1 Never Merried 2 X Married BY 1 TYES 2 X NO Specify: Specify: 3 Widowed 4 Divorced W.W.II white COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Flementary/Secondary (0-12) College (1-4 or 5+) 8 barber self-employed 0 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) Michael Gliniak Mary Ann Jacubiec BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Juanita Gliniak 17808 Woodcrest Rd., Hagerstown, Md. 21740 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION --- City or Town, State 12 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify) Rose Hill Cemetery 7-18 Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, **Approximate** shock, or heart fallure. Liet only one cause on each line interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) MEDICAL CERTIFICATION Sequentially list conditiona, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

-					1 TES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	26. PLACE OF DEATH (Check only one) OSPITAL: OTHER: Inpetient 2 □ ER/Outpetient 3 □ DOA 4 □ Nursing Home 5 □ Residence 6 □ Other (Specify)								
27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURRED								
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, atc. (Specify)	home, Jerm, street, Ja	ctory, office	261. LOCATION (Street end Number or Rural Route Number, City or Town, State)						

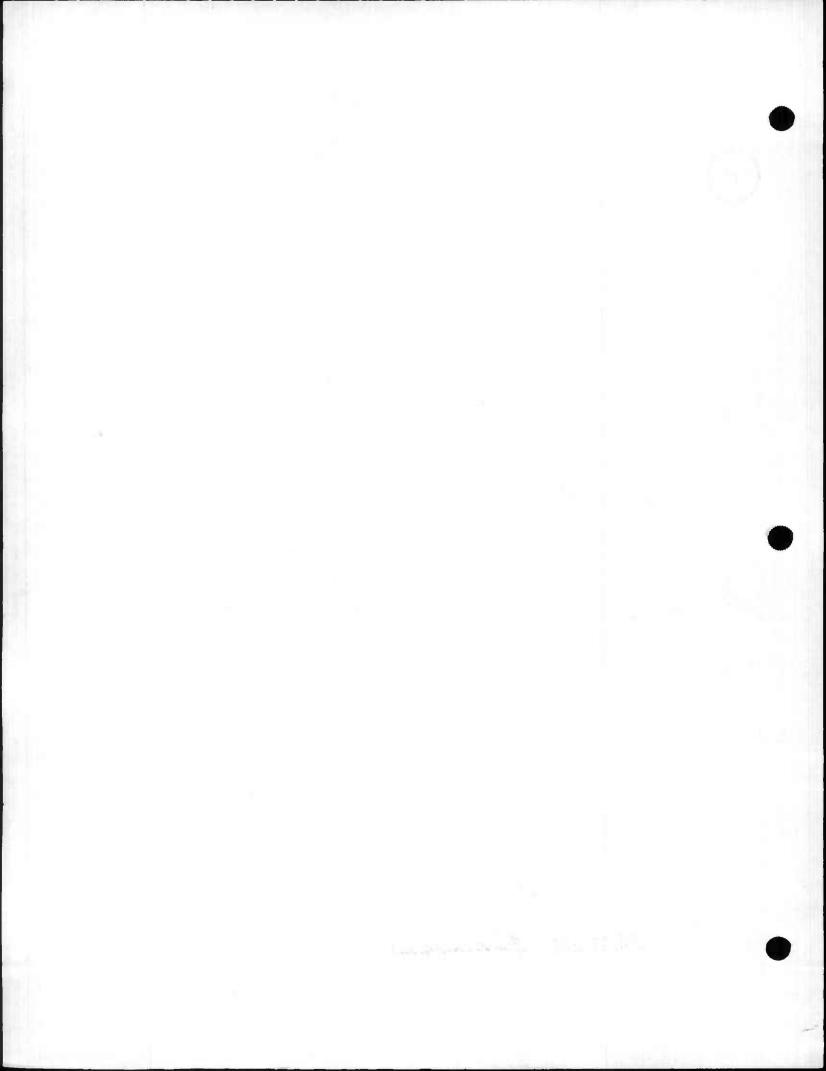
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated.

MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

L. DWICHT WOOSTER M.D. 31. DATE FILEO (MODITI, Day, Year)

JUL 15 1992 32. REGISTRAR'S SIGNATURE



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pulling physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Hygimne prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement are descented within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been as the part of the property of the part of the 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	HEGISTHAH			C	FKIIL	ICALE	= OF	DEA	IH .	-	REG. NO.			
	1. DECEDENT'S NAME (First, I									2. DATE OF	DEATH D	AY .	YEAR	3. TIME OF DEATH
	Olive Fo	we GO								July	06	19	92	10:04 A M
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH			PLACE (State or Foreign
	478-10-0035		1 M 2 K F	81	YRS.	MONTHS	DAYS	HOURS	MIN.	Oct. 2		10	Countr	rkansas
	9a. FACILITY NAME (If not inst	itution, give at	reet and number)			9b. CITY	TOWN C	OR LOCATE	ON OF DE		4,17		NTY OF D	
OC.			M.O. C.D.					JA LOUNIT	011 01 02					
6	RESIDENCE OF DECE	commun	ity Hospi	ital		Lanh	am					Prer	ice G	eorge
DIRECTOR		10b. COUNTY		-	10c, CIT	Y. TOWN C	R LOCAT	TION						10d. INSIDE CITY
<u> </u>	Md.	1	P.G.				Lanh							LIMITS?
51	10e. STREET AND NUMBER													1 XYES 2 NO
FUNERAL							101	ZIP COD	E			10g. CIT	IZEN OF W	VHAT COUNTRY?
9		sen I	Dr.					207	06			U	S.A.	
5	11. MARITAL STATUS		12. WAS DECEDENT			13.	WAS DEC	ENDENT C	F HISPAN	IIC ORIGIN? (S	Specify Yes	or No-	14. RACE	— American Indian, c, White, atc.
	1 Never Married 2 N	17.0	FORCES? 1 [IF YES, GIVE WA		NO			ecify Cube 2 10 NO		n, Puerlo Rica	m, etc.)		Speck	
ВУ	3 Widowed 4 Divorce	ed	1510 - 1500					20	0,000)				Speci	White
COMPLETED	15. DECE	DENT'S EDUC	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b, KI	ND OF BUS	SINESS/ING	DUSTRY	
ᇤ	Elementary/Secondary (0-1	highest grade	College (1-4 or 5+)	1/feb	No NOT u	work done (se retired.)	during mo	st of working	ng					
립	8	-/			Micr	o Di					II.	S G	ov't.	
8	17. FATHER'S NAME (First, Mid	dle I sett			MILCI	U FI	10.00	grap					00 0	,
										ME (First, Midd	lle, Maiden	Surname)		
BE	Thomas		nery							tine		Jobe		
2	194. INFORMANT'S NAME (Typ			19	b. MAILING	ADDRESS	(Street a	nd Number	or Aural F	Route Number,	City or Tow	n, State, Zip	Code)	
-	Emmett G	odfrey	r	7	902	Dese	en]	Dr.	Lank	nam.	Md.	2070	5	
- 1	20s. METHOD OF DISPOSITIO	N	N = 32 4 - 47	20b. PLACE		OF DISPOS				DATE			City or Ton	wn, State
	AD Desertes & Don #			Che	1 ten	ann Ti	To+	Come	+	v 7/9	CI	001+	anh am	. 1/2
- 4	21. SIGNATURE OF UNERAL	SERVICE LIC	ENSEE # 670	- Oile	TOCIL	22.1	NAMÉ AN	ID ADDRES	SS OF FAC	CILITY TO	1.7 CI	hombo	-1111011	o. Inc.
	~7/		# 019	/			0			W	. W . C	Hamilioe	ers C	o. Inc.
- 1/	Comomo	as c	. Cha	me	2									Md. 20737
	23. PART I. Enter the dis- ahock, or has IMMEDIATE CAUSE (Fina disease or condition	art fallure. L	omplications that List only ona caus	caused tha da e on aach iina	iath. Do i	not entar	tha mo-	da of dyi	ng, auct	h aa cardlad	or respi	ratory an	rest,	Approximata interval Batween Onset and Death
	resulting in daeth)													
	OUR TO (OR 48 A CONSEQUENCE OF)													
Z	Sequentially list conditions, DuE TO (OR AB A CONSEQUENCE OF):													
CERTIFICATION	if any, leading to immedi	ata 📗	DUE TO (C	OR AS A CONSE	QUENCE O	rj:	1		- 1	1.				
3	cause. Enter UNDERLYIN CAUSE (Disease or Injury													
	that initiated events resulting in death) LAST		DUE TO (C	OR AS A CONSE	DUENCE OF	9								
H	resulting in death) LAST				_									S
	PART II. Other significant	conditions	s contribution by a	with but not a	- Inchina	n the da	A		diama da d	Deat I a			1	
EDICAL		1	Onalla	Pu/C	22	N/A	VI	1 60	O in i	Part I. 24	PERFOR		246.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
ă		1	Secre of	J' W	11	LVO	CAR	100		- 1	YES 2	240		COMPLETION OF CAUSE OF DEATH?
H				0						_				1 TES 2 NO
			/											
≨	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF D	EATH /Che	ck only one)				
S	1 □ YES 2 □ NO		HOSPITAL: 1 ☐ inpetient 2 ☐ I	ER/Outpetient 3	□ pos	OTHER			aidence :	6 C Other (Sc	or and			
PHYSICIAN:	27. MANNER OF DEATH		28s. DATE OF IS		28b, TIM	-	28c. INJ		muence	26d. DESCRI		LEEP OO	CHEE	
-	1 Natural 5 □ Pv	ending	(Month, Day			URY	WO	RKT		200. UESCHI	ac now in	SUPET OC	CUHED	
B	A feed over the same of	vestigation	20. 20.405.05		L			ES 2 [I NO					
8		termined	building, et	INJURY — At ha to. (Specify)	me, farm, r	itreet, facto	ory, office			Dity or R	NY (Street a own, State)	nd Number	or Rural R	miter Mumber:
E I	4 LJ manager	-												
COMPLETED	29e. CERTIFIER (Check only	YING PHYSIC	CIAN: To the best of m	ly knowledge, de	ath occum	d at the th	me, date	and place.	and due	to the council) and man	nor on elei	ad .	
3	one) 2 MEDICA	AL EXAMINER	t: On the basis of exa	mination and/or i	lo ve atlgatio	n. In my or	pinion, de	eath occur	ed at the t	time date and	place and	due to th	n councie)	and majiner as stated.
	296. SIGNATURE AND TITLE O			11/	/						Prese, etc.		Λ	
BE	296. SIGNATURE AND TITLE O	LAA	1/	1110	11/1/1	M	/)	29c, LICE	NSE NUM	BER 7/2		29d. DATE	SIGNED!	(Month) Clex Years
2	1000	W-2 (+ //	- could	14/	1	1	VO	_ /	1/7		16	7 /	W 72
-	20. NAME AND ADDRESS OF F	PERSON WHO	COMPLETES CAUSE	OF DEATH (ITE	W 27) (Type,	Print)				1			- /	
L	1homas	G. MY	aloney	m.1	0,1	481	4	715	T. AU	e. 14	yata	Swil	Ce 1	Md. 20740
	JUL 8 92	m /	Fulia Davidso	S SIGNATURE	2		-							
			the state of the s		20	The report								

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	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH		TAL HYGIEN	3/	20620
	1. DECEDENT'S NAME (First, Middia, Last)	LUKE	G	roddat	d 2.0.	TE OF DEATH		3. TIME OF DEATH 3:55
	4. SOCIAL SECURITY NUMBER 216-18-5204	1 R M 2 □ F 74		FUNDER t YEAR IF UNDER 2 ONTHS DAYS HOURS	MIN. (A	TE OF BIRTH forth, Day, Year) IG. 19 1		BIRTHPLACE (State or Foreign Country) IARYLAND
DIRECTOR	90. FACILITY NAME (If not institution, give in St. March 1997) RESIDENCE OF DECEDENT	S HOS	oital"	Leona	N OF DEATH	own	St.	Marys
REC	10a. STATE 10b. COUNT		10c. CITY, 1	TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
1	MARYLAND ST.	MARY'S	GRE/	AT MILLS			44 01717	1 YES 2 NO
ERA	P.O. BOX 7 GODDA	RD ROAD		20634			UNITE	OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN I	2 NO	13. WAS DECENDENT OF	Mexican, Pue	GIN? (Specify Yes		RACE — American Indian, Black, White, atc.
ED BY	3 Widowed 4 Divorced	1945-1946		1 TYES 2 NO	Specify:			Specify: WHITE
ETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	done during most of working		16b. KIND OF BUS	BINESS/INDUS	TRY
COMPLET	12		DATA SUF	PERVISOR		TELEPHO	NE COM	IPANY
Ö	17. FATHER'S NAME (First, Middle, Last)				ER'S NAME (FI	st, Middle, Maiden	Sumame)	
BE	LUKE DE SALES GO	DDARD	405 444 11 110 44			INIA PI		
5	EVELYN G. GODDAR	D		DORESS (Street and Number of DX 7 GODDARD				
	20e, METHOD OF DISPOSITION 1 ☑ Burlel 2 □ Cremation 3 □ Rem	20b.f	PLACE AND DATE OF	DISPOSITION (Name of				or Town, State
	4 Donation S Other (Specify)	HO	LY FACE C	ATHOLIC CEM		7/8 GR	EAT MI	LLS, MD
	I MILLER	LANKENSHIP		22. NAME AND ADDRESS	S OF FACILITY	BRINSF	ASH IN	UNERAL HOME GION STREET MD 20650
	23. PART I. Entar the diseases, Dr shock, Dr heart feliure.	complications that caused that only per cause on each	the death. Do not	enter the mode of dyin	g, such aa d	ardiac or reapi	ratory arreat	Approximata
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Mult	role	Myslo	ma			Onset and Death
		DUE TO (OR AS A 6	CONSEQUENCE OF):	1		-		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):					
IFIC	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A C	CONSEQUENCE OF):					
SER	reaulting in death) LAST	d						
AL.	PART II. Other algnificant condition	na contributing to death but	t not resulting in t	the underlying cause gi	ven in Part I	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						1 TYES 2	NO	OF DEATH?
ä								
Sic [25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO-	HOSPITAL:		26. PLACE OF DE				
HX	27. MANNER OF DEATH	1 1 inpatient 2 ☐ ER/Output 28e. DATE OF INJURY	28b. TIME O	□ Nursing Home 5 □ Real F 28c. INJURY AT		ther (Specify) DESCRIBE HOW II	JURY OCCUR	ED
ВУР	1 National 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	WORK? M 1 YES 2	NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, atc. (Specify	At home, term, stre	et, factory, office	281. 6	OCATION (Street e lifty or Town, State)	nd Number or I	Rural Route Number,
COMPLETED		ICIAN: To the best of my knowled						puse(s) and memor as stated.
l w l	296. SIGNATURE AND TITLE OF CERTIFIE				ISE NUMBER			GNED (Month, Day, Year)
0 B	1524	Ale	_ //	D	250	30	> /	7/6/92
	Daud O	O COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Pri	Leona	rdt	own)	
	31. DATE FILED (Month, Day, Year) '92	32. REGISTRAR'S SIGNAT	M- Randall					

sician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

prior to burial, cremation, or removal.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the origin can leave be exec	TO THE FUNERAL DIRECTOR: After this certificate has been signed in the property hysician and	8	IMPORTANT: If Item 28 is marked, or item 23 shows any Nury, or mor traumat

TO BE COMPLETED BY

Accident 3 Suicida

4 Nomicide

(Check only one)

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8 Could not be determined

M.C.MCCARTHY.

	1 - FOR STATE OF M		TMENT OF HEALTH AN	D MENTAL HYGIENE REG. NO.	- Co
	1. DECEDENT'S NAME (First, Middle, Lest) OLGA MARIE			2. DATE OF DEATH MONTH DAY JULY 8 1992	YEAR 3. TIME OF DEATN P
	4. SOCIAL SECURITY NUMBER 4.54-48-7917 5. SEX 1 □ M 2 □ F	8. AGE (In yrs. lest birthday) 5 7 YRS.	IF UNDER 1 YEAR	s. 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign Country) TEXAS
OB O	9a. FACILITY NAME (If not institution, give street and number) NATTONAL NAVAL MEDICAL	CENTER	96. CITY, TOWN OR LOCATION OF BETHESDA	F OEATH 9c. CO	UNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND PRINCE GEORGE		r, town or location FORT WASHINGTO	J	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL			101. ZIP CODE 2074	10g. Cr	TIZEN OF WHAT COUNTRY?
₽	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WE	EVER IN U.S. ARMED YES 2 XNO R OR DATES		SPANIC ORIGIN? (Specify Yes or No—ixican, Puerto Rican, etc.) Secify: MEXICAN	14. RACE — American Indian, Black, White, atc. Specify: HISPANIC
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6+)	(Give kind of w	USUAL OCCUPATION rork done during most of working e retired.)	16b. KIND OF BUSINESS/IN	
at once.	1.2 17. FATNER'S NAME (First, Middle, Last) SEVERIANO G. RAN	HOMEMA	16. MOTNER'S	Own Home NAME (First, Middle, Maiden Surname) ECUNDINA "NINA"	
examiner must be notified at once. TO BE COM	190. INFORMANT'S NAME (Type/Print) WILLIAM D. GARNER	19b, MAILING	ADDRESS (Street and Number or R	ural Route Number, City or Town, State, 2	(ip Code)
or must b	20e. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE COMPterly, cremetory of other Compter Comp	prosposition(Name of the place) ort Crematory	7/20 Alexan	- City or Town, State dria, VA
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	lson	5130 Wiscons	er's Sons, Inc. sin Ave,NW,Washi	ngton.DC 20016
event, the medical	23. PART i. Enter the diseases, or complications that shock, or heart failure. List only one cause iMMEDIATE CAUSE (Final disease or condition resulting in dasth) ADI DUE TO (e on aach iina.	ot antar tha moda of dying, ORY DISTRESS S	such as cardiac or respiratory s	rrest, Approximats interval Between Onset and Daatt
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DR AS A CONSEQUENCE OF):		
CERTIFI	that initiated events resulting in death) LAST d.	OR AS A CONSEQUENCE OF):		
MEDICAL	PART II. Other significant conditions contributing to o	leath but not resulting in	n tha underlying cause giver	in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1X YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 \(\text{ YES} \) 2 \(\text{ YE} \) NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 □ YES 2√2 NO 1 1 (v) (npatient 2 □	ER/Outpetient 3 🗆 DOA	28. PLACE OF DEATH OTHER: 4 □ Nursing Nome 6 □ Resider		
BY PHYS	27. MANNER OF CEATH 1 Netural 5 Pending 2 Accident Investigation	NJURY 28b. TIME	OF 28c, INJURY AT	28d. DESCRIBE NOW INJURY OF	CCURED

1 💢 CERTIFYING PNYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and mailner as stated.

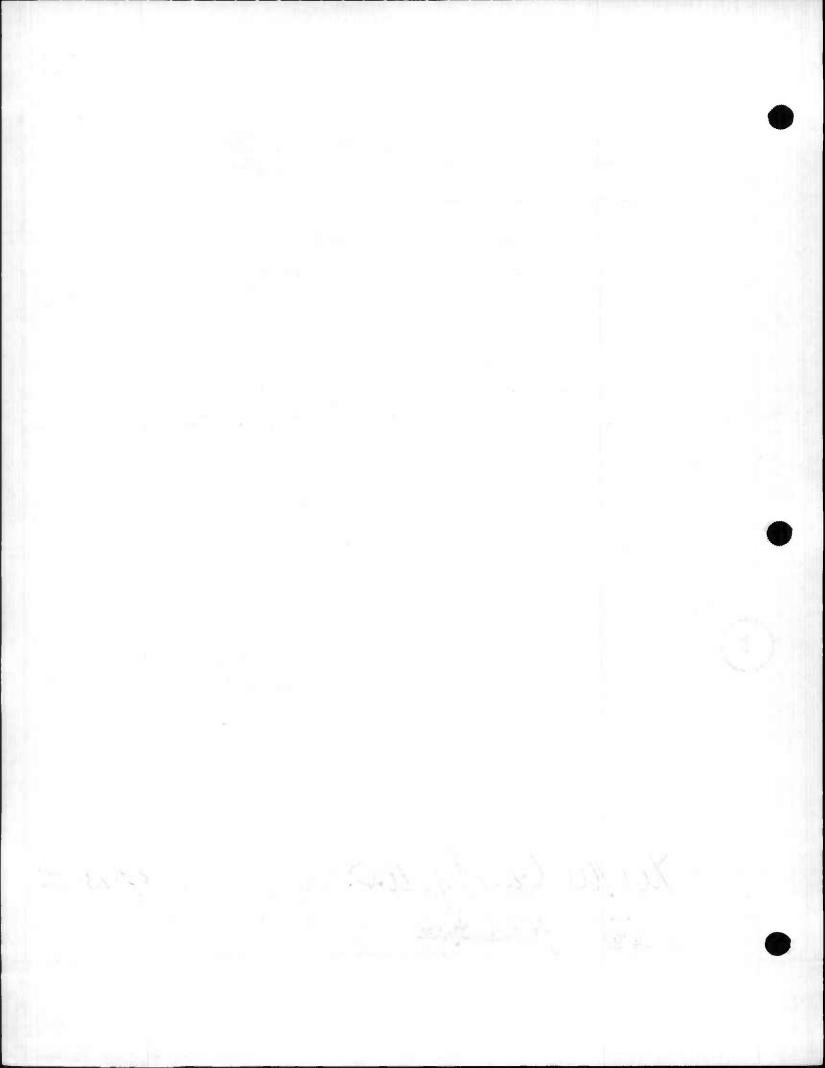
28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

29c. LICENSE NUMBER 29d. DATE SIGNED (Month. 07293 (DC) NATIONAL NAVAL MEDICAL CENTER HY LCDR MC USN

Jacobs Trans Stratus Davids

June Davids BETHESDA, MD 20889-5000

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)



examiner must be notified at once.	mury, or other traumatic event, the medical	IMPORTANT: If Item 28 is marked, or item 23 times any mury, or other traumatic event, the medical examiner must be notified at once.
and to helling at land and merca	mental hygiene prior to bunal, cremation, or remova	De liled within 72 hours after beath with the state of th
funeral director, page 5 should be detached for use as	was attending physician and completely filled in by the	TO THE FUNERAL DIRECTOR: After this certification has been accomplised to the detached for use as
death. Page 6 may be retained by the hospital or atten	in death certificate be executed within 24 hours efter	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE PROPERTY OF ATTENDING PHYSICIAN THE PROPERTY OF THE HOSPITAL OR ATTENDING PHYSICIAN THE PROPERTY OF

	FOR 1 - STATE REGISTRAR	STATE OF MARY		EPARTMEN RTIFICAT			MENTAL	HYGIEN	92 E	2	0622
	1. DECEDENT'S NAME (First, Middle, Last)	rd	G	orlan	2		2. DATE	OF OEATH	- 0	YEAR	3. TIME OF DEATH
	577-05-2104	1 X M 2 □ F	GE (In yrs. lest bi	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH , Day, Year) - 25 —	1916	NEI	W YORK
TOR	90. FACILITY NAME (If not institution, give street SUBURBAN HOSPITA RESIDENCE OF DECEDENT			10.00	y, town o	ESDA	EATH		11100	NTGO!	
DIRECTOR	10e. STATE 10b. COUNTY	COMERY	1	ROCKV		TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 11305 COMMONWE	CALTH DRIV	E #104		101	20852					STATES
8	11. MARITAL STATUS 1 Never Married 2XX Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	D 13.	If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxics XX NO Specif	an, Puerto R	? (Specify Yes lican, stc.)	or No-	14, RACE Black, Specify	- American Indian, Whits, atc.
COMPLETED	15. OECEDENT'S EQUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)	(Give	DENT'S USUAL C kind of work done NOT use retired.)	during mo	DN st of working	.16b.	KIND OF BUS	SINESS/INDU		
Š	17. FATHER'S NAME (First, Middle, Lest)		- Out	LEK		18. MOTHER'S NA	ME (First, M				
BE C	LOUIS GORLENK	0				ANN	A SU	SSEL			
TO E	19a. INFORMANT'S NAME (Type/Print) SHELDON GORLAND					PLACE,					D.C. 20016
	20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Remove	al from State	20b. PLACE AND	DATEOF DISPO	SITION (Na	me of	DATE	20c. LO	CATION — C	Ity or Tow	n, Stats
	4 Dogation 5 Other (Specify)		JUDEAN	MEMORIA		ARDENS ID ADDRESS OF FA	7/1	3 OLA	NEY, 1	1ARYI	LAND
	+ fail with	Kgan		DA	NZAN 170 F	NSKY-GOLI ROCKVILLI	DBERG E PIK	E, ROC	KVILI	LE. N	ELS, INC. 1D.20852
	23. PART i. Enter the disesses, or con shock, or heart fellure. Lis	nplications that cause or	sed the deeth	. Do not ente	the mo	de of dying, suc	h ss card	lec or respi	ratory arre	ist,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)			مالات	سار	ar Z	ععاد	عدي	~		Onset and Death
		DUE TO (OR A	S A CONSEQUE	INCE OF):							
ATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUE	ENCE OF):						h-	
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	OUE TO (OR A	S A CONSEQUE	ENCE OF):						har	
-	PART II. Other significant conditions	contribution to deat	h had not some	delega les els au			D-41				
PHYSICIAN: MEDICAL		obtained to death	T Dat not lest	siting in the u	nderrying	g cause given in	Pilit I.	PERFOR	MED?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N: ME							-			<u> </u>	T YES 2 NO
20		IOSPITAL:		OTHE	R:	ACE OF DEATH (Ch					
HYS	1 NYES 2 NO 1	280, DATE OF INJUR		Bb. TIME OF	28c. INJ	e 5 🗆 Residencs		(Specify)	THEN OCC	UDED	
BY PI	Natural 8 Pending 2 Accident Investigation	(Month, Day, Yea	r)	INJURY M	1 🗌 Y	RK? ZES 2 NO					
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, atc. (S	ipecify)	, rairm, atreet, fac	tory, office			TION (Street a or Yown, State)	nd Number o	ir Rural Roi	ute Number,
COMPLETED	298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my kn On the basis of examine									and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	0	res	>		29c. LICENSE NUI	MBER				Month, Day, Year)
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLOS OF						,			

296. SIGNATURE AND TITLE OF C	ERTIFIER	ras	20c. L	CENSE NUMBER
30. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CAUSE OF I		,	consin
31. DATE FILED (Month Day Year)	0 22 Betternance de			

31. DATE FILED (Morrith, Day, Year)

JUL 13 '92

32. AEGISTRAR'S STRATURED 2

Office special of the second

1

Star James

ANTHUR

31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9.

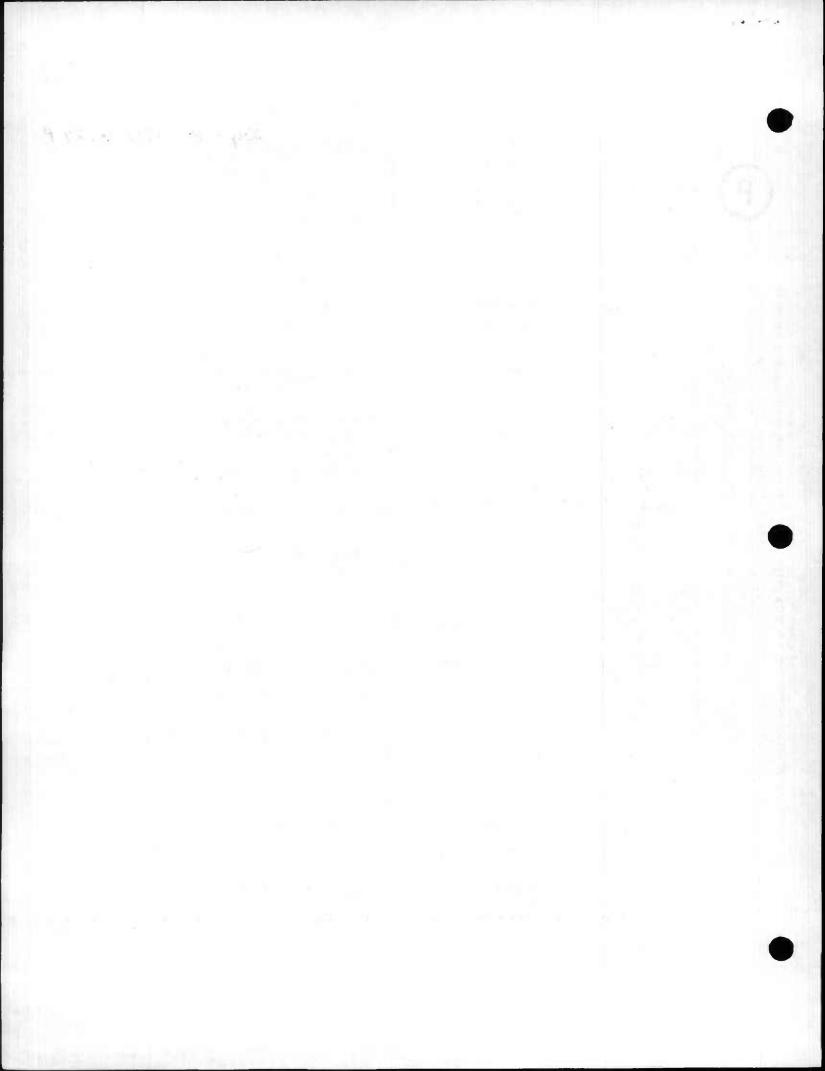
32. REGISTRAR'S SIGNATURE

YEAR AND THE THE THE PROPERTY OF TH

	1. DECEDENT'S NAME (First, Middle, Les GREGORY	OHN	НА		AILO	F DEATH	2. DATE	REG. NO		YEAR 3.	TIME OF DEATH
TEN.	4. SOCIAL SECURITY NUMBER 217-56-1445	5. SEX	8. AGE (In yrs. les		UNDER 1 YEAR		7. DATE	OF BIRTH 10, Day, Year) 22/51		8. BIRTHPL	ACE (State or Foreign
a.	90. FACILITY NAME (If not institution, given FREDERICK MEMORI	atreet and number)				OR LOCATION OF	_	/22/51	9c. COUN	TY OF DEAT	
ECTOR	RESIDENCE OF DECEDENT		AL .	10c CITY T	FREDE				FREI	DERIC	
LOIR		EDERICK		WOODS	SBURO					1	d. INSIDE CITY LIMITS?
FUNERAL	11304 WHISKEY SP	RING RD.			1	101. ZIP CODE 217	98		10g. CITIZ	EN OF WHA	T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed Married	12. WAS DECEDENT FORCES? 1 IF YES CIVE W	YES 2 A	MED	H yes,	ECENDENT OF HISPA specify Cuban, Maxie ES 2 NO SOO	can, Puarto	N7 (Specify Yea Rican, atc.)	or No-	14. RACE — Black, W	American Indian, thits, alc.
EIED	15. DECEDENT'S ED (Specify only highest gra-	UCATION de completed) College (1-4 or 5 +	(G	CEDENT'S USI ive kind of work Do NOT use re	JAL OCCUPAT done during ri tired.)	TION nost of working	168	. KIND OF BUS	SINESS/INDU	STRY	
COMPLET	12 17. FATHER'S NAME (First, Middle, Last)			CHANIC					MOBII	E	
BE C	DEWITT AUSTIN HA	RP				18. MOTHER'S N		Middle, Maiden ZABETH		ĿΕ	
0	MELISSA K. HARP		190	304 WI	DRESS (Street	SPRINGW	OODSF	ORO	n, State, Zip (Code) MD	21798
	20a. METHOD OF DISPOSITION BU 1 Burlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	RIAL moval from Stata	20b. PLACE	ND DATE OF D	ISPOSITION //	Vame of	DAT	E 20c. LO	CATION — CI	ity or Town,	
	21. SIGNATURE OF FUNERAL SERVICE L	O. VA	hlar)		AND ADDRESS OF F		D. D.			
	23. PART i. Enter the diseases, or shock, or heert fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e	caused the de to on each line on AS A CONSEC	بم	enter the m	ande of dying, su		diac or respi	ratory erre	st,	Approximats interval Bstwe Onset and De
EHILICATION	Sequentisily list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	OR AS A CONSEC								
O	PART II. Other significent condition	ns contributing to c	leeth but not re	esuiting in th	ne underlyli	ng cause given Ir	Pert i.	24s. WAS AN PERFOR	MED?	AMA COI OF	RE AUTOPSY FINDING ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 PNO
MEDICAL						PLACE OF DEATH (C	heck only on	ne)			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		HER:		8 Otha	r (Specify)			
BY PHYSICIAN: MEDICAL	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF II (Month, Day	NJURY ; Year)	28b. TIME OF INJURY	HER: Nursing Hot 28c. IN W 1	me 5 Realdence JURY AT ORK? YES 2 NO	28d. DES	CRIBE HOW IN			
ED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. DATE OF II 28a. DATE OF II (Month, Day 28a. PLACE OF building, at	NJURY ; Year) INJURY — Al honic, (Specify)	28b. TIME OF INJURY	HER: Nursing Hol 28c. IN W 1 1, factory, offi	me 5 Realdence JURY AT ORK? YES 2 NO	28d. DES	ATION (Street as or Town, State)	nd Number or	Rural Route	Number,
D BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. DATE OF II (Month, Day 28a. PLACE OF building, at	NJURY Year) INJURY — Al hor ic. (Specify) In knowledge, dea	28b. TIME OF INJURY	HER: Nursing Hol 28c. IN W 1 I, fectory, offi	me 5 Realdence JURY AT ORK? YES 2 NO ca	28d. DES 28l. LOC City	ATION (Street all or Town, State)	nd Number or	Rural Route	

181 Thomas Johnson

DHMH-16 Rev 1/89



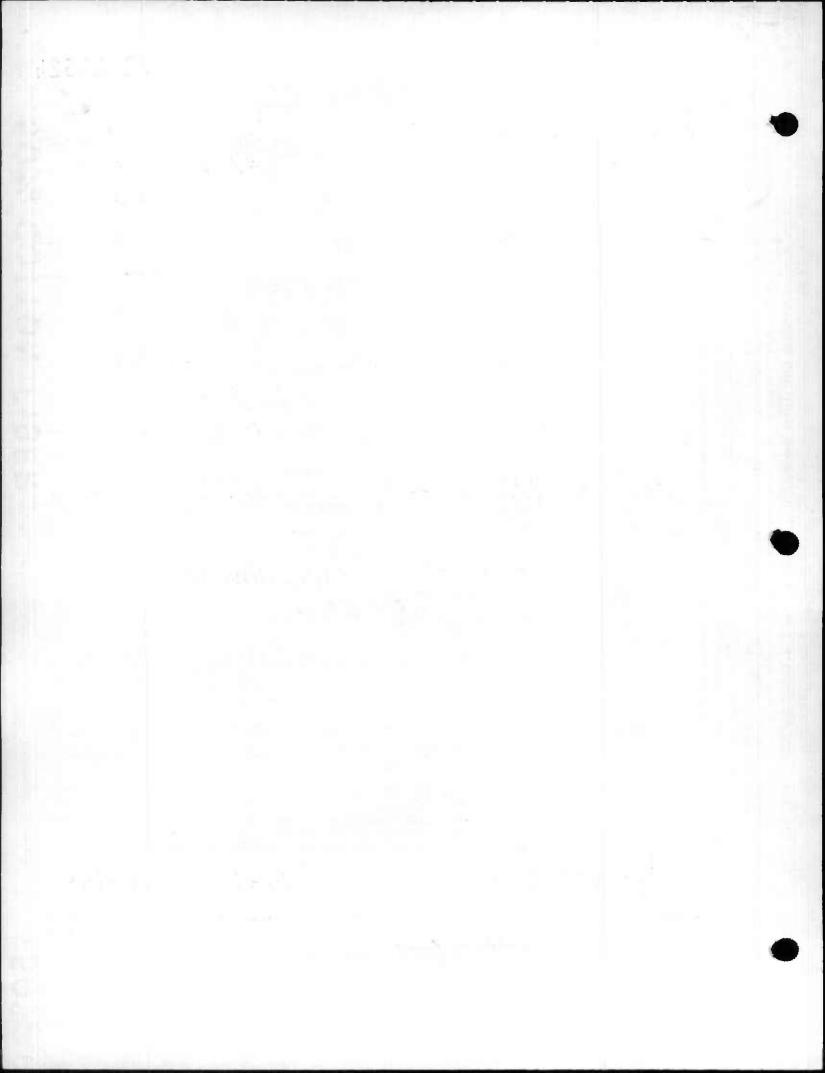
BALTIMORE, MARYLAND 21203-3146	2. Adours after death. Page 6 may be retained by the hospital or attending physic filed in by the funeral director, page 5 should be detached for use as the burial tion, or removal. The medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "Ly-Yours after death. Page 6 may be retained by the hospital or attending physics TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any Inlury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

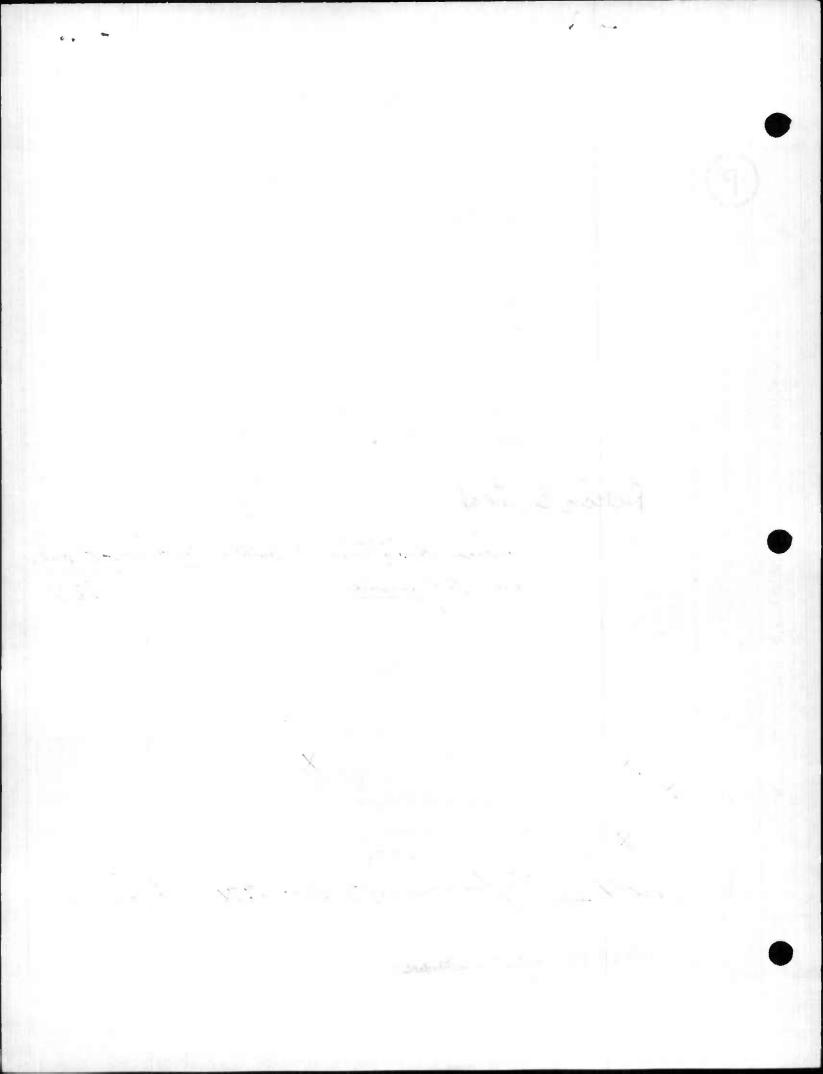
STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OI	F DEAT	H		REG. NO.

1 - FOR STATE REGISTRAR		STATE OF MAI			MENT OF H		MENTA	L HYGIEN	E			
1. DECEDENT'S NAME (First	Middle, Last)	1						OF DEATH			TIME OF DEATH	7
MARY	R. HE	RSH	Mary	Regina	некон		Ju1	v 13	1992	EAR		М
4. SOCIAL SECURITY NUMBER			AGE (In yrs.	last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH			ACE (State or Foreig	n n
214-09-059	/3	□ M 2 💢 F	76	YRS.	MONTHS DAYS	HOURS MIN.	3	1, Dey. Year)	16		yland	
9a. FACILITY NAME (# not in	10100	(A. 100 III				R LOCATION OF DE	ATH		9c. COUNTY			
Washington	County	Hospita.	Ι		Hager	stown			Wash	ingt	on	
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCAT	TON				10	d. INSIDE CITY	
Maryland	Wash	ington		Н	agersto	wn				2	YES 2 NO	
10e. STREET AND NUMBER					-	ZIP CODE			10g. CITIZEN	OF WHA	AT COUNTRY?	
47 Manor I	rive					2174	0		U.S	.A.		
11. MARITAL STATUS		. WAS DECEDENT EV	/ER IN U.S.	ARMED		ENDENT OF HISPAI selfy Cuban, Maxica			or No- 14.		- American Indian, Vhite, atc.	
1 Never Married 2 3 Widowed 4 Divo		IF YES, GIVE WAR		2210		2X NO Specif		ryvari, wic.,		Specify:		
			1								Vhite	
(Specify onl	EDENT'S EDUCATI y highest grade com	pleted)	16a.	(Give kind of we	ISUAL OCCUPATION ork done during mo retired.)	ON st of working	168	. KIND OF BUS	SINESS/INDUS	TRY		
Elementary/Secondary (I)-12) C	college (1-4 or 8+)						T - 34	a 01 ·	h d		
17. FATHER'S NAME (First, N	licidia 1 anti			sares	Clerk	16. MOTHER'S NA	ME /F/		s Clot	ning	3	
Frank W. 2												
19a. INFORMANT'S NAME (10h MAN INC	DDDEED (Dans)			ebaugh		rde1		
John M. He						nd Number or Rural					1 017/0	
200_METHOD OF DISPOSIT		•	200 00 0			rlane	наде		Mary		21740	
1 ABurial 2 Crematic	on 3 🗆 Removal	from Stata	othe R	r place)	1 Cemet	netery, crematory or						
4 Donation 8 Other		REF	100	056 1111		ID ADDRESS OF FA	CHITY				Marylar	10
	o XXX	m		0	1				h Fune			
OCI	PODO	10 les	me		415 E	. Wilson	B ₁ v	d. Ha	gersto	wn,	Marylan	d
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in desth)	eert feilure. List	CARN	on each		ARR	FR					Approximate Interval Batte Onset and D	Neen
Sequentially list condition of the condition of the cause. Enter UNDERLY CAUSE (Disease or injusted events resulting in death) LAS	diete ING ary c			SEQUENCE OF	MSI	DSI1 DSI1	/ (V V	17 h	1719			
PART II. Other significa	ent conditions c	ontributing to de	eth but n	Ot resulting Is	the underlyin	g cause given in	Part I.	24a, WAS AN	AUTOPSY	24b. W	PERE AUTOPSY FIND	INGS
							_	PERFO		0	MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	JSE
25. WAS CASE REFERRED					26. PI	LACE OF DEATH (C)	eck only o	nne)		L		
EXAMINER?		OSPITAL:	7/Outpation	3 DOA	OTHER:	ne 5 🗆 Rasidence	€ □ Oth	er (Specify)				
27. MANNER OF DEATH		28a. DATE OF IN.	JURY	28b. TIME	OF 28c, IN.	JURY AT			INJURY OCCUI	RED		
	Pending Investigation	(Month, Day,	rear)	INJU		YES 2 NO						
2 Accident 3 Suicide 8	Could not be	28a. PLACE OF II	JURY — A	it home, ferm, si	treet, factory, offic	•	281. LO	CATION (Street	and Number or	Runal Rou	rte Number,	
4 Homicide	detarmined	building, etc	. (Specify)				City	or Town, State	,			
Toring and		N: To the best of my									and manner as stat	ad.
29b. SIGNATURE AND TITL	NSUE	RM	0			29c, LICENSE NU	MBER 4	3	29d. DATE S	RIGHTED (A	Honth, Day, Year) 4/92	
30. NAME AND ADDRESS C	F PERSON WHO C	OMPLETED CAUSE	OF DEATH	(ITEM 27) (Type,	Print)					7		
L. DWIGHT	- 000	STER.	mo	178	9 40	WELL	Ro	. HA	GER	570	wn M	21.
31. DATE FILED (Month, Day,	5 1002	32. REGISTRAR'S	SIGNATUR	RE							2	74



FOR STATE REGISTRAR	STATE (OF MARYLAND / DEPAR CERTIF	TMENT OF I		MENTAL
i. DECEDENT'S NAME (First, Middle, La Elizabeth	,	FNER			2. DATE MONTH
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In ure last hirthday)	E IMPER I VEAR	IF IMPERATION	7.0475

			A DESCRIPTION WANTED				CERTIF	ICATI	E OF	DEATH		REG. NO).			
		7	1. DECEDENT'S NAME (Fire									DATE OF DEATH	MY	PASY	3. TIME OF DEATH	
					ay HEFFN						J	lune 23,	1992	2	11:50 PM	A
	1		4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	. last birthday)	IF UNDER	DAYS	IF UNDER 24 HR		DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)	LACE (State or Foreig	n
-	2 D	1	220-74-158		1 🗆 M 2 💢 F	88	YRS.	and it is	DATO	HOURS WIN	M	lay12,190	04		ginia	
1	81	L	90. FACILITY NAME (If not	institution, give	street and number)			9b. CITY	, TOWN	OR LOCATION OF				TY OF DE		
	-	Ö	4009 Jef	ferson	Pike			Je	ffer	son			Fred	deric	·k	
2	22	5	RESIDENCE OF DE	10b. COUNT	Υ		40 - CIT	Y, TOWN C	201004							
	Pag	DIRECT	Maryland		erick		Jef	fers	on	IION					10d. INSIDE CITY LIMITS?	
	регтіг.		10a. STREET AND NUMBER							710 0000				-	1 YES 2 NO	
	ad his	RA			- D:1				101	. ZIP CODE					HAT COUNTRY?	
jan	burial-transit	FUNERAL	4009 Je	rrerso	12. WAS DECEDEN	IT EVEN IN U.S.	4.00450			21755			U.S.	.A.		
)20	buria		1 Never Married 2	Merried	FORCES?	YES 2	SHO		If yes, sp	ecify Cuban, Me:	PANIC O xicen, Pu	RIGIN? (Specify Yes	s or No—	14. RACE - Black,	- American Indien, White, etc.	
5-0020	the state of	В	3 Wildowed 4 🗌 Div	orced	IF YES, GIVE V	MAR OR DATES			1 TES	2 NO Sp	eclfy:			Specify	to	
_AND 21215-0020	use as	□	15. DE	CEDENT'S EDU	ICATION	18e.	DECEDENT'S	USUAL O	CCUPATIO	ON		16b, KIND OF BU	SINESS/INDI			_
21	for u	ET	Elementary/Secondery		College (1-4 or 5	+)	(Give kind of ville. Do NOT us	vork done (e retired.)	during mo	st of working						
O special	thed .	AP	0				Home	nakei	r			Home	3			
AND.	detached once.	COMPL	17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOTHER'S	NAME (F	irst, Middle, Maiden		31370		
_ ~	8 E	BE (Un	known					Be]	lle	Shumaker	-			
MARY retained by	5 should notified	TO B	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a			Number, City or Tow		Code)		-
₹ 90	5 5	F	Mrs. M. Lav	erne H	effner							, Maryla				
R F	r, page		20a, METHOD OF DISPOSIT	TION	count doors State		CE AND DATE	F DISPOS	ITION (Na	me of		DATE 20c, LO	CATION — C	ity or Town	n, State	
BALTIMORE, A hours after death. Page 6 may be filled in by the funeral director, page on, or removal.		4 ☐ Donatton 8 ☐ Othe	r (Specify)	TONE STATE	Lutt	ieran (ceme 1	tery	June 2	26,	1992 Jef	ferso	on, M	laryland		
F 2	ALTIN death. Pag funeral dir		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE			22.	NAME AN	ID ADDRESS OF	FACILIT	ofond D	A TIL		111	_
AL	e fune		Kich	(ma)	رالا ع	R	MOO25	5	106	East (Chur	ch St	Frede	mera	lHome ,Md. 217	01
after a	move leaf		23. PART I. Enter the c	liseases, or	complications the	t caused the	death. Do n	ot enter	the mo	de of duing a	uch no	cording or resul		-4		
Dours	or remove medical		anock, or r	Town I langue.	List only one cas	se on each i	Ine.						0	*	Approximate Interval Between	
	the the	1	immediate cause (Fi	nai	Card	lual	Rul	the	und	2.1	and la	len &	level	1)0	Onset and De	ath ∠
C 68760, executed within	n and completely fille to bunal, cremation, imatic event, the	H	reaulting in death)		a DUE TO	(OR AS A CON	SEQUENCE OF	7:						- 2	5 mine	n
68760 ecuted witt	rial,	7			Coran	Ris	De	202	_						15mm	
9 ×	sician and control to build	CATION	Sequentially list condition if any, leading to imme		DUE TO	(OR AS A CON	EOUENCE OF):								_
BOX	physicfan ne prior to ner traun	3	cause. Enter UNDERLY CAUSE (Disease or inju	ING	c	/										
O. B(ing phy giene p	RTIF	that initiated events		DUE TO	(OR AS A CONS	SEQUENCE OF):							1	
9.6	5 - 6	E	resulting in death) LAS	T .	d											
See	y the attending pholonical Mental Hygiene Injury, or other	0	PART II. Other aignifica	nt condition	e contributing to	dooth but an		40.								_
A the	and In	EDICAL	value augunie	un condition	a contributing to	death out no	resulting i	n the un	derlying	cause given	in Part	I. 24a. WAS AN PERFOR		A	YERE AUTOPSY FINDIN WAILABLE PRIOR TO	
COR ires that	signed by Health and ws any In	ă										1 TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	E
L RE	of H	Ξ												1	☐ YES 2 ☐ NO	
7 %	certificate has been the State Dept. of I, or Item 23 sho	AN	25. WAS CASE REFERRED T	2 14521011												
VITAL IAN: The law	State (SICI	EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH	Check on	ily one)				\equiv
F <	the S	> 11	1 YES 2 NO		1 Inpatient 2		_	4 🗆 Nurs	Ing Home		-	Other (Specify)				
VISION OF VI	fter this cath with marked,	F		Pending	28e. DATE OF (Month, D.	ay, Year)	28b. TIME		28c. INJU	RK?	28d.	DESCRIBE HOW II	NJURY OCCI	RED		
NO	After this death with	B	2 Accident	Investigation	28a BI ACE O	E IN RIDY A	Non- (M .		ES 2 NO						
SIC			3 Suicide 8 Homicide	Could not be determined	building,	F INJURY — At etc. (Specify)	nome, term, a	ireet, lacto	ory, office		281.	LOCATION (Street e City or Town, State)	and Number o	r Rural Rou	te Number,	
DIVISION OR ATTENDING F		<u> </u>	29e. CERTIFIER													
D S	TO THE FUNERAL DIRECTOR TO THE MILE TO THE MILE TO THE MILE THE MI	COMPL	(Check only	IFYING PHYSI	CIAN: To the best of	my knowledge,	death occurre	d at the tir	me, date	end place, end d	lue to the	cause(e) and men	ner as state	d.		
OSP	N Bin	S.	2 MED	EXAMINE	R: On the beele of e	camination end/o	or Investigation	, In my of	olnion, de	eath occured at t	he time,	date and piece, en	d due to the	ceuse(s) e	nd menner ee stated	1.
坐	HE HE	w II	29h. SICHATURE SMO-TITLE	OF CENTIFIES	Xan	/		1	24	29c. LICENSE N	UMBER		Saq DVA	SIGNED IN	forth Day Hear)	_
2	TO THE FUNERAL ID BE filed within 72 h	0 8	1 ray	a.	197	m	1	m		D-1	39	71	16/	26	192	
		-	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAU	E OF DEATH (F	TEM 27) (Noe.	Privat)						- 11		
					Kaufmanı	n MD	300 W	est 1	Vint	h Stree	et.	Frederic	ck, Mo	1. 21	.701	
			31. DATE FILED (Month, Day,		A	R'S SIGNATURE										
	L		JIIN 26	1992	J.P. X	·/ >	4 44									



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

the attention of an and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Median yourse prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that it doesn't controlled within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed in the attending by cian and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. or Hearn and Machine prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any nearly are transmitted event, the medical examiner must be notified at once.

2

- 1	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF DEATH		***	3. TIME OF DEATH	
- 1	Marie M.	Herron	n						-	PAY	992	6:27 A	
		5. SEX 6.	AGE (In yrs. last		IF UNDER		IF UNDER 24 HRS		ATE OF BIRTH fonth, Day, Ybar)		8. BIRT	HPLACE (State or Foreign	
	-77 30 7170	1 M 2 AF	76	YRS.	MONTHS	DAYS	HOURS MIN		0-21-	15	Pe	nnsylvania	
	9e. FACILITY NAME (If not institution, give stre	eet end number)			9b. CITY,	TOWN 0	R LOCATION OF	DEATH			UNTY OF C		
	Doctors Hospita	L		Lanham					Prince George				
	Md. P.	G.		10c. CITY,		r LOCAT	CANO.					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
	10e. STREET AND NUMBER						ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTRY?	
١	6706 Auburn	Ave,					20737	7			U.S.		
		12. WAS DECEDENT E	VER IN U.S. ARM	ED	13. 1	MAS DEC	ENDENT OF HIS	PANIC OR	IGIN? (Specify Y		14. RAC	E American Indian.	
	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	OR DATES)			cify Cuben, Mex 2 ⋈ NO Spe	Blect Special			k, White, atc.		
	15. DECEDENT'S EDUCA	TION	16a. DEC	EDENT'S U	SUAL OC	CUPATIO	N .		16b. KIND OF BUSINESS/INDUSTRY				
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. L	o NOT use	retired.)	during mos	st of working						
	12		Ho	omema	ker				Home	е			
	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S	NAME (FI	st, Middle, Maide	n Surname)			
	Frederick	Felle	r				Marth	a		Pud	er		
1	19s. INFORMANT'S NAME (Type/Print)				DDRESS	(Street si	nd Number or Rui	al Floute I	lumber, City or To	wn, State, Zi	ip Code)		
1	Robert J. Herro	n	670	06 A	ubu	m .	Ave. F	ive	dale,	Md.	207	37	
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 ☑ Cremetion 3 □ Remov 4 □ Donation 5 □ Other (Specify)	ral from State	20b. PLACE AN cemetery, crem Chan	atory or othe	DISPOS	TION /Na	me of	- 1	O Ri	- MOITAGO			
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE JL 1670		ADCI D	22.1	NAME AN	D ADDRESS OF	FACILITY	TI II CI	verua	re,	o. Inc.	
1	×71 (#/670	/										
4	(Homes).			5801 Cleveland Ave. deeth. Do not enter the mode of dying, such as cerdiec						verda	le,	Md. 20737	
	IMMEDIATE CAUSE (Finel	Cardia	e Arn	est		the mod	de of dying, s	uch ss (erdiec or reep	piratory e	rrest,	Approximate interval Betwee Onset end Dec	
		,	AS A CONSEOU										
	Sequentially list conditions, b.	Atrial DUE TO (OR	AS A CONSECU	uturs		hro	ne				-	years	
	ii any, leading to immediate												
1 H	CAUSE (Disesse or injury that initiated events	End star	AS A CONSEQU	ENCE OF):				_				years	
П	resulting in death) LAST	ASHD										Vienes	
												years	
	PART II. Other significent conditions	contributing to de	eth but not res	suiting in	the un	derlying	ceuse given	in Part i	. 24s. WAS AI	NAUTOPSY	246	WERE AUTOPSY FINDING	
1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	insuff							1 TYES			COMPLETION OF CAUSE OF DEATH?	
	Aotic steneous											1 TES 2 NO	
1		insuff											
		insuff											
	R+ BBB 25. WAS CASE REFERRED TO MEDICAL						ACE OF DEATH (Check onl	y one)				
	R+ BBB 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	VOutpatient 3		OTHER	i:	ACE OF DEATH (
	R+ BBB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 12 Natural 5 Pending	HOSPITAL:	URY		OF Nurs	i: ing Home 28c. INJL WOI	8 Residence	8 D C		INJURY OC	CURED		
	R+ BBB 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	URY 6ar)	28b. TIME (OF RY M	t: ling Home 28c. INJL WOI 1 Y	6 Residence JRY AT RK? ES 2 NO	e 8 🗆 0	ther (Specify)	and Numbe		Route Number,	

D. Moute MOI 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D3538

29d. DATE SIGNED (Month, Day, Year) -9

m.D Kenicworth 6510 Are Riverdale 20737 mo

31. DATE FILED (Month, Dev.)

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The fourth centrols be executed within 24 hours after death. Page 6 may be totalined by the hospital or attending physician. The state of the state of the state of the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should written the prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the first count can be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed as the employment of the completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health are Mental Hypers proof to build, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any litture, or other trainmatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

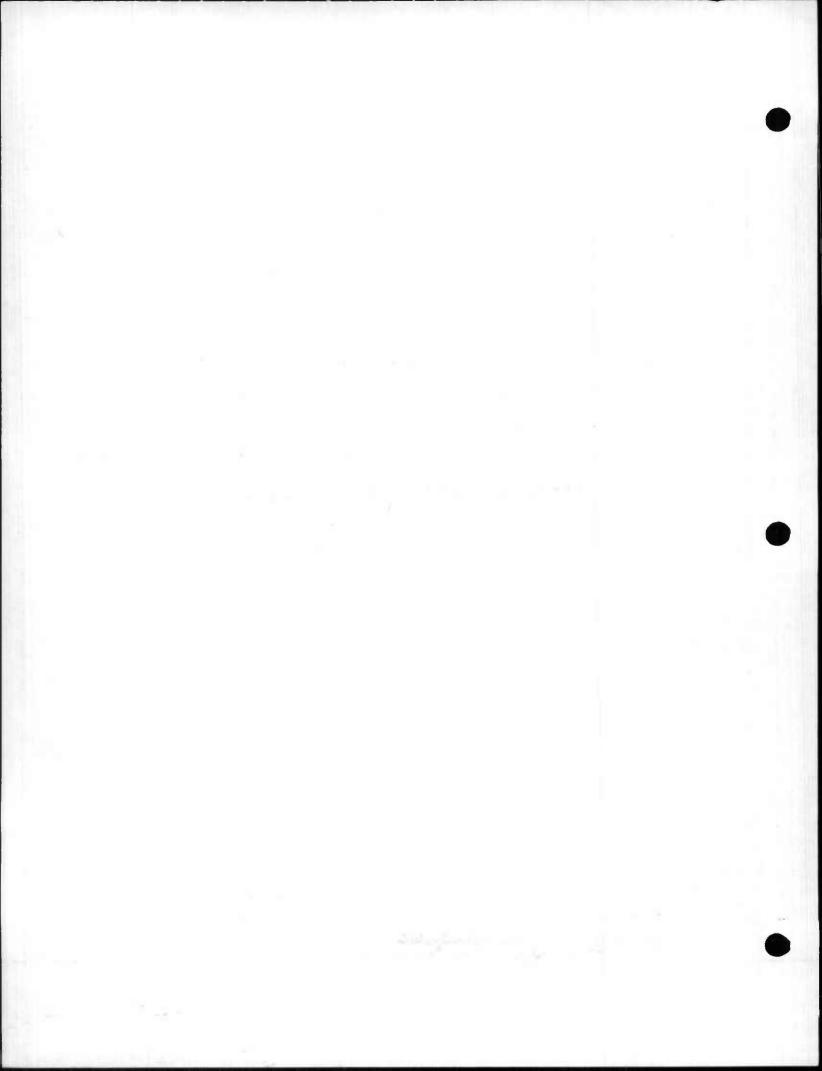
FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)	HAZEL MA	v niimdhr	TEC					2. DATE OF MONTH		992	YEAR	3. TIME OF DEATH 2:20 P
	4. SOCIAL SECURITY NUM	3ER	5. SEX	6. AGE (In yrs. las		IE IMPE	R 1 YEAR	IF UNDER	24 MRG	7. DATE OF		774	a Bunti	IPLACE (State or Foreign
	476-34-95	45	1 🗆 M 2 💢 F	58	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De SEP		933	Count	NESOTA
~	9e. FACILITY NAME (If not in					9b. CIT		OR LOCATI		ATH		9c. COU	NTY OF D	EATH
DIRECTOR	NATIONAL N		ÆDICAL C	ENTER			BI	ETHES	DA			M	ONTG	OMERY
REC	10a. STATE	10b. COUNT	Y	*	10c. CI	TY, TOWN	OR LOCA	TION						10d. INSIDE CITY
	VIRGINIA		CAFFORD			SI	AFFO	ORD						1 TES 2 NO
₹ I	10e. STREET AND NUMBER						10	f. ZIP COD				10g. CIT	ZEN OF	WHAT COUNTRY?
FUNERAL	259 THOR	NY PT		T EYER IN U.S. AF					2255			<u></u>		STATES
	1 Never Married 2 🔀	Merried	FORCES?	MAR OR DATES	NO		If yes, sp	ecify Cuba	n, Mexice	IIC ORIGIN? (S n, Puerto Rice	n, atc.)	or No-	Blac	E — American Indian, k, White, etc.
B	3 Widowed 4 Divo	orced		52 - 195		1	1 [] 168	2 🌠 NO	Specify	7.			Spec	WHITE
COMPLETED	15. DEC (Specify on	EDENT'S EDU	JCATION e completed)	(G	iive kind of	Work done	during me	ON osl of working	g	16b, KII	ID OF BUS	SINESS/IN	DUSTRY	
Z.	Elementary/Secondary (0-12)	College (1-4 or 5	+)		ise retired.)						CEDI	TOTO	
MC	1.7. FATHER'S NAME (First, N	liddle Lest)			U.S.	GOV '	Т.	to MOT	AED'D NA	ME (First, Midd	VIL		ICE	
			ERMAN JAM	DC CTITA	# A "NT			III. MOT					מינות	
) BE	19a. INFORMANT'S NAME (MAN JAN			G ADDRES	S (Street	and Number		Poute Number,				
2	DONOVAN L	ниме	PHRIES		259	THO	RNY	PT R	OAD.	STAFE	ORD.	VA	2255	4
	20e. METHOD OF DISPOSIT	on 3 🗆 Rem	noval from State	206. PLACE	ANDDATE	OF DISPO	SITION (N	ame of		DATE	20c. LO	CATION —	City or To	wn, State
	4 Donation 5 D Other	(Specify)		— Cometery Cre ARL	INGTO	IN 'NA	TION	IAL C	EM	7/9				VIRGINIA
	21. SHAPE OF POLESO	Services	01	RI	/ \	22.	DEMA	INE	FUNE	RAL HO	MES,	INC	1	
_	() a	nets	u ce	1000	2	II	ALE	CANDR	IA.	VIRGIN	IIA 2	2314		
	23. PARFT. Enter the d shock, or h IMMEDIATE CAUSE (Fir disesse or condition resulting in death)	eart fallure.	a	BRONCHOA	ALVEO	OLAR				n aa cerdiec	or respi	ratory ar	reat,	Approximata Intervsi Between Onset and Death
CERTIFICATION	Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events	diate ING Iry	C	(OR AS A CONSE										
HH	resulting in death) LAS		d											
	PART II. Other significe	ent condition	na contributing to	death but not i	resulting	In the u	nderiyin	g cause (given in	Part I. 24	. WAS AN PERFOR		24b	WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
MEDICAL										11	YES 2	X NO		OF DEATH? 1 YES 2 NO
- 1														
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)				
IXSI	1 TYES 2 NO		10 Inpatient 2	☐ ER/Outpatient 3		4 🗆 Nu	rsing Hon		sidence	8 Other (Sp				
ву РН		Pending Investigation	28e. DATE OF (Month, E		28b. TIR	ME OF JURY M	WC	IURY AT ORK? YES 2	NO	28d. DESCRI	BE HOW II	NJURY OC	CURED	
	3 Suicide s	Could not be determined	28e. PLACE C building.	OF INJURY — At ho atc. (Specify)	ome, ferm,	atreet, fec	tory, offic	•		281. LOCATIO City or R	ON (Street o own, State)	nd Numbe	r or Rural F	loute Number,
COMPLETE			ER: On the basis of e											e) end menner as stated.
BE	29b. SIGNATURE AND TITLE	OF CERTIFIE	R ().	MI	\			29c. LICE	NSE NUM	MBER				(Month, Day, Year) UL97
2	30. NAME AND ADDRESS OF	F PERSON WI	10 COMPLETED CAU	SE OF DEATH (ITE	M 27) (Туре	e, Print)		NIA	TTON	AL NAV	7ΔT 1ν			
	E. M. SUP									DA, MI				ENTER
	31. DATE FILED (Month, Day,		Julia Day	AR'S SIGNATURE	delle									

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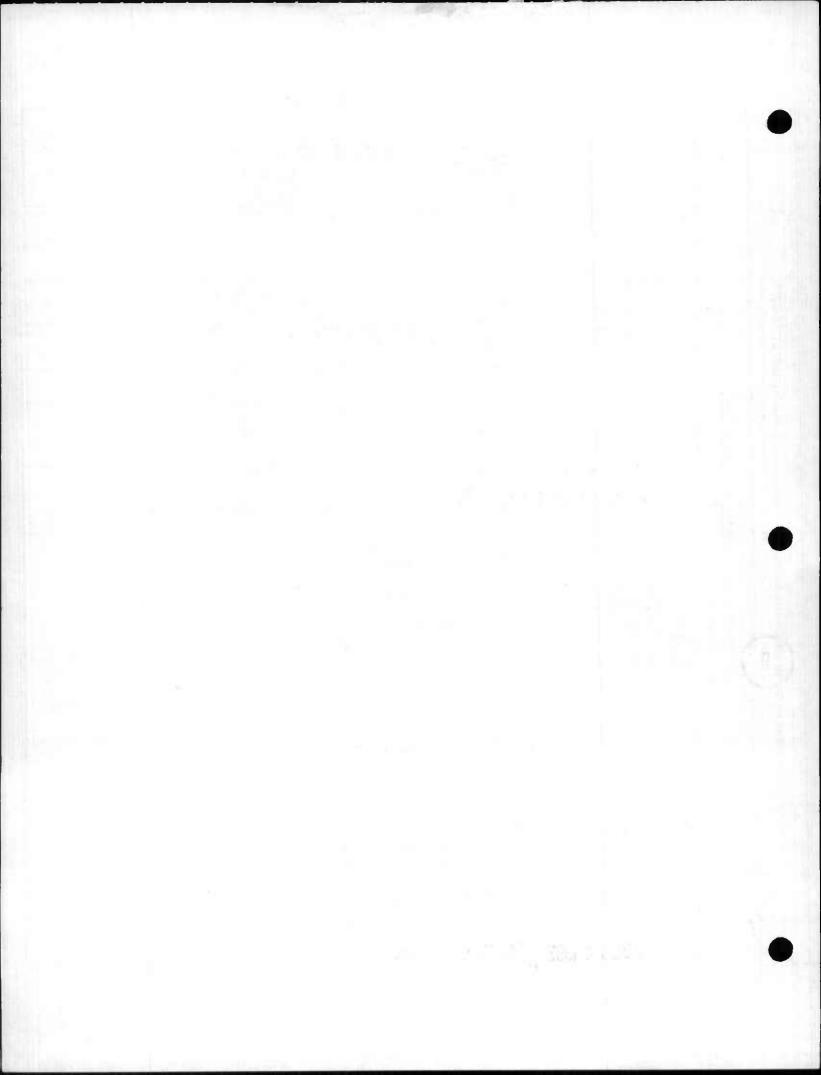
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOST INC. OR ALLEMOING PRINCIPLY THE DAY THE DESTRUCTION THE HOST INC. THE HOST	TO THE FUNERAL DIRECTOR: After this certificate has been signed at the distance of the funeral director, page 5 should be detached for u	D	
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4YSICIAN: The law requires the manufacture be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed to the summer physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should he state Dept. of Healm and Hygine prior to burial, cremation, or removal.	를
	The state of	Injury, or ot
requires that	certificate has been signed by the State Dept. of Health and	shows any
AN: The law	ificate has State Depr	r Item 23
3 PHYSICI	or this cert th with the	arked, o
TENDING	TOR: After after deal	28 is m
IAL OR A	FUNERAL DIRECTOR: within 72 hours after	If Item
HE HOSPI	HE FUNER	ORTANT: If Item 28 is marked,
=	三道	0

STATE	0F	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE	2
		C	ERTIFICATE	0	E DEAT	TM.		000 110	

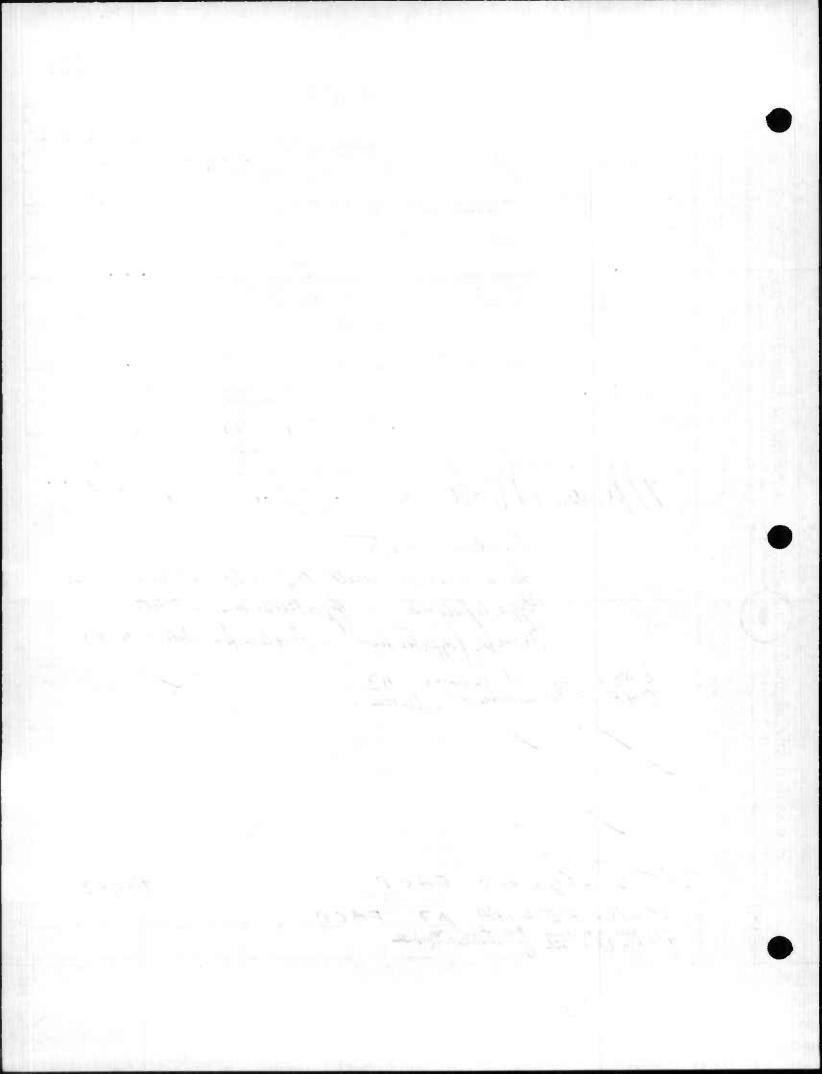
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) THELMA VIRGINI	A HINTON			2. DATE OF DEATN	92	3. TIME OF DEATH 11:26 Am
	4. SOCIAL SECURITY NUMBER 235563268	5. SEX 6. AGE (FUNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOUPIS MIN.	7. DATE OF BIRTN (Month, Day, Year) Oct. 8 1	8. B	IRTHPLACE (State or Foreign ountry) WV
OR	9a. FACILITY NAME (If not institution, give s SACRED HEART H		91	CUMBERLAND,		9c. COUNTY C	
DIRECTOR	10a. STATE 10b. COUNTY Md. All	egany		own or Location			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER Apt. 214 Gran		T HCD	101. ZIP CODE 21562	2	10g. CITIZEN	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECENDENT OF NISP If yes, specify Cuben, Mexi- 1 TYES 2 NO Specification	ANIC ORIGIN? (Specify Y can, Puerto Rican, etc.)	/es or No — 14. I	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) Unknown	CATION completed) College (1-4 or 5+)	IIIe. Do NOT use n	done during most of working wired.)		USINESS/INDUST	AA.
	17. FATNER'S NAME (First, Middle, Last) George McDanie		поше		IAME (First, Middle, Meide		
TO BE	19a. INFORMANT'S NAME (Type/Print)	27	19b. MAILING AD	DRESS (Street end Number or Rura	Clara McDar of Route Number, City or To		p)
F	Thelma McCuske		PLACE AND DATE OF		saptown, Mo	d. 21502	
	1 M Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State cem	Blooming	ton Md, 7-11-9	92 I	Blooming	and the second
	21. SIGNATURE OF ADMERAL SERVICE LIC	ENSEE		Boal-Warnick	Funeral I	Home nport, M	id. 21562
	iMMEDIATE CAUSE (Final disease or condition	Emplications that caused List only one sause on as	ich lina.		ch as cardiac or res	piratory arrest,	Approximate interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	, ,	CONSEQUENCE OF:				
	resulting in death) LAST			YOPILITY DIS			
PHYSICIAN: MEDICAL	PART II. Other algorificant condition	a contributing to death be	ut not requiting in t	ha undarlying cause given in		ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PHO	HOSPITAL:		26. PLACE OF DEATH (C			
	27. MANNER OF DEATH 1 Weturel 5 Pending	1 Pinpatient 2 ER/Outpe 28s. DATE OF INJURY (Month, Day, Year)	28b. TIME D		6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURE	0
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, ferm, stree fy)		28t. LOCATION (Street City or Town, State	t and Number or Ru e)	ral Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSII 2 MEDICAL EXAMINE	CIAN: To the best of my knowk	edge, death occurred a	t the time, date end place, and du	e to the cause(a) and mo	enner se stated.	se(e) end manner es stated.
BE	295. SIGNATURE AND TITLE OF CERTIFIER	DBM		29c. LICENSE NU			NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO			9()	7		, , =
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAR Achia Saindran	161 PINTO	MD. 21556			
	301 4 199	Grussa Daindron	-tandale				



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RECORDS	
OF VITAL	
DIVISION	

PHYSICIAN: The law requires that the desergement of the property of the proper	by the amenica physics and companies lined in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	i filed within 72 hours after death with the State Dept, of Health and Mensal Hyperson burns, premium, or removal.	Injury, or other traumatic event, the medical examiner must be notified at once
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certification the electric	R: After	be filed within 72 hours after death with the State Dept. of Health and Merral Higher and Inches an	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumation

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIE				
1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	ARCHIE BUI	RTON HOTT			JULY	15,	1992	13:25	РМ
4. SOCIAL SECURITY NUMBER			ONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day Year)		6. BIRTHI	PLACE (State or Forei	gn
216 18 1421 se. FACILITY NAME (If not institution, give		o6 YRS.			10/17/			YLAND	
SACRED HEART H		1		OR LOCATION OF DE	ATH	9c. COU	AT.T	EGANY	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ту	10c CITY	TOWN OR LOCAL				ALLI		
OHIO SUMA	AIT	HUDS	SON					10d. INSIDE CITY LIMITS? 1 X YES 2 NO	>
669 E. BARLOW	T DOND			, ZIP CODE				HAT COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN	III C ADMCD		44236			J.S.A		
1 Never Married 2 AMarried 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ecify Cuban, Maxica	IIC ORIGIN? (Specify n, Puerto Rican, atc.)	Yes or No—	14. RACE Black, Specify	— American Indian, White, etc. y: WHITE	
15. DECEDENT'S ED (Specify only highest grad	DUCATION	16a. DECEDENT'S US	rk done durina ma	ON set of working	16b, KIND OF I	BUSINESS/IN	DUSTRY	WILLE	_
Elementary/Secondary (0-12)	College (1-4 or 5+)	INSPECTO			FORD I	MOTOR	co.		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid				
ARCHIE B. HO	YII				ELIZABET			N	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	and Number or Rural F	Number, City or 1	fown, State, Zij	p Code)		
MARY RUTH HOTT		669 E.	BARLOW	ROAD, HO	DSON, OH	4423	36		
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re-	moval from State 20b.	PLACE AND DATE OF	DISPOSITION (Na	ame of		LOCATION —			
4 Donation 6 Other (Specify)	where A	RIH LAWN	CEMETE	RY.	7/20 CU	YAHOGA	FAL	LS, OH	
· Il haila	Sny	DINGLA	60 W.	MATN ST	SOWERS FROSTBI	FUNER TPG M	AL H	OME, P.A.	
23. PART I. Enter the diseases, or ahock, or heert failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	BUF TO (OR AS A	CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF: CONSEQUENCE OF:	5					Approximate Interval Betwoen and D	Neen
PART It. Other algorificant condition	1 - 1	//			Part I. 24s. WAS	AN AUTOPSY		WERE AUTOPSY FINDS	INGS
CADES	everal flen	en 11	I		PERF	2 NO		AVAILABLE PRIOR TO COMPLETION DF CAU	SE
CHFER	elecortes	adeen	4.		_		- 1	OF DEATH? 1 YES 2 NO	
	/				_				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSBETAL			ACE OF DEATH (Che	ck only one)				
1 YES 2 NO	HOSPITAL: 1 Inputent 2 ER/Outp	atlent 3 DOA 4	THER: Nursing Hom	e 5 🗆 Residence	6 Other (Specify)				
27. MANNED OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME (URY AT	26d. DESCRIBE HOY	OO YRULNI V	CURED		
2 Accident Investigation				res 2 No					
3 Suicide 6 Could per be 4 Homicide determined	28s. PLACE OF INJURY building, atc. (Speci	— At home, farm, stre	et, factory, offici		261. LOCATION (Stree City or Town, Sta	et and Number te)	or Rural Ro	oute Number,	
	SICIAN: To the best of my knowle								
A STOP OF THE PROPERTY AND	IER: On the besis of examination	and/or investigation,	In my opinion, d	eath occured at the	lime, data and place,	end due to th	ne cause(a)	and manner as state	d.
29h SIGNATURE AND TITLE OF CERTIFIE	ED	-1	77	29c. LICENSE NUM	BER	29d. DAT	E SIGNED	Month, Day, Year)	
296 SIGNATURE AND TITLE OF CERTIFIE	the end	FACI		29c. LICENSE NUM D1360		29d. DAT	E SIGNED	Month, Day, Year)	
296 SIGNATURE AND TITLE OF CERTIFIE	the end	TH (ITEM 27) (Type, Pr	int)	D1360		•	7/15	152	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The present man the leath certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has were signed of the detach.		IMPORTANT: It item 28 is marked, or item 23 shows any injery, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIE	NE	2 20000
3	1. DECEDENT'S NAME (First, Middle, Last)	LUTISHA	Α.	HOWAR HOWAR	В	2. DATE OF DEATH JULY 4	"j 992"	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-38-1436	1) M 2	(In yrs. last birthday) 7 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01/18/1	5	BIRTHPLACE (State or Foreign Country) Delaware
TOR	9a. FACILITY NAME (If not institution, give st PENINSULA REGION. RESIDENCE OF DECEDENT	Section 1. State	ENTER	SALIS	BURY	EATN	9c. COUNTY WICOM	
DIRECTOR	10a. STATE 10b. COUNTY	erset	10c. CIT	y, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 XNO
FUNERAL	100. STREET AND NUMBER 3169 Calvary	Road		10	1. ZIP CODE 21817	,		OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2) (NO	If yes, sp	CENDENT OF NISPA Decity Cuban, Maxic 3 2 200 NO Speci	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) fy:	en or No.— 14.	RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)		USUAL OCCUPATI work done during me se retired.)		16b. KIND OF B	USINESS/INDUS	TRY
OMPL	Grade 8 17. FATNER'S NAME (First, Middle, Last)		Practica	al Nurse		Home	Care	
BE C	George Mars	shall				Mary Kil	lman	
10	Norris C. Howard		P. O.	Box 56	- Allen	•	310	
	20a. METHOD OF DISPOSITION 1 M Burlai 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	oval from State 20b	PLACEAND DATE (nelery, cremetory or o t. Paul	of disposition (Ni ther place) s Cemet			ocation — city arion S	or Town, State tation, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	Bull	and	Bra	dshaw &		cal Hom	e
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Oulh of Oue TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A MYRE)	ech line.	lene	Juleus		piratory arreat	, Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CERT	Obe	S P CATE	ut not resulting	in the underlyin	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: Inputiant 2 - ER/Outp	etient 3 DOA	OTHER:	LACE OF OEATN (Ch	6 Other (Specify)		
ву РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	JURY AT DRK? YES 2 NO	28d. DESCRIBE NOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Nomicide datermined	28a. PLACE OF INJURY building, etc. (Spec	— At home, term, s	street, factory, offic	•	28t. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED		CIAN: To the beat of my know						use(s) end menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Dama	l		29c. LICENSE NUI	MBER	29d. DATE SH	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO Brij L. Agarwa	× /			ive - Sa	lisbury, M	ID 21	801
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN.		· ·		-	<u>-</u>	

215-35-1436

OTMARAS Delaunce

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> > 169 Calvar Hotel

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ractical Number

George Karshall

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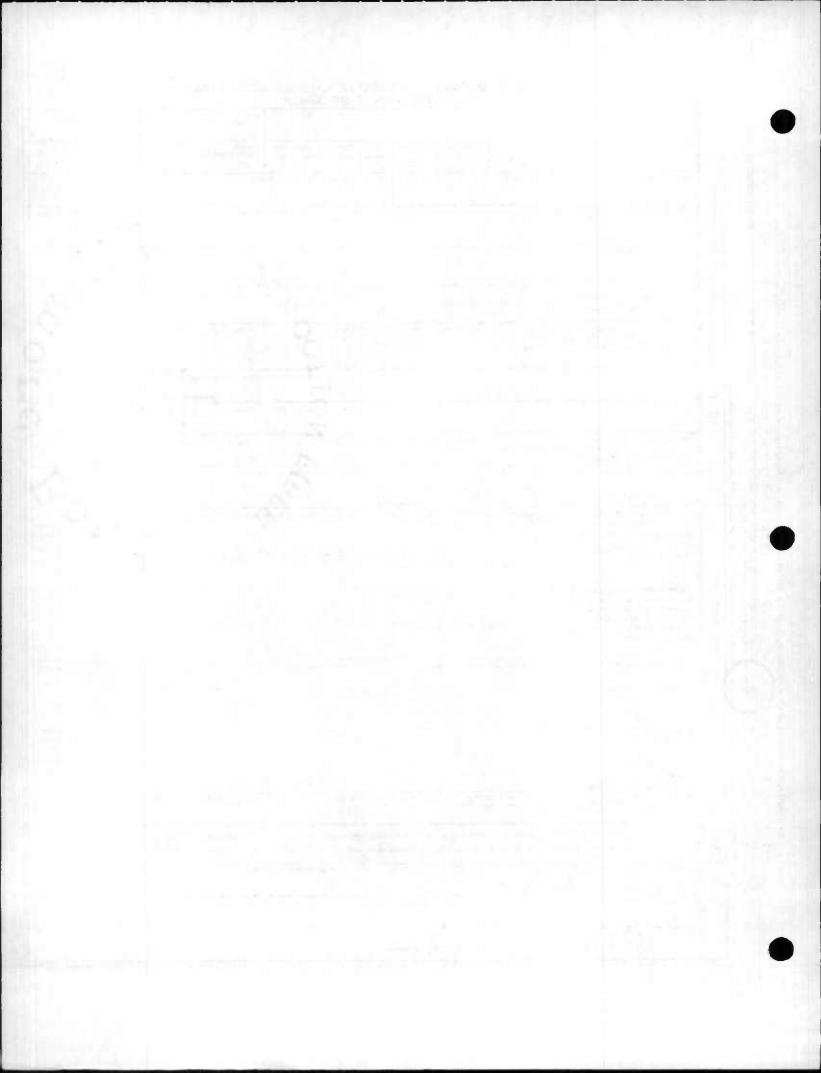
Draishaw & Jone Funeral Hore 306 W. Main St. - Cristiald, and 24847

Brij L. Ngarwal, A.O. - Friillip Forris Orive - Salisbury, vo 21801

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IMPORTANT: If Item 28 is marked, or Item 23 streets any index, or other traumatic event, the medical examiner must be notified at once.	
TO THE FUNERAL DIRECTOR: After this certificate has been stored by the accounted and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Dept. In the state of the property of the state of the	
TO THE HOSPITAL DR ATTENDING PHYSICIAN The new regains that deep cuted within 24 hours after death. Page 6 may be retained by the host	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLANI	

1. DECEDENT'S NAME (First, Middle, Last,)				OF DEATH	2.0	REG. NO	•		3. TIME OF DEATH
William		5 d	ui	gnutt		MC	D HTMC	AY	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX	dward 6. AGE (In yrs. les		IF UNDER 1	YEAR IF UNDER 24 HR	07	7 20) 1	992	10:15 P.
	17 M 2 F	Teach Control	YRS.		DAYS HOURS MIN	(M	fonth, Day, Year)	OFO	Countr	
216-54-9637		42	Tho.			0	7 16 1			yland
e. FACILITY NAME (If not inetitution, give	etreet end number)			96. CITY, T	OWN OR LOCATION OF	DEATH		9c. COU	NTY OF D	EATH
Easton Memoria	l Hospital			Eas	ton			T	albo	t
RESIDENCE OF DECEDENT 10b. COUNT 10b. COUNT			T 40= CIT	Y, TOWN OR	LOCATION					
	 Caroline		10c. C11	T, IOWN ON	Green	cho	ro			10d. INSIDE CITY LIMITS?
4	carorine					000	10			1- YES 2 NO
06. STREET AND NUMBER					101. ZIP CODE			10g. CIT	ZEN OF W	VHAT COUNTRY?
501 Sunset Av	enue				21639	}		U	.S.	Α.
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W 1972-19	X YES 2 1	RMED NO	H)	AS DECENDENT OF HIS yes, specify Cuben, Mer YES 2 NO Sp	rican, Pue	IGIN? (Specify Yer rto Rican, etc.)	s or No	Speci	
15. DECEDENT'S ED	UCATION		CEDENT'S	USUAL OCC	HIPATION		16b. KIND OF BU	CINESS/INC		casian
(Specify only highest grad Elementary/Secondary (0-12)		(G	ive kind of . Do NOT u	work done dur	ring most of working		Bevera		JOSTHI	
G.E.D.	College (1-4 or 5+))		Driv			Distri		On	
FATHER'S NAME (First, Middle, Last)	MOHE	1 11	uck	DIIV					UII	
		77.1				1 53 5	st, Middle, Melden	_ ′		
	Franci		nutt			ora		Jon		
e. INFORMANT'S NAME (Type/Print)					Street end Number or Ru					
Tammy M. Hign	utt	4	742	Flan	ders Lan	le,	Harwoo	d, M	[ary	land 20'
Da. METHOD OF DISPOSITION M Burlet 2 Cremation 3 Res	movet from State			OF DISPOSITI	ION (Name of		ATE 20c. LO	CATION -	City or To	wn, Stata
□ Donation 5 □ Other (Specify)		Dent.		other place) Cemet	erv	17	/24 De	nton	M.	aryland
I. SIGNATURE OF FUNERAL SERVICE L	CENSEE	И			ME AND ADDRESS OF	FACILITY		11001		arjiana
> thought	21/1	lana	-	Mo	ore Fune	eral	Home,	P.A		
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		TO THE FUNERAL DIRECTOR: After this certificate has been support and annual process and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dep. or happen and when the process that the state Dep. or happen and when the process that the state Dep. or happen and when the process that the state Dep. or happen and when the process that	
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AND Z	he hospital	detached fo	once.
AHYLA	tained by the	should be	lified at
BALLIMORE, MARYLAND 21203-3146	HE HOSPITAL OR ATTENDING PHYSICIAN: The law meaning that the data comments to be executed within 24 wours after death. Page 6 may be retained by the hospital or attending physician.	or, page 5 s	et be no
D	h. Page 6	eral directo	miner mu
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	in 24 nour	ely filled in nation, or r	the me
VISION OF VITAL MECURIAL F.O. BOX 13146,	ecuted with	nd complet burial, cren	stic event
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	THE HOS	o THE FUN e filed with	IMPORTANT: If Item 28 is marked, or Item 23 shows insulation or other traumatic event, the medical examiner must be notified at once.
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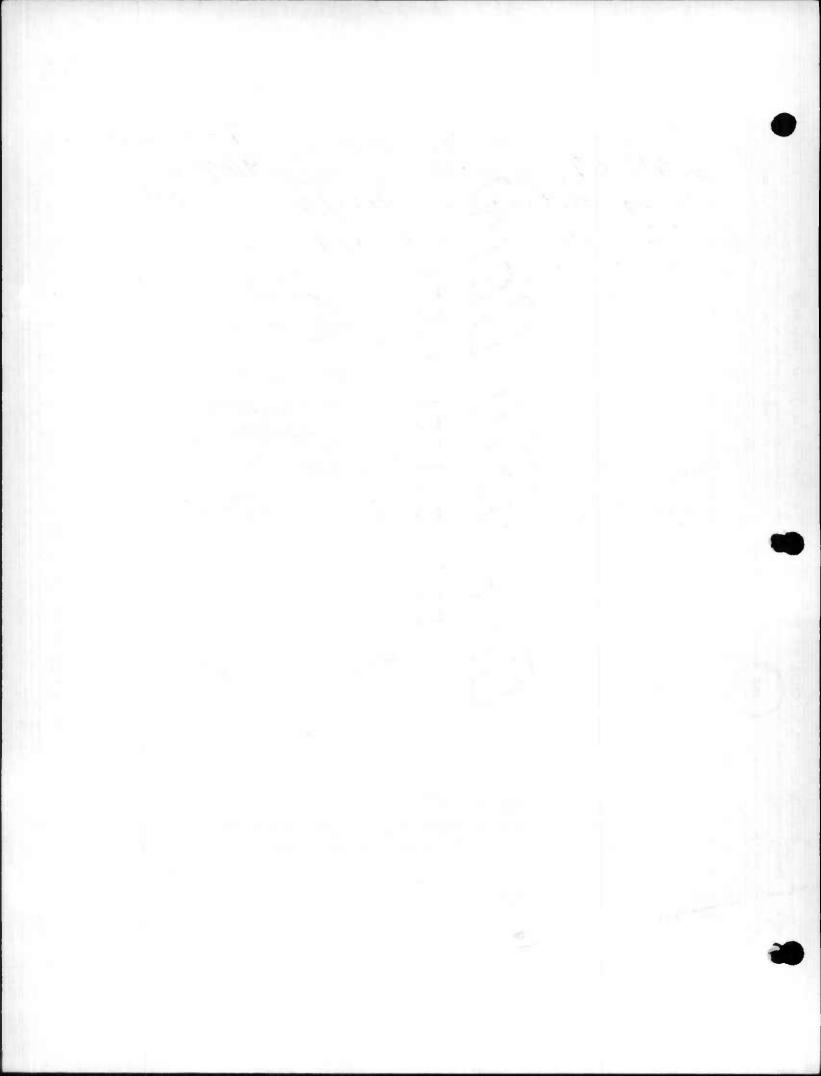
STATE OF	MARYLAND / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	OF DEAT	TH		REG. NO.

. OCOCOCRT S NAME (FIR	at, Middle, Last) Anni (Iughes			2. DATE MONTH		1992	/EAR	3, TIME OF DEATH
4. SOCIAL SECURITY NUM			AGE (In yrs. last birth	oday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHE	LACE (State or Foreign
422-09-22		1 M 2 F	88 Y	RS. MONTHS DAYS	HOURS MIH.	Aug	, Day, Year)	903		aba m a
Randolph	Hil:		g Home		aton	CAIN		Mont		
Md.	a. STATE 10b. COUNTY 10c			CITY, TOWN OR LOC		ng		10d. INSIDE CITY LIMITS? 1 1 YES 2 NO		
10e. STREET AND NUMBER	R				IOI. ZIP CODE			10g. CITIZE	N OF W	HAT COUNTRY?
2610 As	shmont	Terr.	VED IN II C ADMEN	12 140 0	20906 ECENDENT OF HISPA	ANC OBIGIN	2 (Parally Va	-	S.A.	— American Indian,
Never Married 2 C		FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,	specify Cuban, Mexico	an, Puerlo f		or no —	Black, Specify	White, etc.
15. DE (Specify of Elementary/Secondary	CEDENT'S EOL nly highest grad (0-12)	JCATION e completed) College (1-4 or 5 +)	(Give kil	ENT'S USUAL OCCUPA nd of work done during a NOT use retired.)	TION most of working	16b.	KIND OF BUS	SINESS/INDUS	STRY	
10			Но	memaker.			H	lome		
17. FATHER'S NAME (First,					18. MOTHER'S NA	AME (First, A	Viddle, Maiden	Surname)		
Danie		Callan	1			UNKN				
Michael	Hamil:	ton		O Ashmont						0006
20a. METHOD OF OISPOSI			20b. PLACE OF D	ISPOSITION (Name of	cemetery cremetory or			CATION — CH		-
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shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in thet initieted events reaulting in death) LA PART II. Other algnific 25. WAS CASE REFERREO EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	heart fellure. inal itions, lediate YING jury ST TO MEDICAL Pending Investigation Could not be detarmined RTIFYING PHY: COICAL EXAMIN	a. OUE TO (OF to OUE TO (OF to OUE TO (OF to OUE TO (OF to OUE TO (OF to OUE TO (OF to OUE TO (OF to OUE TO OUE TO (OF to OUE TO OUE TO OUE TO (OF to OUE TO	R AS A CONSEQUEN R AS A CONSEQUENCE R AS	Do not enter tha recovery the control of the contro	Ing cause given in PLACE OF OEATH (C) Ome 5 Residence WORK? YES 2 NO	Part I. 28d. Des 28f. LOC City te to the care time, date	24a. WAS AN PERFORM 1 YES 2 ATION (Street or Town, State)	AUTOPSY MEO? NO NJURY OCCU	24b. 24b. Arrai Ar	Approximate interval Betwee Onset and De Ons

Contract Contract to the an appropriately regard a second out all your entry 2005 Sales and the most

BALTIMORE, MARYLAND	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law may the fleath centificate by executed with. Surs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR. After this certificate has been eligible to the attendance of bring in bring in bring in the funeral director, page 5 should be detached the first intention of removal.	IMPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
146, BAI	ted with, jours after dea	completely filled in by the fur	event, the medical exa
S, P.O. BOX 13	g death certificate by execu	A attending physician and	day, or other traumatic
TAL RECORDS	The law reports filtra	cate has been signed by the	tem 23 shows any in
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DR ATTENDING PHYSICIAN	DIRECTOR After this certific	tem 28 is marked, or i
14	TO THE HOSPITAL	TO THE FUNERAL I	IMPORTANT: II II

	1 - FOR STATE OF MARYLAI REGISTRAR	ND / DEPARTMENT	OF HEALTH AND MEN	NTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) RALPH LEE	MELMICK/	2.	DATE OF DEATH	s. TIME OF DEATH
	236-03-1729 100:0	yrs. lest-birthday) IF UNDER 1		Month Day Year) 2	BIRTNPLACE (State or Foreign Country) WEST VIRGINIA
TOR	Se. FACILITY NAME (If not institution, they alrest and number) Che Sapeake Hamore REGIDENCE OF DECKDENT	9b. CITY, T	The	9c. COUNTY	OF DEATH
DIRECTOR	MA. STATE OF SOM COUNTY	10c. CITY, JOWN OR SEVER			10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	100. STREET AND NUMBER 7959 TELEGRAPH ROAD, #143 A	/	101. ZIP CODE 21144	10g. CITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced 12. WAS DECEDENT EVER TO FORCES? 1 X V PRINTED TO FORCES? 1 X V PRINTED TO FORCES? 1 X V PRINTED TO FORCE TO F	2 NO If 1 ES 1	S DECENDENT OF HISPANIC Of the specific Cuber, Mexican, Pure YES 2 NO Specify:		RACE — American Indian, Black, White, atc. Specify: WHITE
PLETED	(Specify only highest grade completed)	Ga. DECEDENT'S USUAL OCC (Give kind of work done du life. Do NOT use retired.)	UPATION ing most of working IL BURNER/ NER TECHNICIA	16b. KIND OF BUSINESS/INDUS	
E COMPL	17. FATHER'S NAME (First, Middle, Lest) CHARLES HELMICK	TIER OUNDELLO		First, Middle, Malden Surname)	JOHENG
TO B	19a. INFORMANT'S NAME (Type/Print) MICHAEL E. HELMICK			Number, City or Town, State, Zip Co 143 A, SEVERN,	
	1 XBuriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	CATE OF HEAV	EN CEMETERY		SPRING, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			LINS FUNERAL BLVD., W., SI	HOME, INC. IL. SP., MD 2090
CERTIFICATION	23. PAPA 1. Enter the diseases, or complications that caused to abook, or heart feltyre. List only one cause on each immediate cause or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in daeth) LAST	CONSEQUENCE OF):	lune	unory DA	t, Approximata interval Between Onset and Daath
MEDICAL	PART II Other algnificent conditions contributing to deeth but	t not resulting in the und	erlying ceuse given in Pari	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTHER:	26. PLACE OF DEATN (Check of	nly one)	
Y PHYSICIAN:	1	tent 3 DOA 4 Thurste	g Home 5 - Residence 6 -	Other (Specify) 1. DESCRIBE NOW INJURY OCCUP	REO
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined Duilding, stc. (Specify	At home, farm, street, factor		LOCATION (Street and Number or City or Town, Stete)	Rural Route Number,
COMPLET	29a. CERTIFIER (Check only one) 1 DERTIFYING PHYSICIAN: To the best of my knowled one) 2 DMEDICAL EXAMINER: On the basis of examination of				
TO BE C	296. PIGNATURE BYO TITLE OF CERTIFIER ALTER whip Doc	29c. LICENSE NUMBER D2(69	34 >7	SIGNED (Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEAT C-V, CYRIAC-MD 1600	CRAINGU	17, GLENIS	LyRNIR M	D 21061 -
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNAL ALLE JUNE DEVIAGO.	angle 82			

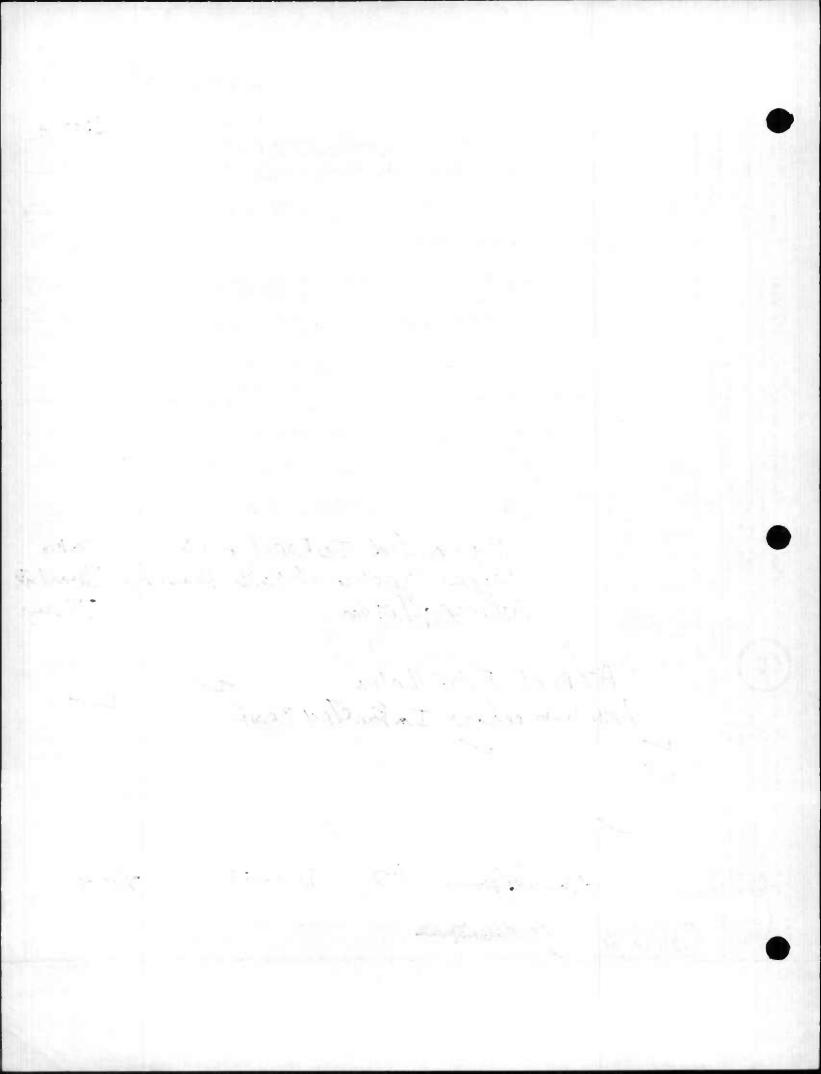


BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, R.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require material partitions to executed with	TO THE PRINCES PROPERTY. Alexander bearings and seconds
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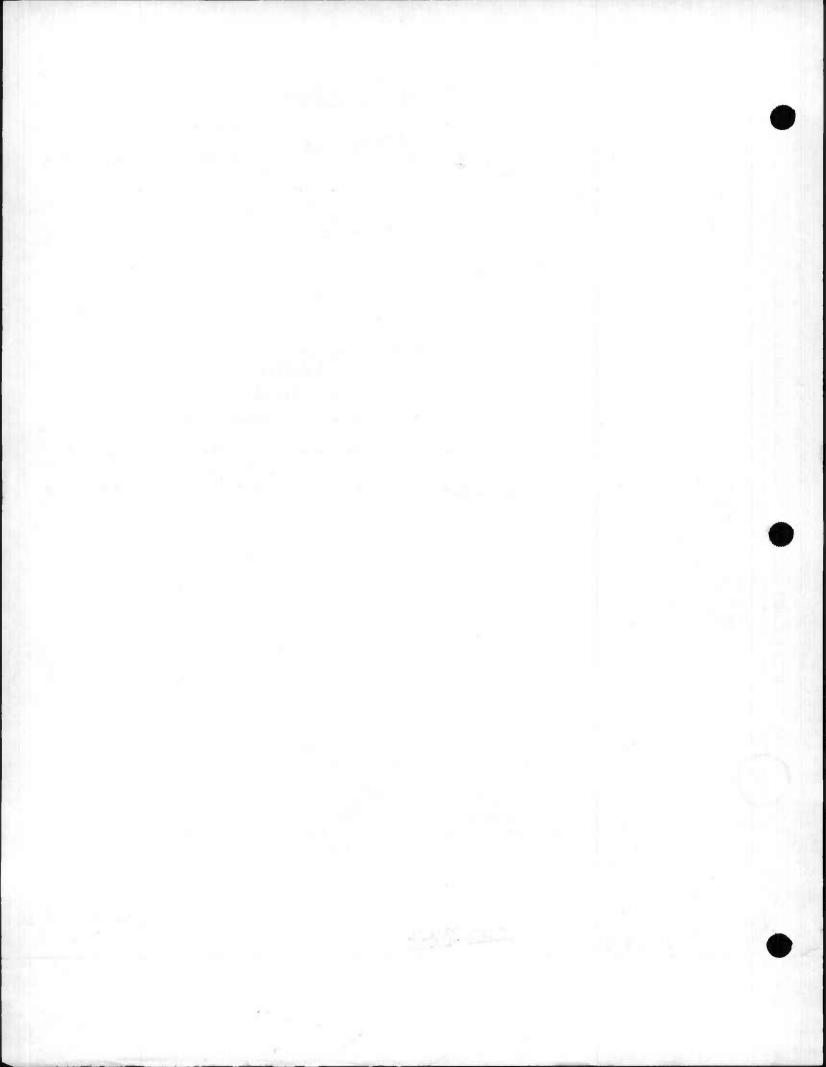
	1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIENI REG. NO.	E	20004		
	1. DECEDENT'S NAME (First, Middle, Leet) TAM & S	James Leonar		SAW		2. DATE OF DEATH	y & YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 578-50-8584 9e. FACILITY NAME (If not institution, give str	5. SEX 1 St. AGE (In yrs. lest birthdey) 1 The NORTH DAYS HOURS MIN. 78 9. AGE (In yrs. lest birthdey) 1 The NORTH DAYS HOURS MIN. 78 9. AGE (In yrs. lest birthdey) 1 The NORTH DAYS HOURS MIN. 78 9. AGE (In yrs. lest birthdey) 1 The NORTH DAYS HOURS MIN. 78 9. AGE (In yrs. lest birthdey) 1 The NORTH DAYS HOURS MIN. 78 9. AGE (In yrs. lest birthdey) 1 The NORTH DAYS HOURS MIN. 78 9. AGE (In yrs. lest birthdey) 1 The NORTH DAYS MIN. 78 9. AGE (In yrs. lest birthdey) 1 The NORTH DAYS MIN. 9. AGE (In yrs. le								
TOR	Suburban Hospital			Bethes		AIN	Montgo			
DIRECTOR	10e. STATE 10b. COUNTY	gomery		y, town on Loca evy Chas				10d. INSIDE CITY LIMITS? 1 4 YES 2 NO		
FUNERAL	4601 Drummond Ave	enue		10	20815		10g. CITIZEN OF U.S.	WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp		HC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Blac	E - American Indian, ck, White, atc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Coffege (1-4 or 5+)				166. KIND OF BUS	e Law Pr	actice		
BE CO	17. FATHER'S NAME (First, Middle, Lest) James Leonard Hi	lghsaw			18. MOTHER'S NA May Ba	ME (First, Middle, Maiden : ker	Sumame)			
10	Jane D. Highsaw		19b. MAILING 4601	ADDRESS (Street &	nd Number or Rural F Ave.,Ch	evy Chase,	n, State, Zip Code) MD 2081	5		
TO BE COM	20e_METHOD OF DISPOSITION 1									
	21. SIGNATURE OF FUMERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc.									
The medical	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Mycandy Twfancly Twfan									
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. MYUCAR DIN TARRET ACT SUMMEDIATE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST IMMEDIATE CAUSE (Final disease or conditions, or consequence of): AUGUST ACT ACT ACT ACT ACT ACT ACT ACT ACT AC									
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. ATRIAL FIBRILATION LIVES 2 NO 248. WAS AN AUTOPSY PRIORINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? LIVES 2 NO LIVES 2 NO									
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 21 Pr/Outpet 26s. DATE OF INJURY (Month, Day, Year)	28b. TIM	OTHER: 4 Nursing Hom E OF 28c, INJ	RK?		JURY OCCURED			
TED	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY - building, etc. (Specify	At home, farm, a			261. LOCATION (Street a City or Town, State)	nd Number or Rural	Route Number,		
E COMPLETED		IAN: To the best of my knowle : On the bests of examination						a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Celler	- 14	つ	29 LICENSE NUM	99/	29d, DATE SIGNED	(Monthy Day, Year)		
	30. NAME AND AD STREET OF PERSON WHO		TH (ITEM 27) (Type,							



Incate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If the 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

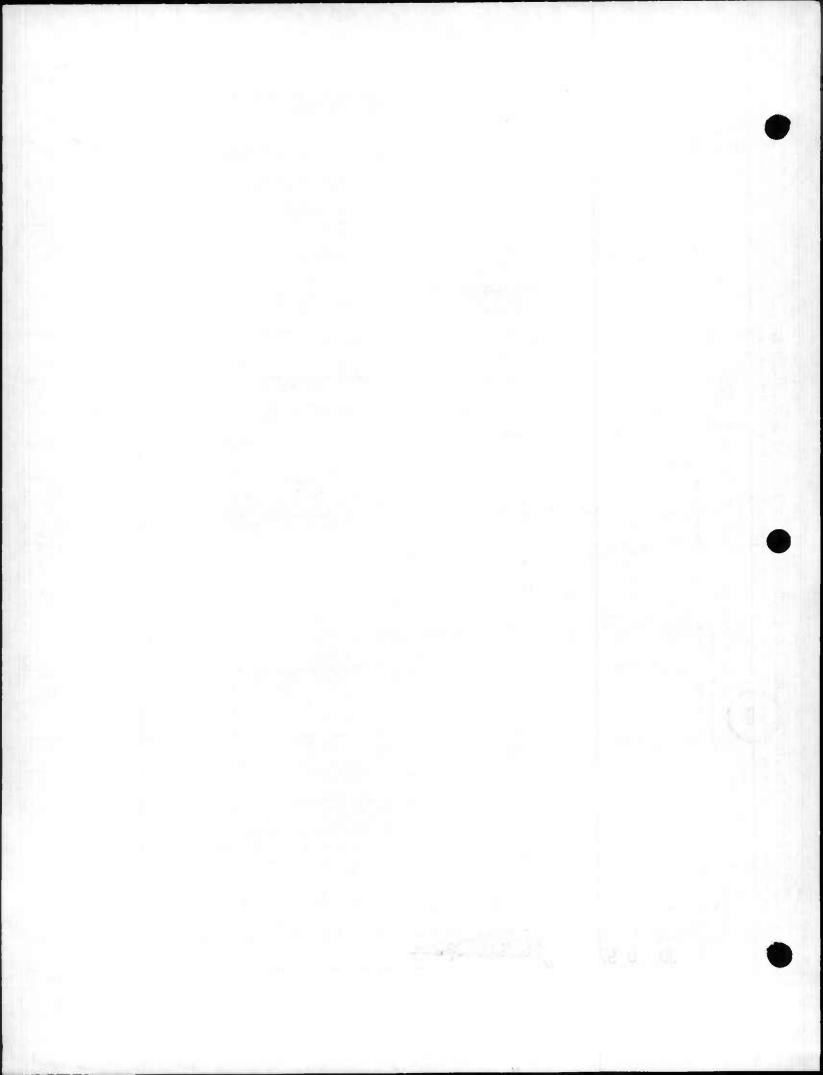
	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH		NTAL HYGIENE	- Em	20000		
	1. DECEOENT'S NAME (First, Middle, Last)		1 1 .		DATE OF DEATH		3. TIME OF DEATH			
	James	F	Jorkins			7/11/92		12:40 AM M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGI	The state of the s				7. DATE OF BIRTH 8. BIRTHPLACE			
	577-50-0917	1 M 2 □ F 5	YRS. M	ONTHS DAYS HOURS	MIN.	(Month, Day, Year) 12/5/35	Cour	icago, Ill		
	Sa. FACILITY NAME (If not institution, give at	reet and number)		b. CITY, TOWN OR LOCAL	TION OF DEATH		9c. COUNTY OF			
S	13112 Tamarack Ro	ad		Silver Spr	ing		Montgo	merv		
DIRECTOR	RESIDENCE OF DECEDENT									
E	10a. STATE 10b. COUNTY			TOWN OR LOCATION				10d. INSIDE CITY LIMITS?		
		gomery	Sil	ver Spring				1 X YES 2 NO		
34	10e. STREET AND NUMBER			10f. ZIP CO	DE		10g. CITIZEN OF	WHAT COUNTRY?		
FUNERAL	13112 Tamarack Ro			2090				d States		
J.	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 X YES		13. WAS DECENDENT If yes, specify Cub	OF HISPANIC (ORIGIN? (Specify Yes ouerto Rican, etc.)	or No- 14. RAC Black	CE — American Indian, ck, White, atc.		
ВХ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TYES 27 NO		,	Spe	white		
	15. DECEDENT'S EDUC	ATION	16a. DECEOENT'S US	IIAL OCCUPATION		16b, KIND OF BUSI	NEGO (NIDUOTOV			
1	(Specify only highest grade	completed)	(Give kind of wor.	k done during most of worl	dng					
PLI	Elementary/Secondary (0-12)	College (1-4 or 5+)	Buildin	g Engineer		Communic	ations	- CBS		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					First, Middle, Maiden S				
	Hubert Harold Hop	kins					urnemej			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AS	DORESS (Street and Numb	ola Lin		State 7/o Code1			
5	Lillian A. Hopki	ns		amarack Ro						
	20s. METHOD OF DISPOSITION		Db. PLACE AND DATE OF		au, or		ATION - City or 1	Town Plats		
	1 Burial 2 Cremation 3 Remo	val from Stata	metery, crematory or other	n Cremator	777		wood, M			
	21. SIGNATURE OF FUNEFAL SERVICE LIC	ENGER 7	OLC BINCOL	22. NAME AND ADDR			wood, M	aryland		
	101.22	11/11		Hines-Rin	aldi F	uneral Ho	me			
_	Creek C	win						ver Spring,		
	23. PART I. Enter the disesses, or c shock, or heart fellure. I	omplications that ceus	ed the deeth. Do not each line.	enter the mode of d	ying, such as	cardisc or respin	story srrest,	Approximate interval Between		
	IMMEDIATE CAUSE (Finel	(Norda	1-11	Ada	0 -			Onset and Death		
	disease or condition resulting in death)	Inera	stati (Haun	oran	anone	2			
		OUE TO (OR AS	A CONSEQUENCE OF):							
N	Sequentially list conditions,	·								
F	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF):							
5	CAUSE (Diseese or Injury	DHE TO (OR AS	A CONSEQUENCE OF):							
Ē	that initiated events resulting in death) LAST	DOE TO (ON AS	A CONSEQUENCE OF):							
CERTIFICATION										
AL	PART ii. Other significent conditions	contributing to deeth	but not resulting in	the underlying ceuse	given in Pari			b. WERE AUTOPSY FINDINGS		
						PERFORM		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							3	OF DEATH? 1 YES 2 NO		
-						·		1 123 2 1 100		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF	OEATH (Check of	only one)				
Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Ou		THER: Nursing Home 5	lesidence &	Other (Specify)				
主	27. MANNER OF GEATH	28a. DATE OF INJURY	26b, TIME C	F 28c. INJURY AT		d. DESCRIBE HOW IN	JURY OCCURED			
	1 Netural 5 Pending	(Month, Day, Year)	INJUR		□ NO					
BY BY	2 Deutstein	28e. PLACE OF INJUR	IY — At home, farm, stre	et, factory, offica	281		d Number or Rural	Route Number,		
		Chy or Tourn Chatal								
Щ	4 Nomicke									
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to to one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time.							as as asset			
M M	29a. CERTIFIER (Check only							a) and manner as stated		
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER			n my opinion, death occi	ured at the time	, data and place, and	dua to the cause			
	29a. CERTIFIER (Check only			n my opinion, death occi		, data and place, and	dua to the cause	a) and menner as stated.		
BE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. S. TUP ANO TITLE OF CERTIFIER	t: of the basis of examinet	on and/or investigation,	n my opinion, death occi	ured at the time	, data and place, and	dua to the cause			
	29a. CERTIFIER 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER	t: of the basis of examinet		n my opinion, death occi	ured at the time	, data and place, and	dua to the cause			



any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF N	MARYLAND /	DEPAR	TMENT OF	FHI	ALTH AND	MENT	AL HYGIE			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DA	TE OF DEATH	DAY		3. TIME OF DEATH
		HAPIN		H	ARRIS			Jü			992	12:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 YEA		IF UNDER 24 HRS.		E OF BIRTH		6. BIRTH Countr	IPLACE (State or Foreign
	002-16-3975	1 X M 2 - F	69	YRS.				Ma		923		Hampshire
DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) 3561 Hamlet Place RESIDENCE OF DECEMENT 9b. CITY, TOWN OR LOCATION OF IT Chevy Chase										tgom	
350	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR LO	CATIO	ON					10d. INSIDE CITY
	Maryland Mont 100. STREET AND NUMBER					y Chase				140- 007	LIMITS? 1X YES 2 NO NOTIZEN OF WHAT COUNTRY?	
ER/	3561 Hamlet Plac	e					20815			1,10		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1X YES 2 NO				S DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— as, specify Cuban, Maxican, Puerto Ricen, etc.) YES 2 NO Specify: Specify:					— American Indian, k, White, etc.	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DEC	EDENT'S	USUAL OCCUP	ATION		1	8b. KIND OF E	USINESS/INI	DUSTRY	WHILE
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +			vork done during te retired.) Execut:					mical		
Ö	17. FATHER'S NAME (First, Middle, Last)					-	18. MOTHER'S NA	ME (First				
BE C	Richard Harrin	igton Ha	arris				Louise		abens	Mea	ans.	
5 B	19a. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRESS (Stre	et and	Number or Rural					-
F	Ethel V. Harris	(Wife)			as #10							
	20a. METHOD OF DISPOSITION 1 General 2 Commatten 3 Removal from Stata 4 Donatton 5 Other (Specify) 20b. PLACE ANDDATE OF DISPOSITION (Name cameleny, crematory or other place) SUBULTION Cremator					e of	7-8 Silver Spring, MD					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A.											
	setti- 6		M008		933	G:	ist Ave	. Si	lver 9	arino	1 MD	20910
	23. PART i Enter the diseases, or o shock, or heert fellure.	complications that List only one caus	caused tha dea	ith. Do n	ot enter the	mode	of dying, aud	h as ce	rdiac or rea	piratory sn	rest,	Approximate
	MINISTRATION OF THE PROPERTY O								Interval Between Onset and Death			
_	_	D COCH	OR AS A CONSECU	UENCE OF	7:							0
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate	DUE TO	OR AS A CONSEQU	UENCE OF):	_						Lyears.
CAT	ceuse. Enter UNDERLYING CAUSE (Disease or injury											
E	thet initiated events	DUE TO (OR AS A CONSEQU	JENCE OF):							
ER	resulting in deeth) LAST	1										
AL C	PART II. Other significent condition	s contributing to d	leeth but not re	suiting i	n the underly	/ing	euse given in	Part I.	24s. W8S 4	N AUTOPSY	245	WERE AUTOPSY FINDINGS
2									PERF	PAMED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC								_	1 TYES	2 X NO		OF DEATH?
ä				E				_				1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLAC	E OF DEATH (Ch	eck only (one)	_		
VSI.	1 TYES 2 X NO	HOSPITAL: 1 Inpatient 2	ER/Outpetient 3	DOA	OTHER: 4 Nursing H	ome	5 CXRasidence	6 Ott	er (Specify)			
F	27. MANNER OF DEATH	28a. DATE OF II	NJURY (Year)	28b. TIME		INJUR		26d. DI	SCRIBE HOW	INJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation						2 NO					
	3 Suicide 4 Homicide Suicide 5 Could not be determined Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, offica Suicide 6 Could not be building, etc. (Specify) 28b. LOCATION (Street and Number or Rural Route Number, City or Town, State)							oute Number,				
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE	CIAN: To the best of n	ny knowledge, deat	th occurre	d at the time, d	eta ar	d place, end due	to the co	luse(a) and m	anner aa etat	ed.	
	29b. SIGNATIONE AND TITLE OF CERTIFIER		The second secon	reenganor	i, in my opinion	_			a and placa,	ind due to th	e cause(s)	and manner as stated.
B	11/1/11/11/11	-				2	OC. LICENSE NUI	ABER				(Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITFM	27) (Time	Print)	1	2399	17		J	uly {	3, 1992
	William K. Kelly	, M.D.	106	S Ir		.,	NW #421	, 1	Washin	gton,	DC	20010
	William K. Kefly, M.D. 106 Irving St, NW #421, Washington, DC 20010 31. DATE FILED (Month, Day, Year) JUL 10 92 Spring Davidson (Filed)											



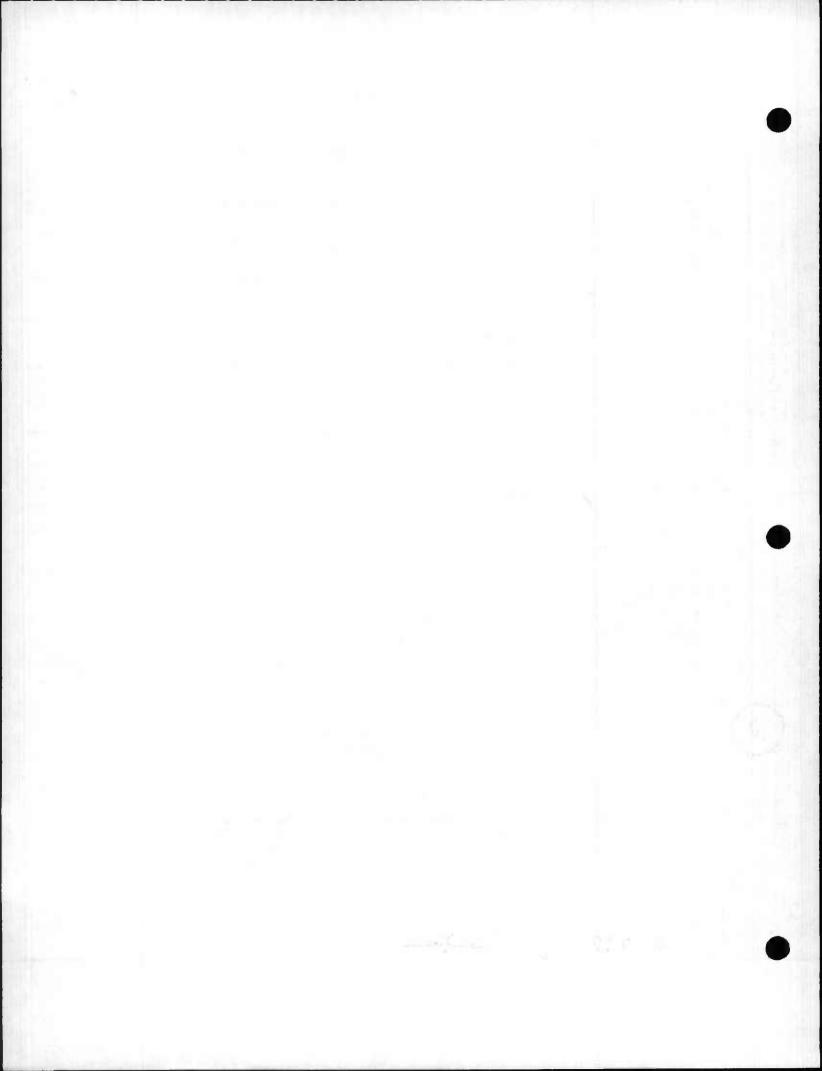
ulres that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

Signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSIC AN. The law relatives that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTION. After this cendicate may be estimated by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the tight begin begin and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF WHAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.



DIVISION OF VITAL RECORDS, P.O. BOX 68760.

expension and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Hyguns prior to burial, cremation, or removal. the encount within 24 hours after death. Page 6 may be retained by the hospital or attending physician. umatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the not TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the entitle hied within 72 hours after death with the State Dept. of Health and Manne MPORTANT: If item 28 is marked, or item 23 shows any Injury.

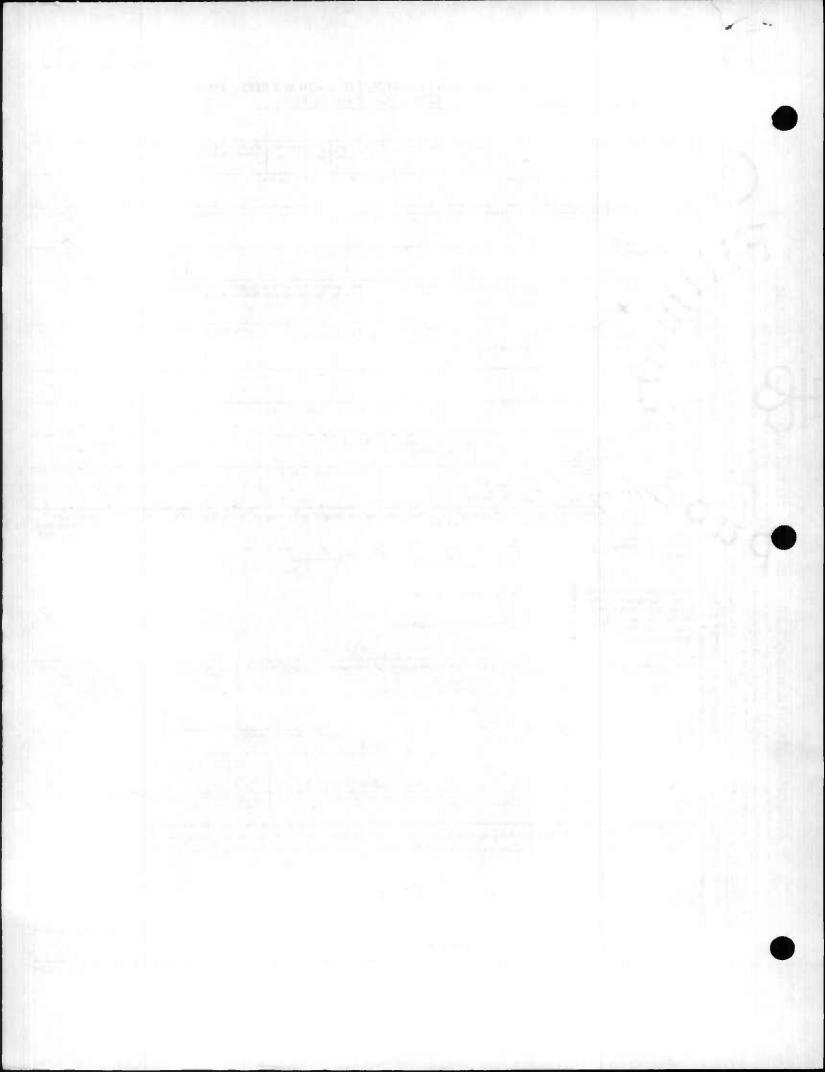
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT CATE	OF H	EALTH AND I	MENTAL HYGIE	NE	20638
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATN
	WALTER	CLAY				IMES	MONTH	DAY Y	2 0940 HR M
1			yrs. lest birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign
	217 10 4895 1	X M 2 □ F 8.	YRS.	MONTHS	DAYS	HOURS MIN.	MAY 26 19		PENNA.
00	THE PROJECT T NAME (IN THE MISSINGTON, GIVE STREET	(and number)		-		R LOCATION OF DE		1007	Y OF DEATH
힏	MEMORIAL HOSPI	TAL			UMI	BERLAND	·	A	LLEGANY
DIRECTOR	10e. STATE 10b. COUNTY		10c, CITY	, TOWN O	R LOCAT	ION	·		10d, INSIDE CITY LIMITS?
		EGANY	CI	JMB ER	LAN	D			1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 114 UTAH STREET				101.	21502		10g. CITIZE	U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	PORCES? 1 YES FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	lf.	yes, spe		NIC ORIGIN? (Specify in, Puerto Rican, etc.)	fes or No — 14	Black, White, etc. Specify: WHITE
ED	15. DECEDENT'S EDUCAT	ION I	6e. DECEDENT'S	USUAL OC	CUPATIO	NM .	165 KIND OF E	USINESS/INDUS	TDV
COMPLETE	(Specify only highest grade con	npleted)	(Give kind of w life. Do NOT use CELANESI	ork done di e retired.)				MANUF.	in i
No.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Mald	an Sumamal	
_	SHANNON IMES						,,	or Surname,	
BE	19e. INFORMANT'S NAME (Type/Print)		105 MAILING	ADDRESS	/Ctmat a	JULIA	SHREVE	01-1- 71- 0	
2	KATHLEEN HOSE		P.O.B	OX#73	OL	DTOWN,	Route Number, City or 1 MARYLAND	2155	5
	20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State 206.P	SE' HTEE	PER COMPANY	TION (No.	Y JULY 1	11997	OCATION — CH IMBERLAI	y or Town, State
1 1	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE /				ID ADDRESS OF FA	CILITY		
	Dale L.	Merrit					FUNERAL STREET CU		ND, MARYLAND
	23. PART I. Enter the disesses, or com	nplications that caused	the deeth. Do n						
	shock, or heart failure. Lia IMMEDIATE CAUSE (Final disease or condition	at only one cause on each line.						Interval Batween Onset and Death	
	resulting in death) s	Dimore	vow		D	all	Ween	0	
z		DUE TO (OR AS A C	ONSEQUENCE OF):					
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	DUE TO (OR AS A C	ONSEQUENCE OF):					
띮	CAUSE (Disease or injury that initiated eventa	OUE TO (OR AS A C	ONSEQUENCE OF):					
	resulting in death) LAST								
O	PART II. Other eignificant conditions of	contribution to death but	not resulting in	n the unc	doctulos	s aguas alvas la	Don't los uno	AL ALTTOROV	
3	(1.5 O)	15		i the unit	D	Causa givaii iii		ORMED?	24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO
0	Care C ON	200000		-	1	7	1 🗌 YES	2 NO	COMPLETION OF CAUSE OF CEATH?
Σ				ł			-		1 TYES 2 NO
AN	26 Mag cace peerbeen to Menior.								
SICIAN: MEDICAL		IOSPITAL:	13.6	ОТНЕЯ	:	ACE OF DEATH (Ch			
l ≥	1 YES 2 NO 1	Inpetient 2 ER/Outpet		4 Nura	ing Home		5 Other (Specify)		
ву РНУ	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 VES 2 NO				RK?	28d. DESCRIBE HOV	INJURY OCCU	RED
ED	3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, atc. (Specify	At home, ferm, st	treet, facto	ry, office	,	281. LOCATION (Stree City or Town, Sta	et end Number or te)	Rural Route Number,
	29e, CERTIFIER			77					
COMPLET	(Check only CERTIFYING PHYSICIA	N: To the best of my knowled On the basis of examination of							ceuse(s) end menner es stated.
1 1	29b. SIGNATURE AND STLE OF CERTIFIER			27.4					NAME OF TAXABLE PARTIES.
띪	11/1/20					D 1/065		29d. DATE S	IGNEO (Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO C	OMBI ETEO CAUSE OF CEAT				D 14865		1-1-	17772

D 14865 WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) MARYLAND 21502 ROBUSTIANO HOSPITAL CUMBERLAND BARRERA MEMORIAL J. DR. 31. DATE FILEO (Month, De)

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•			1
pong	F	1	9
7 1 30gc	•	RECTOR	-
t permit.		RAL D	11
5-0020 ding physician.		TO BE COMPLETED BY FUNERAL DIRECTOR	11 1 3
VD 21215 nospital or attent ched for use as	8	MPLETED	
AYLA!	d at onc	SE CO	17
be retaine	e notifie	70	I
BALTIMORE, MARYLAND 21215-0020 fler death. Page 6 may be retained by the hospital or attending physici the funeral director, page 5 should be detached for use as the buriant	miner must b		1 4 21
BA rs after dee	edical exa		2
thin 24 hou	nt, the m		11 0 0
DIVISION OF VITAL RECORDS, P.O. BOX 68760, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNEAL DIRECTOR AND STATE AND A CONTROL OF A Least A	inch minin 2 hours are read with the base beyt, or reads any mental righers prior to other under the medical examiner must be notified at once.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CORDS, I res that the deat iigned by the attentional forms and Mental income.	rs any injury.	EDICAL CE	P
TAL RE: The law requirements that the law requirements the law requirements that the law requirements the law requ	tem 23 shov	ICIAN: M	25
DIVISION OF VITAL RECC THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires THE FUNEAL DIRECTOR: After this certificate has been signed field within 20 hours after death with the State Date of Hospital	marked, or	BY PHYS	27
IVISIC R ATTENDI RECTOR: A	m 28 ls	ETED	
SPITAL OI INERAL DI	NT: If Ite	OMPL	29
THE HO	APORTA	BE C	29

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF I		MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Last RUSSELL	ADAM		JONES		2. DATE OF DEATH	1992	3. TIME OF DEATH 9:20 P
4. SOCIAL SECURITY NUMBER 219-90-6883 9s. FACILITY NAME (If not institution, give	1 M 2 F	GE (In yrs. lest birthday) 29 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 9-29-1	962	BIRTNPLACE (State or Foreign Country) Maryland Y OF GEATN
MARYLAND ROUTE				MINSTE		CARRO	
10a. STATE 10b. COUN Maryland	w Carroll		v, town on Loca Vestmir			. 7	10d, INSIDE CITY LIMITS? 1 YES 2 NO
2532 Old Was	shington R	d.	10	21157			U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	If yes, ac	ENDENT OF NISPA ecity Cuben, Mexico 2 NO Specia	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) fy:		Black, White, atc. Specify: White
15. OECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of w life. Do NOT us Lab Te	vork done during me e retired.)	at of working	U.S. Agri	Depar cultu	tment of
Richard A. J 190. INFORMANT'S NAME (Type/Print) Dr. Richard A.		196. MAILING 4.2.5	ADDRESS (Street	and Number or Flural	e Michae Route Number, City or To Rd. Wes	wn. State. Zio Co	21157
20a. METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Res 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	moval from State	20b. PLACE AND DATE Of Cemetery, Cremetory or of Carroll	Cremat 22. NAME A Thom	ion D AODRESS OF FA	7/16 Ha	mpste & Son	21157 F.H.
23. PART I. Enter the diseases, or ahock, or heart feliure important feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. DUE TO (OR A	A CONSEQUENCE OF	gus i es	de of dying, suc	th as cardiac or rea	piretory arread	t, Approximata interval Between Onset and Death
PART II. Other algnificant condition	na contributing to deat	h but not resulting i	n the underlyin	g cause given in	Part I. 24e. WAS A PERFC	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL:	hydrations 3 004	OTHER:	ACE OF OEATH (Ch	8 Other (Specify)	CCENTE	1
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJUR (Month, Day, Yea 07-13-19	TIME	P M 1	URY AT RK? YES 2 NO		R IN AU	TO GUARD RAIL
4 Homicide detarmined	auliding, etc. (S	ROADWAY	Z		MARYLAND"	RTE#97	CARROLL CO, MD
(Check only	SICIAN: To the best of my kr IER: On the bests of examine						ause(a) and menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIE	mis D	Chute	mp	O.C.M.E			IGNEO (Month, Day, Year) 4-1992
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED AUSE OF	OEATN (ITEM 27) (Type,		PENN SI	BALTIMO	RE,MARY	/LAND 21201
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE - PART	, we will the second				

DHMH-18 Rev 1/89



D. BOX 68760, BALTIMORE, MARYLAND 21215-0020	ritificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page be filed within 72 hours after death with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	OTATE OF T	CE	RTIF	ICATE C			REG. NO			
	1. PECEDENT'S NAME (E/TR MOGION ASSI)	JAEGERS	JR.		19			2. DATE OF DEATH	AY	YEAR 3.	TIME OF OEATH
W.					-			JULY 12,	1992		7:15 AM M
4	4. SOCIAL SECURITY NUMBER 430-35-4518	5. SEX	6. AGE (In yrs. lest 20	vrs.	MONTHS DA		MIN.	7. DATE OF BIRTH	72	MISS	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOV	VN OR LOCAT	TION OF DE			TY OF OEATH	
DIRECTOR	I-70 East of	Rte. 4	0		Hag	erst	own		111 - 112	ingt	
, D	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TY		10c. CIT	Y, TOWN OR LO	CATION	_			100	. INSIDE CITY
	Missouri Linc	oln		Fo	ley						YES 2 NO
FUNERAL	King Lake 38,	Lucille				101. ZIP COI	3347		10g. CITIZ	U.S.	COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S. ARI YES 2 N	MED	If yes		en, Maxica	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No-	14. RACE — / Black, Wi Spotth	American Indian, lite, atc.
	15. OECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DE(CEDENT'S	USUAL OCCUP	ATION	doa	16b. KIND OF BU	SINESS/INDU	ISTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5			Help		ury	Trans	sport	atio	n
00	17. FATHER'S NAME (First, Middle, Last)	T	Con			16. MO	THER'S NA	ME (First, Middle, Malden	Surname)		
BE	Frank Herman	Jaegers						Ann Jae			ins)
2	Frank H. Jaege	rs Sr.	K	ing	Lake	38 I	uci.	Route Number, City or Tow 11e, Fole	ey, Mo	63	347
	20 METHOD OF DISPOSITION 1 Description 1 Description 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	noval from State			of oisposition		ins.			arle	state S Mo.
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE				E AND ADDR					
	and	C.B	wzner	/ .	103	7 Dua	rao	e Service 1. Hagers	es stown	, Md	. 21740
	23. PART I. Enter the diseases, or shock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Major	Head a	nd	Chest			h as cerdlec or reap	iratory arre	st,	Approximate interval Batween Onset and Death 1 mmed.
NO	Sequentially list conditions,	b	(OR AS A CONSEC								
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	(OR AS A CONSEO								
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEO	UENCE O	F):						
8	2007 11 011 11 111	d									
MEDICAL	PART ii. Other significant condition	ns contributing to	death but not re	eeulting	In the underl	ying ceuse	given in	Part I. 24a. WAS AN PERFOR	RMED?	CON	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH? YES 2 \(\sum \) NO
ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	= < = > > = =	_	OTHER.	. PLACE OF					7 1
₹ ¥	1 TYES 2 NO	1 Inpatient 2 I	ER/Outpatient 3	DOA 28b. TIN		INJURY AT	Residence	SX Other (Speedy)n t			lighway
BY PI	1 Natural 5 Pending	(Month, D	12,1992	IN.	JURY	WORK?	⊒ NO	Vehicula			nt
	3 Suicide 6 Could not be	28e. PLACE O building,	F INJURY — At hor atc. (Specify)	me, farm,	street, factory, o	office		28f. LOCATION (Street (City or Town, State)	and Number o	r Rural Route	Number,
	4 Homicide determined	Int	erstat	e H	ighway	70 E	ast	Mile Mar	ker	#34	Inter.70
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	BICIAN: To the best of ER: On the besis of e	my knowledge, des	nth occurr	ed at the time, on, in my opinio	date end plac n, death occu	e, and dua	to the cause(a) and mar time, date end place, an	mer as stated	d. cause(e) end	manner ee stated.
8	296. SIGNATURE AND TITLE OF CERTIFIE		How	~			1062		29d, DATE ▶ Ju	SIGNED (Mor	1th, Day, Year) 4,1992
2	30. NAME AND ADDRESS OF PERSON WI					2.5	2	217/2			
	217 West Wash			нав	ersto	n, M	d .	21742			
	31. DATE FILED (HOTEL Day Year)	2 32. REGISTRA	R'S SIGNATURE								

and the second

1 - STATE STATE STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE MONT	E OF DEATH	MY Y	ZEAR 3. TIME	OF DE
	Ruth 4. SOCIAL SECURITY NUMBER	Ann 5. SEX	B. AGE (In yrs. In	Jaege	LIS UNDER 1 YEAR	B 1810000 01100	07	12	1992	2 8:00	
	490-62-5820	1 M 2X F	3 6		NTHE DAY		(Mon	OF BIRTH (h., Day, Year)		BIRTHPLACE (SI Country) 1880UI	
	9a. FACILITY NAME (If not institution, give	street end number)		96	CITY, TOW	N OR LOCATION OF	1	/0//1	100	Y OF DEATH	-
стон	I-70 (east) of Rt	e. 40			Hage:	rstown			Was	hington	2
H	10a. STATE 10b. COUNT			10c. CITY, TO		CATION				10d. INS	SIDE CI
54	Missouri Lino	coln		Fole						1 🗆 YE	
FUNERAL	King Lake 38 I	Lucille				63347				S.A.	UNTRY
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	YES 2		If yes,	DECENDENT OF HISP apocity Cuben, Mexi (ES 2 NO Spec	can, Puerto	N? (Specify Yer Rican, etc.)	s or No 14	RACE - Ameri Black, White, o WMYTE	ican in etc.
TED	15. DECEDENT'S EDI (Specify only highest grad		(G	ECEDENT'S USL Sive kind of work	done durina		160	b. KIND OF BU	SINESS/INDUS	STRY	
PLE	Elementacy (Secondary (0-12)	College (1-4 or 5+)	Ma	Super	tired.)			Elec	troni	cs	
COMPLET	17. FATHER'S NAME (First, Middle, Leat)					18. MOTHER'S N	AME (First,				
BE C	Herschel Unk	Robbins				Dema	Un	k. Ro	bbins	(Ward	. "
10	190. INFORMANT'S NAME (Type/Print) Frank H. Jaege	ers Sr.	K K	ing L	ake	38 Luci	lle Num	Foley	, State Zip Co	63347	7
	200 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ren	moval from State	20b. PLACE	AND DATE OF D	SPOSITION	Mame of Mame o	7/	78 20c. LO		y or Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	50.0	ilai le			1.7			Tep M	
	(. 0.				Bur	ne Portira	de S	ervic	es		
	23. PART I. Enter the diseases, or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MULTI	PLSJ	e.	103	7 Dual	Pl.H			t, App	proxi
FICATION	snock, or neer tailure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. MUCT DUE TO (O	e on each line	OUENCE OF):	103	7 Dual	Pl.H			t, App	prox
ERTIFICATION	anock, or neer tailure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. MUCT DUE TO (O	OR AS A CONSE	OUENCE OF):	103	7 Dual	Pl.H			t, App	prox
N: MEDICAL CERTIFICATION	snock, or neer tailure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. MULTI DUE TO (0 DUE TO (0 d.	PR AS A CONSE	OUENCE OF):	103°	7 Dual :	P1.H		ratory arread	t, App	pproxiterval asset a second se
AN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. MULTI DUE TO (0 DUE TO (0 d.	PR AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): resulting in th	enter the r	7 Dual :	Pl.H ch as car	24a. WAS AN PERFOR	ratory arread	24b, WERE AU AWALABLI COMPLET OF DEATH	pproxi lerval meet a
AN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ※YES 2 NO	a. MUST DUE TO (O b. DUE TO (O c. DUE TO (O d. HOSPITAL: 1 Inpatient 2 E	PR AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): resulting in the state of the s	ne underly	7 Dual : mode of dying, su mod	Pl.H ch as car n Part I.	24a. WAS AN PERFOR	RAUTOPSY NMED?	24b. WERE AUTAMARABEL COMPLET OF DEATH	pproxiterval asset a
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. HOSPITAL: 1 Inpatient: 2 E 280. DATE OF IN (Morth, Day.	PR AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): resulting in the state of the s	ne underly	7 Dual :	Pl. H ch as car n Pert I.	24a. WAS AN PERFOR	AUTOPSY RMED?	24b. WERE AUTO OF DEATH OF DEATH 1 YES	pproxitions of the property of
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	a. MULT I DUE TO (O b. DUE TO (O c. DUE TO (O d	PR AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): resulting in the control of	ne underly 26. THER: Nursing H	7 Dual : mode of dying, su mod	Pl. H ch as car Part I. Part I. Stheck only or 2ed. DE Deer: 2ef. LOC	24a. WAS AN PERFOR 1 (Specify) O'SCRIBE HOW I ALOY IT	AUTOPSY RMED? I AUTOPSY RMED? I No I Streen I Van in and Number or I	24b. WERE AUTO OF DEATH OF DEATH 1 YES	pproxition of the provided in
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ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined.	B. DUE TO (O DUE TO (PR AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): resulting in the open of the output of the open output of the	ne underly 28. M 1 t, fectory, of	7 Dual : mode of dying, su mod	Pl. H ch as car Part I. Part I. 2ed. DE Oper: 2ef. Loc Chy L-70 te to the ca	24a. WAS AN PERFOR 1 [] YES 2 or (Specify) O: SCRIBE HOW I ATOM (Street or Town, State) (east)	AUTOPSY RMED? R INO NO NO NO NO NO NO NO NO NO	24b. WERE AUTO ON AMAILABLE COMPLET OF DEATH 1 YES	oproxil lerval neet a
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined conditions.	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. DU	PR AS A CONSE	OUENCE OF): OUENCE OF): OUENCE OF): resulting in the open of the output of the open output of the	ne underly 28. M 1 t, fectory, of	7 Dual : mode of dying, su mod	Pl. H ch as car n Part i. a X Other 28d. DE Chy 1-70 te to the ca e time, date	24a. WAS AN PERFOR 1 [] YES 2 or (Specify) O: SCRIBE HOW I ATOM (Street or Town, State) (east)	I AUTOPSY RMED? I STP INJURY OCCUR INJURY O	24b. WERE AUTO PROPERTY OF DEATH 1 STEED EED RED RURAL ROUTE Numb ANALABEL COMPLET OF DEATH 1 STEED RED RURAL ROUTE Numb THE 40	pproxil lerval neet a investigation of the control
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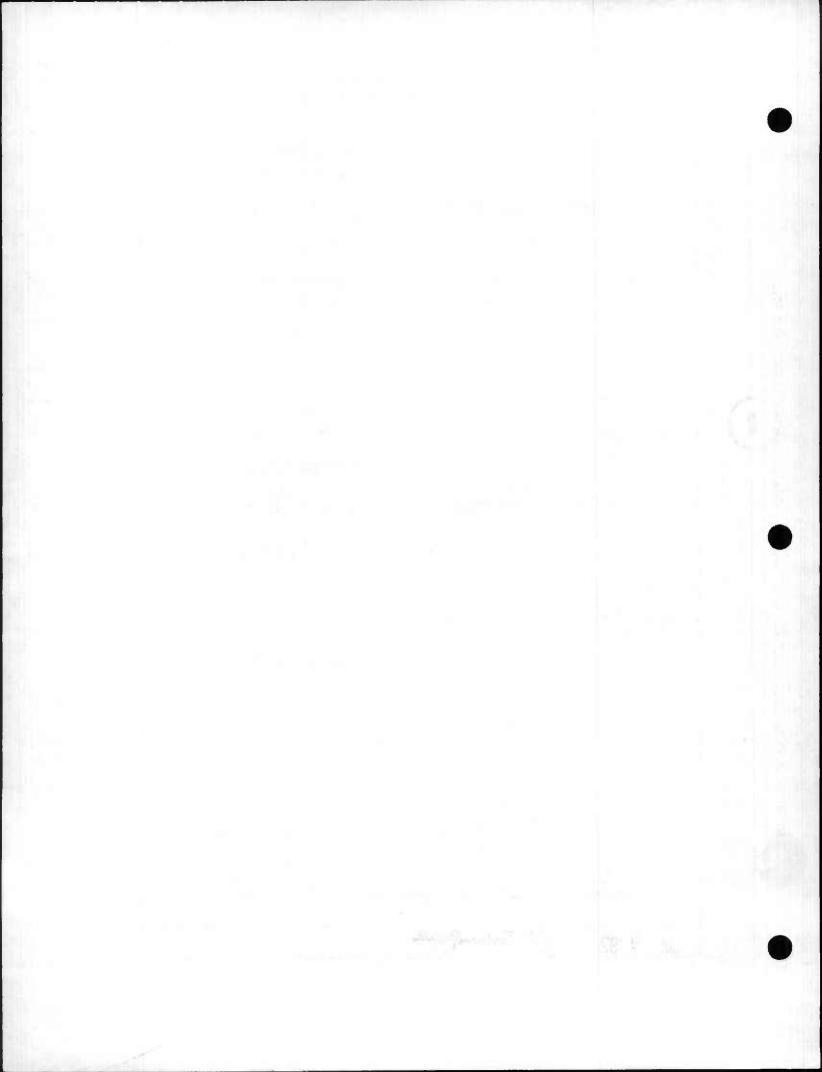
the state of To the second distributed to the land of the second of the The state of the s September 17 Magnite Committee

31. DATE FILED (Month, Day, Year)

JUL 9 92

J. RECISTRAR'S SIGNATURE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART CERTIFIC	MENT OF HE	ALTH AND I	MENTAL HYGIE	NE	92 20642
	1. DECEDENT'S NAME (First, Middle, Last)	R. JORD	2an			2. DATE OF DEATH	DAY C	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 579-14-3346	1 □ M 2 🖾 F 7	4 YRS.	MONTHS DAYS H	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1.7	6. BIRTNPLACE (State or Foreign Country) WASH., D.C.
TOR	90. FACILITY NAME (# not institution, give s 501 COPLEY LANE RESIDENCE OF DECEDENT	treet and number)		96. CITY, TOWN OR SILVER		EATH		NTY OF DEATN TGOMERY
DIRECTOR	MARYLAND MONTG	GOMERY		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
BY FUNERAL	501 COPLEY LANE			2	0904		U	SA
	11. MARITAL STATUS 1 Never Married 2 Harried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 Tyes IF YES, GIVE WAR OR DATE	2 X NO	If yes, specif	DENT OF NISPAN by Cuban, Maxica NO Specify	NIC ORIGIN? (Specify in, Puerto Ricen, etc.) y:	Yes or No—	14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION 1 completed) College (1-4 or 8+)	6a. DECEDENT'S U (Give kind of wo life. Do NOT use HOMEMA		of working	16b. KIND OF E	USINESS/INC	
E COM	17. FATNER'S NAME (First, Middle, Lest) JAMES MARTIN			1		ME (First, Middle, Maid RED KINCH		
TO B	19a. INFORMANT'S NAME (Type/Print) FRANCIS X. JORDA	N			Number or Rural I	Route Number, City or 1		Code) LAND 20904
	20s. METHOD OF DISPOSITION 11/2 Burlet 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State cemete	TE OF HE	DISPOSITION (Name or place) EAVEN CEM	erery 7	DATE 20c.	LOCATION -	City or Town, Stata SPRING, MD.
	21. SIGNATURE OF PUNERAL SERVICE/LIC	ENSER		HINES-	ADDRESS OF FA RINALDI	FUNERAL	HOME	LVER SPRING, MD.
		Calcination that caused it. List only one cause on each Calcination. Due to (or as a co	h line.	t enter the mode	of dying, auci	h as cardiac or rea	piratory arr	rest, Approximata interval Between
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CO	ONSEQUENCE OF):					
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A Co	ONSEQUENCE OF):					
MEDICAL	PART II. Other algnificant condition	s contributing to death but	not resulting in	tha underlying c	euse given in		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpati		26. PLAC OTHER: I Nursing Nome	E OF DEATN (Che			
ву РНУ	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJURY	AT	28d. DESCRIBE HOW	INJURY OCC	CURED
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, tarm, str	eet, factory, offica		281. LOCATION (Stree City or Town, Sta	t and Number (e)	or Rural Route Number,
COMPLETED		CIAN: To the best of my knowled R: On the basis of examination a						ed. na cause(s) and manner ea stated.
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER	delest	(mc)		LICENSE NUM	16/ V	29d. DATE	7/7/92
	30. NAME AND ADDRESS OF PERSON WIN	COMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type, P	rint)			7	1 7



5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should retained by the hospital or attending physician.

E. MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

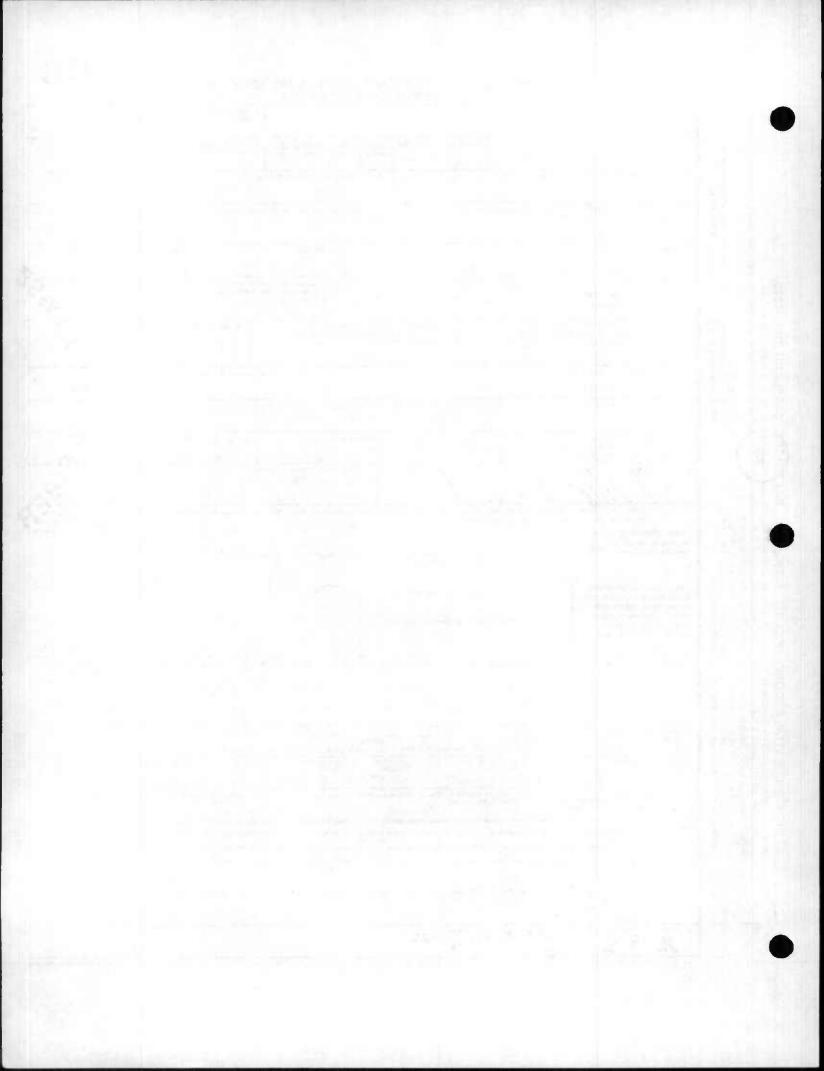
be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours are death TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the little be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or mimoral IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical manner.

JUL 9

92

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HE/	ALTH AND		IE .	2 20643
100	1. DECEDENT'S NAME (First, Middle, Last) JOEY	Н.		dan	CAIN	2. DATE OF DEATH MONTH 07 06	AY Y	3. TIME OF DEATN 2 7:15 P.
		1 ← M 2 □ F	30 YRS.	ONTHS DAYS H	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 9-4-61		BIRTHPLACE (State or Foreign Country) Maryland
стов	Suburban Hospital			Bethesd		EATN	Monto	JOMETY
DIRE	Maryland Monts	gomery		eaton				10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERA	10837 Amherst Driv				20902		USA	OF WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 ZNO	If yes, specif		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) ly:	s or No 14.	RACE — American Indian, Black, Whita, etc. Specify: Black
BE COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION impleted) College (1-4 or 5+)	16a. DECEDENT'S US Give kind of wor life. Do NOT use i Adm. Ass	k done during most o	f working	Public	siness/indus Relat	TRY
E CON	17. FATHER'S NAME (First, Middle, Last) William Jasper Joi	rdan		10	Hilda	AME (First, Middle, Malder Lee	Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) Hilda Jordan		19b. MAILING AF 11408 I	December	Number or Aurel Lane #	Route Number, City or Tov 103 Silver	m, State, Zip Co Sprin	g, Md. 20904
	20s. METHOD OF DISPOSITION 3 ☐ Remove 1 St Burlist 2 ☐ Creentation 3 ☐ Remove 4 ☐ Donetton 5 ☐ Other (Specify) 21. SIGNATURE OF FUREBAL SERVICE LICENTAL SERV	Knil	1	rplece) aven Ceme 22. NAME AND A Hines- 11800	tery 7 ADDRESS OF FA- Rinald New Ha	-10-92 Sil	ver Sp Home	ver Spring, M
	23. PART I. Enter the disease, or cor ahock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition resulting in death)	ot only Die ceuse on e	the death. Do not ech line.	entar the moda	of dying, suc	h as cardiac or resp	iratory arreat	, Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL CE	PART II. Other aignificant conditions	contributing to deeth b	ut not resulting in	the underlying c	euse given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 AFES 2 \(\sqrt{1}\) NO
SICIAN:		HOSPITAL: ☐ Inpatient 2 🂢 ER/Outp		THER:	E DF OEATH (Ch	6 Other (Specify)		(
ВУ РНУ	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE DE INJURY (Month, Day, Year) 07/01/199	28b. TIME (OF 28c, INJURY WORKS	AT	28d. DESCRIBE HOW Subject		ED
	3 Suicide 6 Could not ba	26s. PLACE OF INJURY building, etc. (Spec	Home			281. LOCATION (Street City or Town, State, 10837 Ami	end Number or I	
COMPLETED		AN: To the best of my know On the basis of exemination						luse(a) and manner as stated.
O BE	29b. SIONATURE AND TITLE OF CERTIFIER	DA CHIEF DE CE		29	O.C.N			GNED (Month, Day, Year) '07/1992

111 Penn Street.



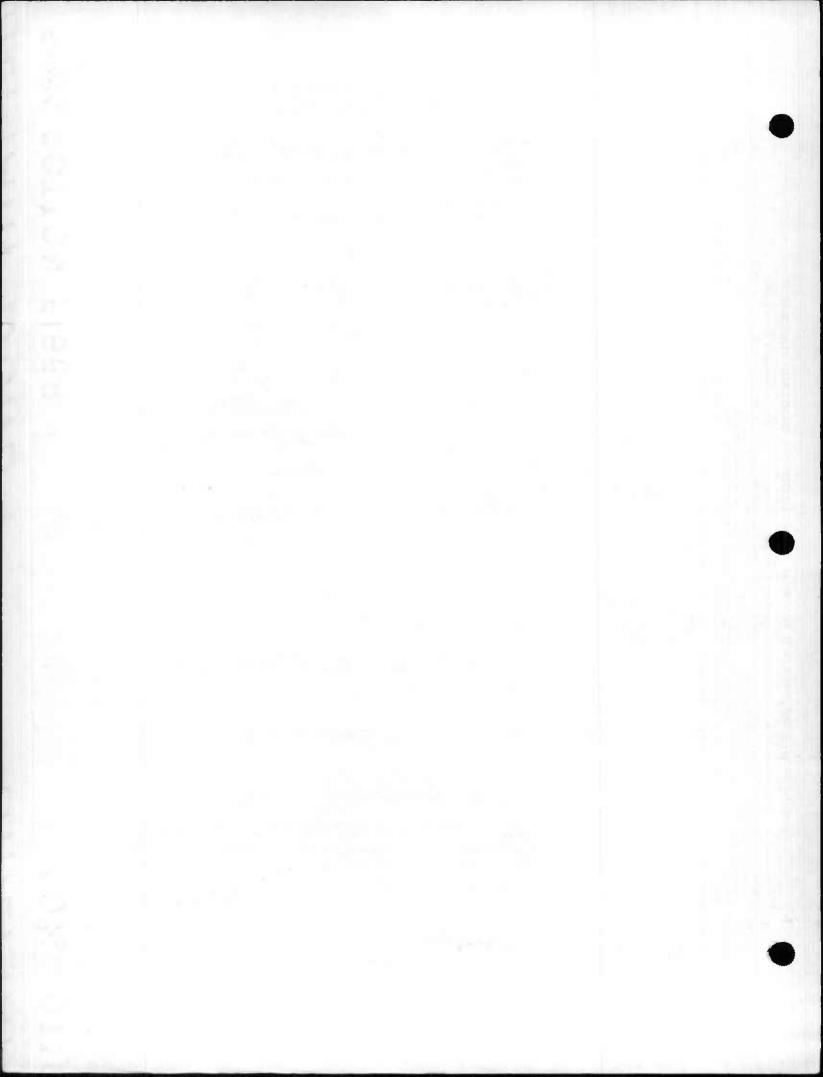
event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

"thin seviours after death. Page 6 may be retained by the hospital or attending physician. pompeter filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dean certification and consideration of THE FUNERAL DIRECTOR. After this certificate has been signed by the attending projection and consideration for flee fleet within 72 hours after death with the State Dept. of Health and Menta Hygers project to burns, certified within 128 is marked, or term.

FOR STATE REGISTRAR	STATE OF MA	CERTIFIC	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last Oscar	,	Jenkins			MONTH		1992	YEAR	3. TIME OF DEATH 9:25 P.
4. SOCIAL SECURITY NUMBER	5. SEX 6.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE C	NE BIRTH		8. BIRTH Countr	PLACE (State or Foreign
030-10-4400	1 📉 M 2 🗆 F	70 YRS.	IONTHS DAYS	HOURS MIN.	Oec.	20, 1	921		chusetts
9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN (OR LOCATION OF DI	EATH		9c. COUN	NTY OF D	EATH
Holy Cross Hospi	tal		Silver	Spring			Mo	ontgo	omery
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	TY	10c CITY	TOWN OR LOCAT	TION					10d, INSIDE CITY
	ntgomery								LIMITS?
100. STREET AND NUMBER	nregomery		Rockvil	L ZIP CODE			10c CITI	ZEN OF V	1 1 YES 2 □ NO
1102 Allison Dri	Ve			20851					States
11. MARITAL STATUS	12. WAS DECEDENT E	EVER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN	? (Specify Yea		14. RACE	- American Indian
1 Never Married 2 N Married 3 Nidowed 4 Divorced	FORCES? 1 X IF YES, GIVE WAR	YES 2 NO	If yes, sp	ectly Cuban, Mexica 2 NO Specif	en, Puerto R			Speci	c, White, etc.
15. DECEDENT'S EL (Specify only highest gra		16a. DECEDENT'S U	SUAL OCCUPATION	ON net of working	16b.	KIND OF BUS	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during mo retired.)	or training		reau			nal
12		Superv	visor		Af	fairs	, Inc		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, M	liddle, Maiden	Surname)		
Cleve William Je	nkins			Agnes					
19a. INFORMANT'S NAME (Type/Print)				and Number or Rural					14
Jean Morrison Je	nkins	1102 A1	llison	Drive Ro	ckvil	le, Ma	aryla	ind 2	20851
20a, METHOD OF DISPOSITION 1 (2) Burial 2 (1) Cremation 3 (1) Re 4 (1) Donation 5 (1) Other (Specify)	moval from State	20h. PLACE OF DISPOSIT other place) Centre Cen	netery			War	eham,	Mas	sachusett
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME A	ND ADDRESS OF FA	KILTY RO	hert :	A. P1	mphi	ey Funera
23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE (Final disease or condition	a. List only one cause	on each line.	ot enter the mo						Approximate Interval Betw
shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO (O	aused the death. Do no	et enter the mo	ode of dying, suc					Approximate Interval Betw
shock, or heart failure immediate cause (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (O	aused the death. Do no on each line.	ot enter the mo	ode of dying, suc					Approximate Interval Between
shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated avents	a	R AS A CONSEQUENCE OF:	ot enter the mo	Lee	ch as card		AUTOPSY MED?	rest,	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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shock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significant conditions. 125. WAS CASE REFERRED TO MEDICAL EXAMINARY 130. YES 2 NO	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. HOSPITAL:	R AS A CONSEQUENCE OF:	t enter the mo	g cause given in	n Part I.	24a. WAS AN PERFOR	AUTOPSY BMED?	246	Approximate interval Betwood Delater and D
shock, or heart failun IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINERY	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. One contributing to do HOSPITAL: 2 26 28e. DATE OF IN (Month, Day, In Internal Int	aused the death. Do not on each line. PR AS A CONSEQUENCE OF: PR AS A	t enter the mo	ig cause given in	heck only on	24a. WAS AN PERFOR	AUTOPSY amed?	24b	Approximate interval Betw Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINENT 12. MANNER OF DEATH 1. Natural 5 Pending	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. One contributing to de HOSPITAL: Inputent 2 G 28a. DATE OF IN (Month, Day, In	R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF: R AS A CONSEQUENCE OF:	t enter the mo	ig cause given in	Part I. 6 Other 286. DES	24a. WAS AN PERFOR	AUTOPSY MMED?	24b	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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Shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINENT 12 Testural 5 Pending Investigation 3 Suicide 8 Could not 8 determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF CERTIF	a. DUE TO (O b. DUE TO (O c. DUE TO (O d. DU	aused the death. Do no on each line. PR AS A CONSEQUENCE OF: PR AS A	t enter the mo	g cause given in LACE OF DEATH (C) me 5 Residence JURY AT ORK? YES 2 NO ce e and place, and du death occurred at the	heck only on S Other 284. LOC. City on to the cause time, date	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, State) rese(s) and mae and place, ar	AUTOPSY MED? E X NO NURRY OC and Number nor as started due to the	24b CURED r or Pural	Approximate Interval Betwood Onset and De On



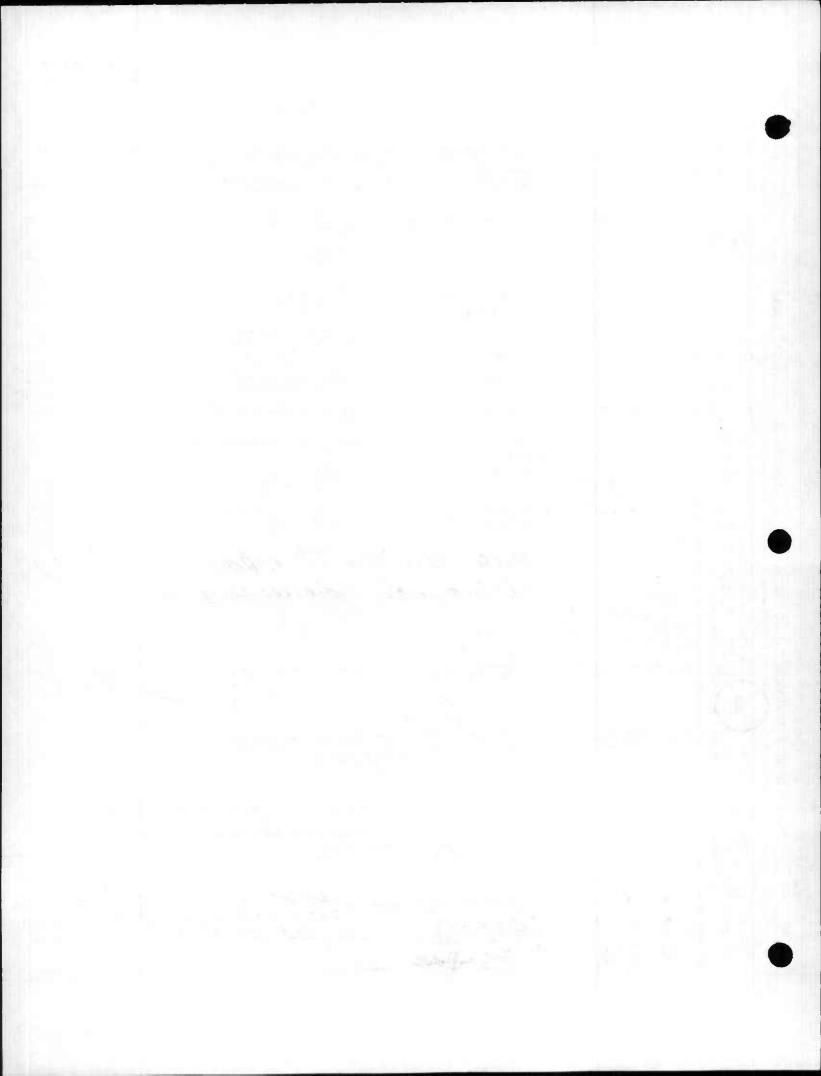
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DIVISION OF VITAL RECORDS,	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The are partitioned the dea	5	Σ	IMPORTANT: If item 28 is marked, or item 23 shows any njury,
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31. DATE FILED (Month, Day, Year)

JUL 10 '92

32. REGISTRAR'S SIGNATURE

			CENTIF	ICATE O	DEATH	REG. I	VO.		
	1. OECEDENT'S NAME (First, Middle, Last) LENA	M		AMEC		2. DATE OF DEATH	DAY	YEAR 3. 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	M.		AMES			8, 199		7:40 P
	237-12-5774	40 40 4	(In yrs. lest birthdey)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year)	Country)	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give st		80	9b, CITY, TOWN	OR LOCATION OF B	AUG. 15		ORTH	CAROLIN
ORO	HOLY CROSS	HOSPITAL			R SPRING			TGOME	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. Cf	TY, TOWN OR LOC			1 1101		. INSIDE CITY
	MARYLAND MONT	GOMERY		KENSING	TON				LIMITS?
LONEHAL	10e. STREET AND NUMBER			1	IOI. ZIP CODE		10g. CITIZI	EN OF WHAT	
į		OURT			20895-	-1319	US	A	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 X NO	If yes, s	ECENDENT OF HISPA specify Cuban, Maxic S 2 NO Speci	NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:	Yes or No—	I4. RACE — A Black, Wh Specify: W	
T L	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S	S USUAL OCCUPAT	TION Post of working	16b. KIND OF	BUSINESS/INOU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT L	use retired.)					
COMP PE	17. FATHER'S NAME (First, Middle, Lest)		STORE	MANAGER		DEPAR			
2	JOHN HENRY	McCLURE			MINNI	AME (First, Middle, Maid E HAGE)			
	19a. INFORMANT'S NAME (Type/Print)	11002012	19b, MAILING	G ADDRESS (Street		Route Number, City or		Corde)	-
	LINDA RASPET					ENSINGTON			319
	20a. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Remo	val from State	PLACE AND DATE	OF DISPOSITION /	Verne of		LOCATION CI		
X (4 Donation 5 Other (Specify)	MĒ	TROPOLI				EXANDRI		
4	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		HRANCI	S J. COL	CINS FUNE	RAL HOM	E. IN	C.
- ()	MA				IVERSITY	BLVD., W	., SIL.	SP.,	MD 209
	23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that caused list only one cause on e	the death. Do ech line.	not enter the m	ode of dying, suc				
	IMMEDIATE CAUSE (Fine)	omplications that caused ist only one cause on e	the death. Do ech line.		11-	ch as cardiac or re-	spiratory arres	st,	interval Betw
1	shock, of heart langle. L	. acute	Mkser		11-	ch as cardiac or re-	spiratory arres	st,	interval Betv
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. acute	the death. Do ech line.		11-	ch as cardiac or re-	spiratory arres	st,	interval Betv
11011	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO OR AS A	Mkser	the Con	11-		spiratory arres	st,	interval Betw
NOTION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE O	ethe Con	11-	ch as cardiac or re-	spiratory arres	st,	interval Betw
ILICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	MISSING CONSEQUENCE OF	ethe Con	11-	ch as cardiac or re-	spiratory arres	st,	interval Betw
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NOUS IN THE CALLON	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE O	e Con	Mron Seo ver	mbases mbases piels Part I. 24a. WAS	AN AUTOPSY ORMED?	24b. WER	Interval Betw Opset and D
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Parada and San Caraca	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED DO MEDICAL EXAMINER? 1 YES 20 NO 27. MANNED OF DEATH 1 Netural 5 Pending investigation	DUE TO (OR AS A OUE TO (OR AS A	CONSEQUENCE O CONSEQUENCE O CONSEQUENCE O ut not resulting etiant 3 00A 26b. TIM IN.	P): In the Underlyis 26. F OTHER: 4 Nursing Hor WM 1	ALO LALO PLACE OF DEATH (Ch me 6 Raeldenca JURY AT ORK? YES 2 NO	Part I. 24a. WAS. PERF 1 VES	AN AUTOPSY ORMED? 2 VINJURY OCCU	24b. WER AMAR COM DF D 1	E AUTOPSY FINDH LABLE PRIOR TO PLETION OF CAUSEATH? YES 2 NO
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OMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED BO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO OR AS A DUE TO OR AS A OUE TO OR AS A	CONSEQUENCE O CONSEQUENCE O CONSEQUENCE O CONSEQUENCE O At not resulting etlant 3 00A 26b. TIM IN. At home, farm, fly)	The Underlying the Un	PLACE OF DEATH (Ch	Part I. 24a. WAS PERF 1 YES 1 26d. DESCRIBE HOW City or Town, Sta	AN AUTOPSY ORMED? 2 VINJURY OCCU Int and Number or re)	24b. WER AMAR COM DF D	E AUTOPSY FINDRIABLE PRIOR TO PLETTON OF CAUSEATH? YES 2 NO
ED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED BO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO OR AS A DUE TO OR AS A OUE TO OR AS A	CONSEQUENCE O CONSEQUENCE O CONSEQUENCE O CONSEQUENCE O At not resulting etlant 3 00A 26b. TIM IN. At home, farm, fly)	The Underlying the Un	PLACE OF DEATH (Ch	Part I. 24a. WAS. PERF 1 YES Other (Specify) 26d. DESCRIBE HOV. 26f. LOCATION (Streech only one) to the ceuse(a) and not time, date and place,	AN AUTOPSY ORMED? 2 INJURY OCCU Int and Number or tel	24b. WER AMAR COM DF D	E AUTOPSY FINDILABLE PRIOR TO PLETION OF CAUSEATH? YES 2 NO

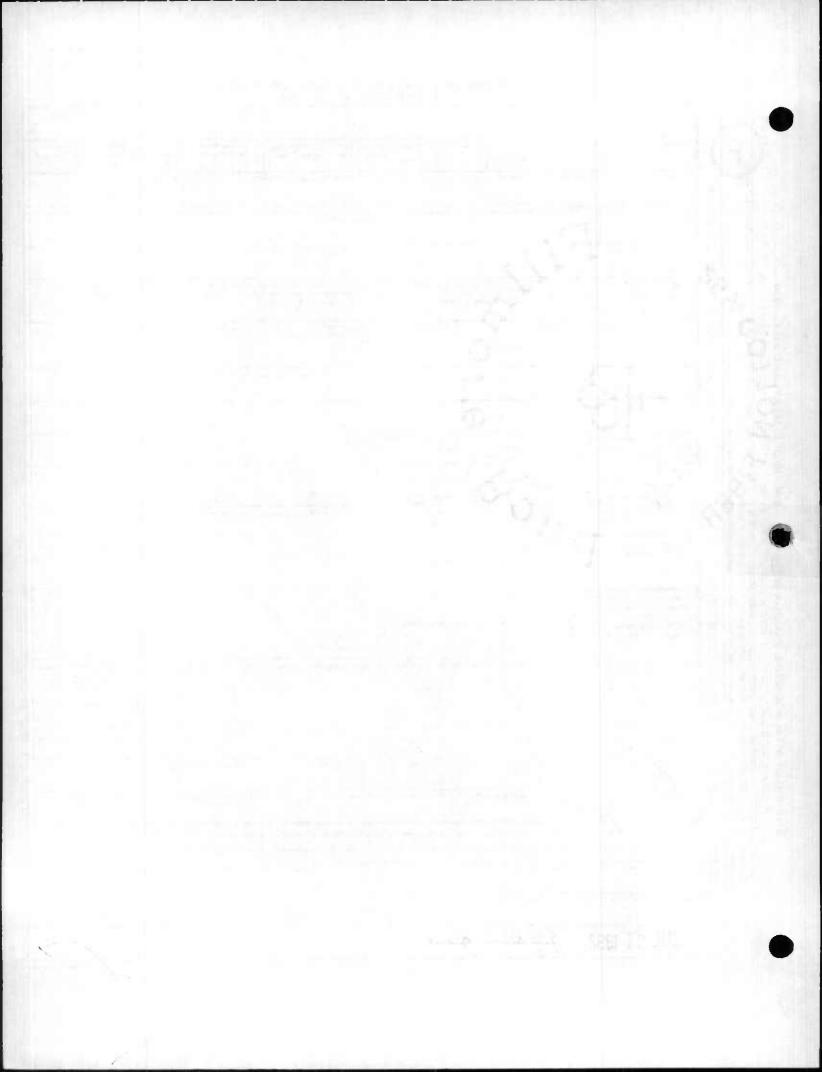


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. To THE HUSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the butal-transit permit. Pages 1, 2, 3 and be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAG

1. DECEDENT'S NAME (First, Middle, Last EARL HOMER KLI	•						2. DATE OF MONTH	DA	NY CO	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	e hiethelms)	IF UNDER 1 YEAR	IF UNDER 24	1000	July 7. DATE OF	_	192	A 0107110	8:22 P.	
220-16-4057	1 M 2 F	65	YRS.	MONTHS DAYS	HOURS	MIN.	Feb.	20,19	927	Marci	yland	
9a. FACILITY NAME (If not institution, give Washington Count RESIDENCE OF DECEDENT		ıl		Hage	rstown		ATH			shing		
10e. STATE 10b. COUN	lerick			thsburg	TION				10d. <u>{</u>			
13915 Wolfsville	2 Rd.				21783						HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 XMerried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR I YES 2 X MAR OR DATES	MED NO	If yes, s			IC ORIGIN? (S n, Puerlo Rice :		or No-	14. RACE Black, Specify	- American Indian White, etc.	
15. DECEDENT'S ED (Specify only highest gra-	DUCATION de completed)	16a. DE	CEDENT'S	USUAL OCCUPATI rork done during me retired.)	ION ost of working		16b. KH	ND OF BUS	INESS/IND	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)		ick Driv			Co	nstru	ictio	n Co		
17. FATHER'S NAME (First, Middle, Lest) Homer W. Kline		* i			18. MOTHE	ry R	ME (First, Midd	lle, Maiden . WN.	Surname)			
190. INFORMANT'S NAME (Type/Print) JOHN Kline				address (Street gh St.						Code)		
20a. METHOD OF DISPOSITION 1 D Burlel 2 Cremation 3 Re	moval from State	20b. PLACE A	AND DATE O	F DISPOSITION (N	ame of		OATE			City or Tow	n, State	
4 Donetion 5 Other (Specify)	ICENSES	Mt. B	ethel	Cemete	TU 7.			Fox	ville	, MD		
Lennis	2. n	twi		Davi	s Fund	eral	Home		ithsb	owra . i	MD 21783	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Arter	OR AS A CONSEC	v ot	c Car	olio v	136	ular	Desc	-350		15 yr 40 yx	
PART II. Other significent condition	dons contributing to	deeth but not n	esulting l	n the underlyin	g ceuse giv	ven in i		a. WAS AN PERFOR	MED?	0	VERE AUTOPSY FININAVAILABLE PRIOR TO COMPLETION OF CADE DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	LACE OF DEA				-			
1 YES 2 NO 27. MANNER OF CEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE Of (Month, I		28b. TIME	JRY W	JURY AT ORK? YES 2 1		5 Other (S) 28d. ØE\$CRI		JURY OCC	CUREO		
3 Suicide 6 Could not be 4 Homicide determined		OF INJURY — Al ho , etc. (Specify)	me, ferm, s	treet, lactory, offic	00		28f. LOCATIO City or To	ON (Street e own, State)	nd Number	or Rural Ro		
											ute Number,	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHY												
(Check only 1 D CERTIFYING PHY One) 2 D MEDICAL EXAMIN 296. SIGNATURE AND TITLE OF CERTIFIC Charles to	NER: On the beele of a	examination end/or i	investigation	n, in my opinion, (at the t	lime, data end		due to the	e cause(e)	and manner ee stat	
(Check only 1 DENTIFYING PHY ONE) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	NER: On the beele of a	examination end/or i	investigation	n, in my opinion, (death occured	SE NUM	lime, data end		due to the	e cause(e) (and manner se	



notified at once.

er traumatic event, the medical examiner must be

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DIVISION OF VITAL RECO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires	TO THE FUNERAL DIRECTOR: After this certificate has been significate to the signification of the significant of the sig	Se Se	IMPORTANT: If Item 28 is marked, or item 23 shows a
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10	-	-	-3	-

TO BE COMPLETED BY PHYSICIAN:

30.

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 VES 2 NO

5 Pending Investigation

8 Could not be determined

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 Homicide

1 - STATE REGISTRAR	STATE OF N	MARYLANO / DEPAI CERTIF					MENTAL	HYGIEN REG. NO.	E		2004	
1. DECEDENT'S NAME (First, Middle Dorothy	No, Last) A •	Kruger					MONTH	y 4,		YEAR	3. TIME OF DEATH 4:15 A	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (F BIRTH Day, Year)		8. BIRTH	PLACE (State or Foreign	
577 20 3491	1 🗆 M 2 💢 F	73 YRS.	WOITHIO	DATE	Hoons		July	20,	1918	New	York	
9a. FACILITY NAME (If not instituti	-		9b. CITY	•	R LOCATI		EATH		9c. COUNTY OF DEATH			
	or Nursing H	Iome		Kei	nsing	gton		Montgome			mery	
RESIDENCE OF DECED	COUNTY	10c. CI	TY, TOWN O	OR LOCAT	ION				10d INSIDE CITY			
Maryland M	ontgomery		Kensi						10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
10s. STREET AND NUMBER	J 2			/	ZIP COD	Ε			10g, CITI	ZEN OF W	HAT COUNTRY?	
3121-8 Unive	rsity Blvd.	4		-	208	395					States	
11. MARITAL STATUS 1 Never Married 2 Marr 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARMED YES 2 XNO WAR OR DATES		If yes, sp		n, Mexica	an, Puerto R	RIGIN? (Specify Yea or No. 14. RACE			— American Indian, t, White, etc.	
	(Specify only highest grade completed) (Give		S USUAL OCCUPATION f work done during most of working use retired.)					186. KIND OF BUSINESS/INDUSTRY United States				
12	-		etary	7				Gover	nment	:		
17. FATHER'S NAME (First, Middle,	Lest)				18. MOT	HER'S NA	AME (First, M	First, Middle, Maiden Surname)				
Gustav C	. Krug	ger			Ar	nna	M	ellqu:	ist			
19a. INFORMANT'S NAME (Type/P	rint)	19b. MAILIN	G ADDRESS	S (Street a	nd Numbe	r or Rural	Route Numb	er, City or Tow	n, State, Zip	Code)		
Dr. Gustav O.	Kruger, Jr.	6806	Brado	grove	e Cir	rcle	, Bet	hesda	, Mar	ylan	d 20817	
20a. METHOD OF DISPOSITION 1		20b. PLACE OF DISPO other place) Montgomen					Inc.		hesd		wn, State aryland	
21. SIGNATURE OF FUNERAL SE	HA	м00689	Ho Wi	ome/l	Bethensin	esda Ave	-Chev	y Cha: Bethe:	se, I sda,	nc. Md.	rey Funera 7557 20814-3501	
23. P.RT. Enter the disease or heert disease or condition resulting in death)	a.	it caused the death, Do	2500				ch as card		ratory an	rest,	Approximate Interval Betwee Onset and Dea	
Sequentially list conditions if emy, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEQUENCE										
PART II. Other algnificant c		death but not resulting	In the ur	nderlyin	g cause	given in	Part I.	24a. WAS AN PERFOR	MED?	24b	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	

			26. PLACE OF DEATH (C	heck only one)				
SPITAL: Inpatient 2 - ER/Outpatient	3 🗆 DOA	OTHE		ig Home 5 - Residence 6 - Other (Specify)				
28a. DATE OF INJURY (Month, Day, Year)	28b. TIMI	E OF URY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
28e. PLACE OF INJURY At I building, etc. (Specify)	home, farm, s	street, fac	story, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated.

Nane

2 MEDICAL EXAMINER: On the basis of examination 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

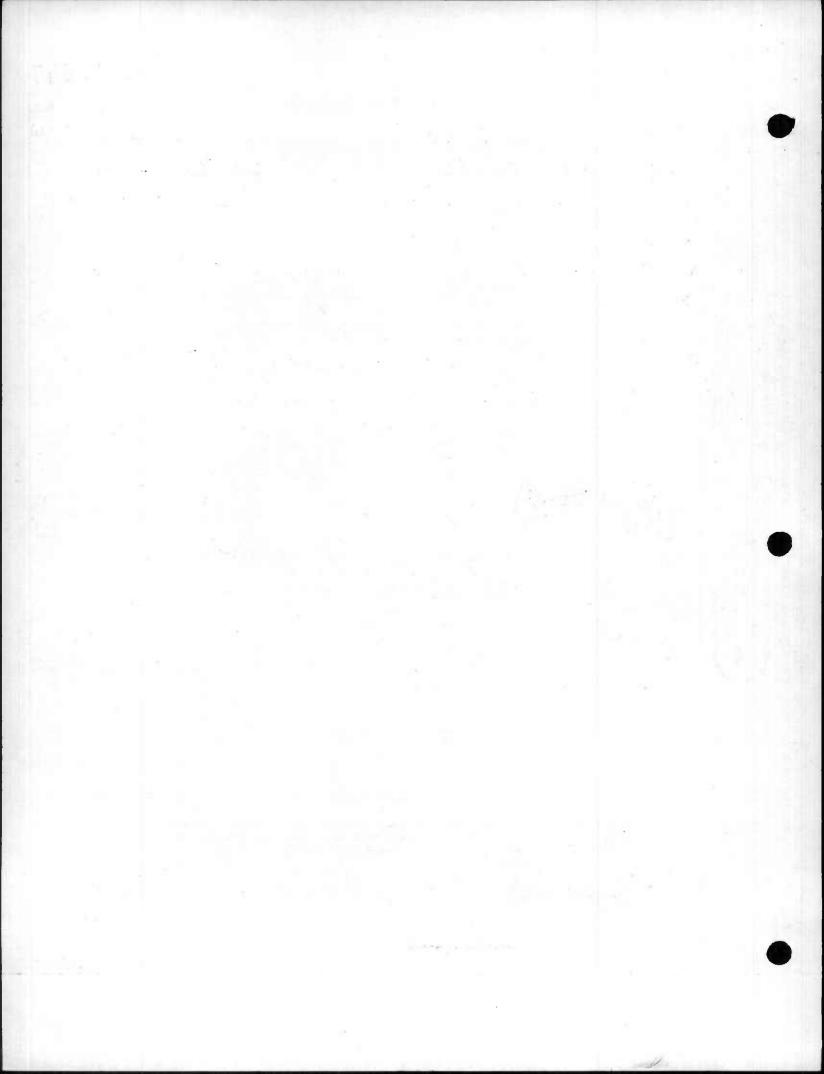
-16/5.	Monton	110	
NAME AND ADDRESS OF	PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Type, Print) AD, 8805	6

HOSPITAL:
1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA

D11024

29d. DATE SIGNED (Month, Day, Year)

Umhau 2. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)



DIVISION OF VITAL RECORDS P.O. BOX 68760,

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HUSPITAL UR ATTENDING PHYSICIAN: THE Law requirement of the man continue an encluded within 24 hours after death. Page 6 may be retained by the hospital or attending physic	FUNERAL DIRECTOR: After this certificate has been insing the member products and completely filled in by the funeral director, page 5 should be detached for use as the burial companion of second dark with the Case page of the detached for use as the burial companion of second dark with the Case page of the detached for use as the burial	TANT: If Item 28 is marked, or Item 23 shows any informer than transaction event, the medical examiner must be notified at once.
3	FUN	IAN

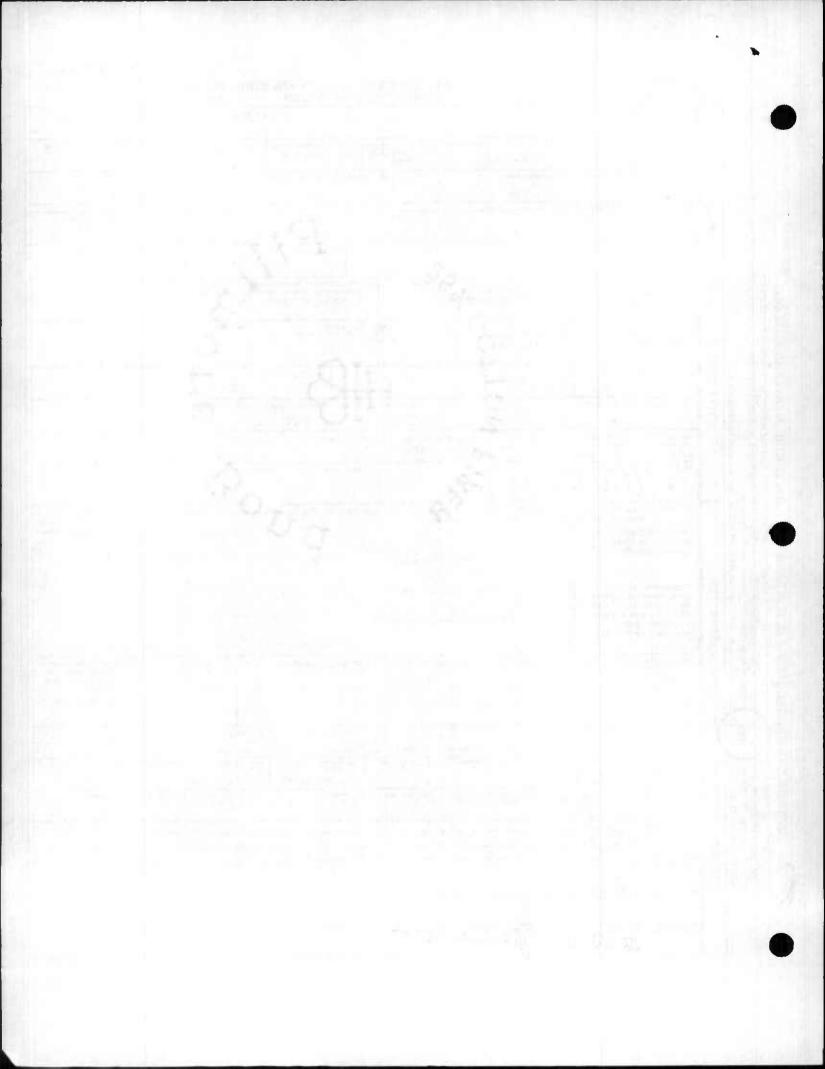
STATE OF MARYLAND / DEPARTMENT	T OF HEALTH AND MENTAL	HYGIENE
CERTIFICATI		REG NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR CERTIF	TMENT OF H	EALTH AND	MENTAL HYGIEN		20040			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF OEATH			
l í	WILLIAM EARL KERR					707 12	1992 YEA				
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In yr.	s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign			
		M2 □ F 75	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2-7-191	7	Md.			
	9a. FACILITY NAME (If not institution, give street			9b. CITY, TOWN	OR LOCATION OF E						
P.	SACRED HEART HOSPI	TAL		CUMBERI	LAND, MA	RYLAND	ALLEGA	ANY			
띪	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100 CIT	Y, TOWN OR LOCAT	TION						
E		20022						10d. INSIDE CITY LIMITS?			
٦	10e. STREET AND NUMBER	egany	P.	rostbur	ZIP CODE		44- 0171751	YES 2 NO			
FUNERAL DIRECTOR	153 Bowery St.				21532		U.S.A.				
S		2. WAS DECEDENT EVER IN U.S	. ARMEO	13. WAS DEC		NIC ORIGIN? (Specify Ye		ACE — American Indian,			
II.	1 Never Married 2 Married	FORCES? 1 TYES 2	□NO	If yes, sp	ecify Cuban, Mexic 2 NO Speci	an, Puerto Rican, etc.)	9	lack, White, etc.			
BY	3 Widowed 4 Divorced	W.W. 2		, , , , ,	2 Miles Speci	y.	3	White			
COMPLETED	15. DECEDENT'S EQUCAT (Specify only highest grade con	TON 16s	OECEDENT'S	USUAL OCCUPATION	ON of weeking	16b. KIND OF BU	SINESS/INOUSTR				
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT us	e retired.)	SI OF WORKING						
₹ P	12		Te:	xtile		Cela	anese				
8	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Maiden	Sumame)				
BE	Thomas Kerr					e Adkins					
2	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or Tow					
	Alice L. Kerr	•	153	Bowery	St., F	rostburg,	Md.	21532			
	20e. METHOD OF DISPOSITION 1 Deniel 2 Cremetion 3 Remove	from State 20b. PLA	CE AND DATE O	F DISPOSITION (Na			CATION City of				
	4 Donation 6 Other (Specify)		stbur	her place) R Memor			costbu	rg, Md.			
	11/10/	/			ID ADORESS OF F						
	FIL-D. X	-		Durst	Funer	al Home,	Frost	ourg, Md.			
	23. Part I. Enter tha diseases, or com shock, or haart fallure. List	plications that caused the	death. Do n	ot entar the mo	da of dying, suc	ch as cardiac or resp	Iratory errest,	Approximate			
	IMMEDIATE CAUSE (Finsi	t only one cause on each	mra.	1				Intarval Between Onset and Death			
	disease or condition resulting in death)	Severe	S	205	- TJ	-		3 don			
		DUE TO (OR AS A COI	SEQUENCE OF):	0/	1 (.		4			
Z	Sequentially list conditions, b.		100-	Riva	Kigh	atis :					
Ĕ	If sny, lesding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COI	SEQUENCE OF): d	1, /	1.0					
길	CAUSE (Disesse or Injury C	POE TO (OR AS A)COR	QUI.	K	FX	y.					
Ē	that initiated events resulting in deeth) LAST	00000	SECUENCE OF	10,16	2	C					
CERTIFICATION	d	Rem		Saix	wa						
甘	PART II. Other significant conditions c	ontributing to deeth but n	ot resulting i	the underlying	ceuse given in	0		14b. WERE AUTOPSY FINDINGS			
8	- C++		7			1 _ YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
	- Hi se	bs1Ct	505	()				OF DEATH?			
PHYSICIAN: MEDIC	8										
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (C)	eck only one)					
YS!		Inpatient 2 ER/Outpetien	1 3 DOA	OTHER: 4 Nursing Nom	6 5 Rasidence	6 Other (Specify)					
표	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT RK?	28d. DEŞCRIBE NOW I	NJURY OCCURED				
B	1 Natural 5 Pending 2 Accident Investigation	111111111111		M 1 🗆 Y	ES 2 NO						
	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, a	treat, factory, office		261. LOCATION (Street a City or Town, State)	and Number or Run	al Route Number,			
E 1	Total detarmined										
COMPLETED		N: To the best of my knowledge									
Š	one) 2 MEDICAL EXAMINER: 0	on the basis of examination and	/or investigation	n, in my opinion, d	eath occured at the	time, data and place, an	d due to the caus	e(s) and menner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	0 (29c. LICENSE NU	MBER	29d. DATE SIGN	EO (Month, Day, Year)			
	() plan	DUS)	enu	-	D1752	26	17-	13-92			
2	30. NAME AND AGORESS OF PERSON WHO CO		The same of the sa								
	DR. JOHN MEHANNA,	M.D., 909-B	SETON 1	DRIVE, C	UMBERLAN	ND, MD 2150)2				
	31. DATE FIJUL 1 4 1992 &	32. REGISTRAR'S SIGNATUR	E								
	205 T # 1935 9	I WOOD MONEY	-					1			

we any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN TRA TO THE FUNERAL DIRECTOR: After this cobe filed within 72 hours after death with IMPORTANT: If Item 28 is marked,

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	CATE OF	HEALTH AND	MENTAL	HYGIEN REG. NO	IE	C (0649
1. DECEOENT'S NAME (First, Middle, ANNIE MAY KN	·				2. DATE (MONTH JULY	OF OEATH		EAR 3. TO	ME OF DEATH
4. SOCIAL SECURITY NUMBER 215-38-4862 9a. FACILITY NAME (If not institution,	1 □ M 2 反 F	E (In yrs. lest birthday) 94 YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN	F UNDER 24 HRS. HOURS MIN.	DEC.	Day, Year)	897 M	BIRTHPLAC Country) ARYLA OF OEATH	E (State or Foreign
ST. MARY'S NUR	SING CENTER		LEONAL				ST. M		
	I. MARY'S		CHANICS	VILLE					INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 1070 SANDGATES				01. ZIP CODE 20659	11		10g. CITIZEN OF WHAT COUNTRY? UNITED STATES		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	2 NO If yes, specify Cuben, Mexican, P				AUX S	Black, Whi Specify: WHITE	mericen Indian, te, etc.
15. DECEOENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5 +)	Iffe. Do NOT us	ork done during in retired.)	nost of working			SINESS/INDUS	TRY	
12 17. FATHER'S NAME (First, Middle, Let JOSEPH THOMAS I		I SCHOOL	reacher	18. MOTHER'S N	AME (First, M	iddle, Meiden	C EDUC.	•	
19a. INFORMANT'S NAME (Type/Print) WILLIAM F. DIX(end Number or Rure ES ROAD,					659
4 Donation 5 Other (Specify) 21. SIGNATURE OF PRINCIPAL SERVE	BLANKENSHIP	ametary, crematory or ot ALL FAITH	22. NAME	AND ADDRESS OF F	SOLE LEG	INSFI	ASHING	VERAL	HOME
23. PART I. Enter the diseases shock, or heart fel immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	s. Our TO (OR AS	der de	entia	φ ¹⁰					Approximate Interval Betwo
thet initieted events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF	:						
PART II. Other eignificent cond	fitions contributing to death	but not reculting in	the underlyl	ng ceuse given i	n Part I.	24a. WAS AN PERFOI 1 YES	RMED?	AMAIL COMI OF D	E AUTOPSY FINDIN ABLE PRIOR TO PLETION OF CAUS EATH? YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (C					
t YES 2 NO 27. MANNER OF CEATH	1 inpatient 2 ER/Ou 28e. DATE OF INJURY	28b. TIME	OF 28c, II	me 5 Residence	_		NJURY OCCUP	NEO.	
1 Netural 5 Pending 2 Accident Investiga		RY — At home, farm, at	M 1 🗆	YES 2 NO					
3 Suicide 8 Could not determine	ed Building, etc. (Sp	эвспу)			City o	Town, Stete		nurer Houte r	rumber,
(Check only	PHYSICIAN: To the best of my kno MINER: On the best of examinat							ause(e) end	menner ee stated
29b. SIGNATURE AND TITLE OF CER	000 10	N)	D	29c. LICENSE NU	MBER 1198	/	29d. DATE S	IGNEO (Mont	
David Federle,	MD, 600 Moakl	ey Street	, Suite	205,Lec	nardt	own,			
31. DATE FILEO (Month, Day, Year)		NATURE Mandale							



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	DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN	The same and the same of the s
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STEPHEN N. JONES,

31. DATE FILED (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE

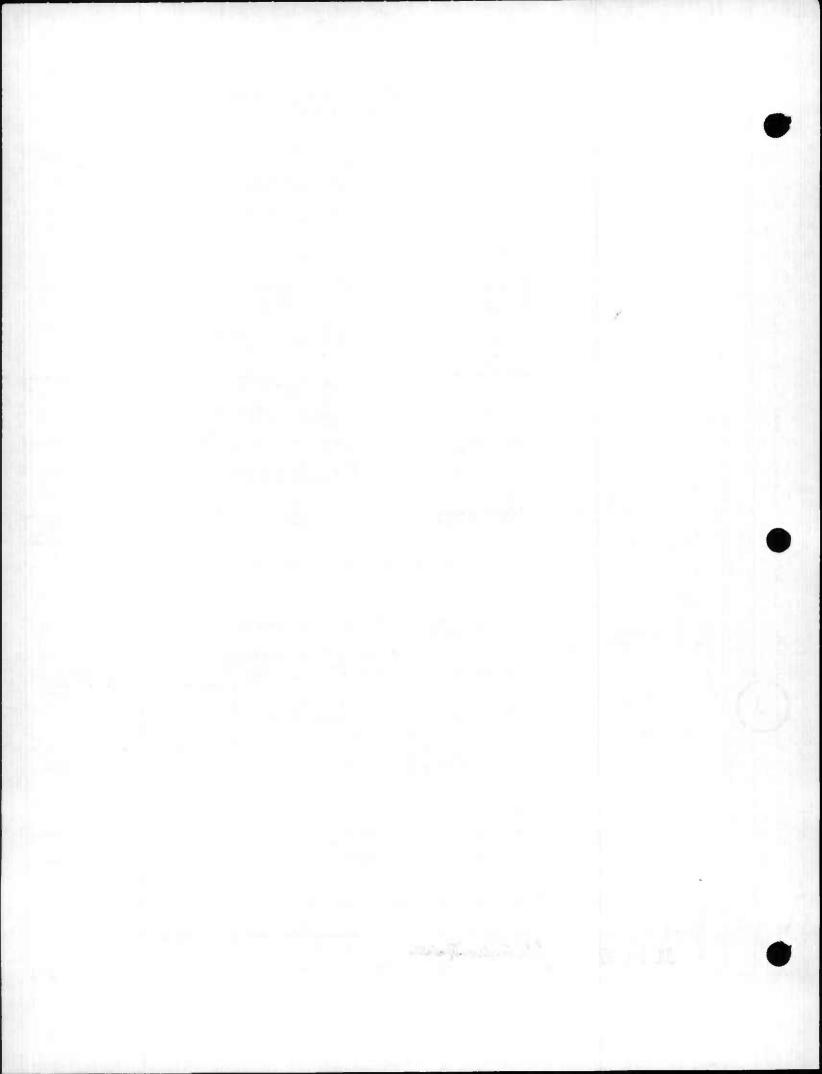
M.D.

VIERS MILL ROAD

	1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	TME	TOF I	DEATH	ID M	ENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)							_	2. DATE OF DEATH	-		3. TIME OF DE	ATH
	JOHN W. KING							J.	ULY 12, 1	992	YEAR	6:30	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)		ER 1 YEAR	IF UNDER 24 H	RS.	7 DATE OF BURTH		S. BIRTI	HPLACE (State or	
	201-09-7811	1 🔀 M 2 🗌 F	76	YRS.	MONTHS	DAYS	HOURS M	M. N	10V.23,191	.5	VIRG	INIA	
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CI	ry, TOWN	OR LOCATION C				UNTY OF D	DEATH	
DIRECTOR	COLLINGSWOOD NURS	ING HOME				ROCK	VILLE			MONT	[GOME	RY	
W.	10s. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN	DR LOCA	TION					tod. INSIDE CIT	Υ
	MARYLAND MON	TGOMERY			ROCI	KVILL	E					LIMITS?	NO.
FUNERAL	10a. STREET AND NUMBER					10	. ZIP CODE			10g. Cl	TIZEN OF	WHAT COUNTRY?	
当	5904 SPAATZ PLACE						20851				USA		
5	11. MARITAL STATUS	12. WAS DECEDEN			13	. WAS DEC	ENDENT OF HI	SPANIC	ORIGIN? (Specify Yes	or No-	14. RACI	E — American Ind k, White, atc.	llen,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 WAR OR DATES	JNO		If yes, sp	ecify Cuban, Ma 2 NO S	exican,	Puerto Rican, etc.)		Spec	Hy:	
	15. DECEDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL	OCCUPATIO	ON		16b. KIND OF BUS	RINESS/IN	WHI	IE	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of a fe. Do NOT us	work done se retired.	during mo	st of working		100 (1110 0)	JIIILOOMI	OUSTRI		
4PL	8			EWARD					RAILR	OAD			
ő	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S	SNAME	(First, Middle, Maiden	Surname)			
ш	SHIRLEY KING						GA		MOSS	ourname,			
8	19a, INFORMANT'S NAME (Type/Print)		1	9b. MAILINO	ADDRES	SS (Street a	nd Number or R	umi Rou	ute Number, City or Town	n Stata 2	in Code)		
2	KAREN L. KING	(DAUGH					VENUE		LTSVILLE,			D 2070	5 .
	20a. METHOD OF DISPOSITION 1 Burlet 2 X Cremation 3 Rem			ANDDATE		_					- City or To		_
	1 Buriet 2 N Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cr	rematory or o	ther place	e)	ATORY		7/13 ALEX				٨
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE /	THEIR	OLOUI			D ADDRESS O			ANDI	(IA)	VIRGINI	Α,
	► (1000 1011) /	120							INS FUNER				
_	22 PART I February	- COLL			5(00 UN	IVERSI	TY	BLVD.,W.	SIL.	SPR.	,MD.209	01
1	23. PART I. Entar the diseases, or ahock, or heart failure.	List only one cau	t caused tha d ise on aach iin	leath. Dor a.	ot enta	r the mo	da of dylng,	auch a	as cardlec or respi	ratory a	rrest,	Approxim	
	IMMEDIATE CAUSE (Final disease or condition					,						Onset an	
	resulting in death)	e la	idro-	us	Kei	cotor	7 Cu	un	ate			20	1
_ [DUE TO	(OR AS A CONSE	OUENCE OF	5: _	d	1						
NO N	Sequentially list conditions,	b. The	wear	Real	1	refor	execo	20	2			1-4	en.
CERTIFICATION	if any, leading to immediata cause. Entar UNDERLYING	DOETO	(OR AS A CONSE	QUENCE OF	1	1						0	
5	CAUSE (Disease or Injury	a Con	OR AS A CONSE	a	270	20	rela	10	ag .			2-3	con
Ē	that initiated events resulting in death) LAST	002 10	1		1		nesse	1				-	
E		d. Ge	nera	Leges	0	with	uco de	Ca	con			J-y	con
7	PART II. Other algnificant condition	a contributing to	daath but not	reaulting i	n tha u	ndariying	cause givan	in Pa	IT 1. 24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY F	INDINGS
PHYSICIAN: MEDICA	1) Hyputen	son 2	Caro	1000	200	~ 17	1 Fz	200	PERFOR	-		AWAILABLE PRIOR	TO
	2) Posesute	in 22	1 De	/	- 11	IA	722	0	7 1 VES 2	NO		OF DEATH?	
-	9 00 8		1	very			21 -1		-			1 YES 2	NO
A	25. WAS CASE REFERRED TO MEDICAL					26 BI	ACE OF DEATH	Chark					
Sic	EXAMINER?	HOSPITAL:	EB/Outpet(ant.)		OTHE	R:							
Ŧ	27. MANNER OF DEATH	28a, DATE OF		28b. TIME		28c, INJU		_	Other (Specify)				
	1 Natural 5 Pending	(Month, D	ay, Year)	INJ		WO			ed. DESCRIBE HOW IN	JUHY OC	CURED		
BY	2 Accident Investigation 3 Suicida 8 Could get be	28s. PLACE D	F INJURY — At h	ome term e	tract for			-					
	4 Homicide 8 Could not be	building,	etc. (Specify)	, 101171, 5	reet, Ide	AUTY, OTTICE		26	St. LOCATION (Street a: City or Town, State)	nd Numbe	r or Rural Fl	loute Number,	
<u>u</u>	29e. CERTIFIER				_								
COMPLETED	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	eath occurre	d at the	time, data	and place, and	due to	the cause(s) and man	ner aa ata	ted,		
00	2 MEDICAL EXAMINE		amination and/or	Investigation	n, in my	opinion, de	eth occured at	the tim	e, data and place, and	dua to ti	ha cause(a)	and manner as s	stated.
BE (296. SIGNATURE AND TITLE DF CERTIFIER	, 0					29c. LICENSE	NUMBE	R	29d. DAT	E SIGNED	(Month, Day, Year)	
2	Otyphe	nto	res	20	L		1300	7	45		7/	13/0-	
F 11	30, NAME AND ADDRESS OF PERSON WH										///	1111	

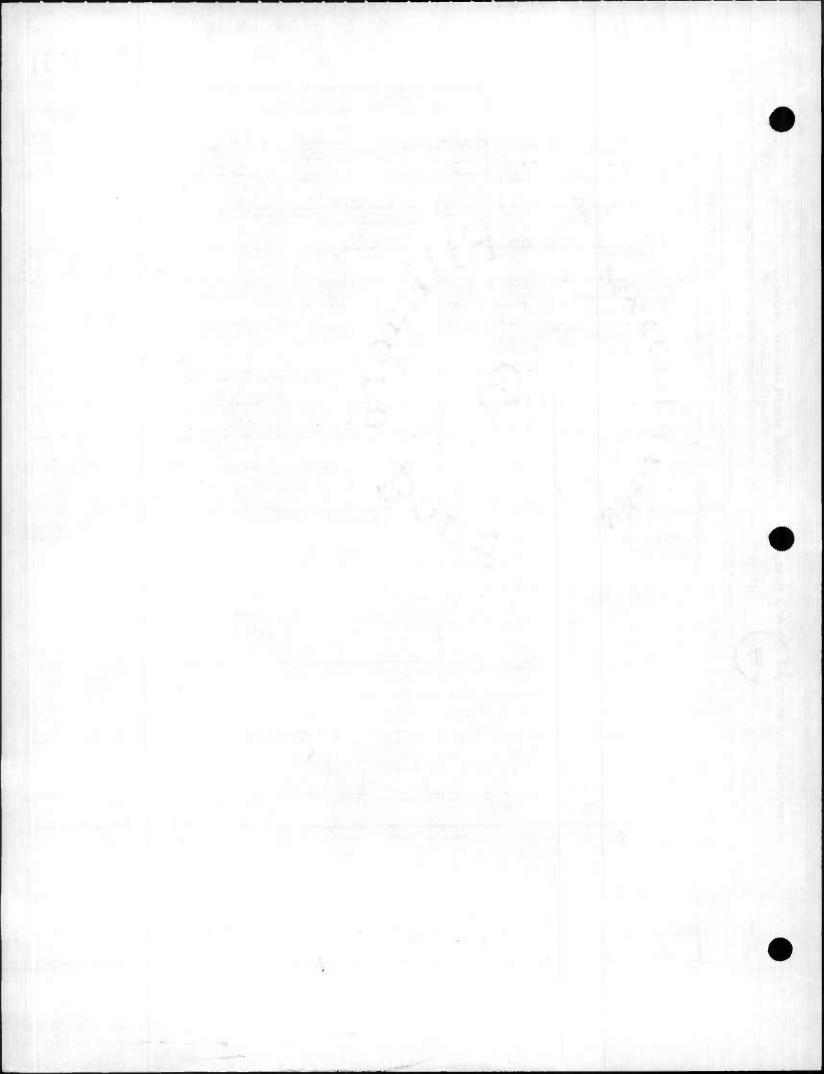
ROCKVILLE, MARYLAND

20851



PO BOX 68760, BALTIMORE, MARYLAND 21215-0020	cer incate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and the prior to burial, cremation, or removal.	d, or item 23 shows any many or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires the the last certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed to the inclusion of completely filled in by the furbe filled within 72 hours after death with the State Dept. of Health and the prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic e

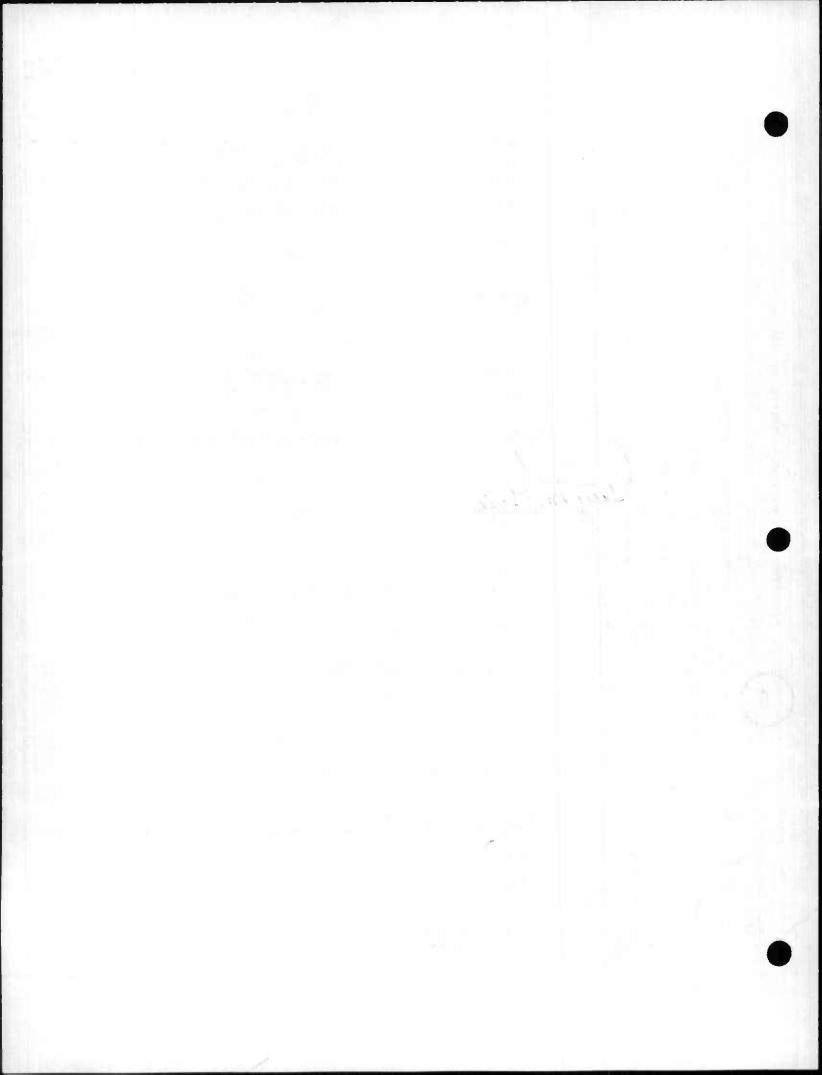
1. DECEDENT'S NAME (First, Middle	Last)	1/	EKIIF	ICATE OF	DEATH		REG. NO			TIME OF OEATH
121 +	twang.	KIM					7 /	D 19	YEAR 93	17:10 D
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. II	es birthday) YRS,	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H	N. (A	ATE OF BIRTH fonth, Day, Year)		Country)	ACE (State or feesign
564-69-7270 9a. FACILITY NAME (If not institution		19		9b. CITY, TOWN	OR LOCATION C		7-21-12		Y OF DEA	rea (Ivon
3 Hampton Cour RESIDENCE OF DECEDE 10a. STATE 10b. 0				Annapo					e Aru	
10a. STATE 10b. 0	COUNTY		10c, CIT	Y, TOWN OR LOCA	TION			-	10	d. INSIDE CITY
Maryland A	nne Arunde	1	Ann	napolis						LIMITS?
	110 110 0110 0	7			f. ZIP CODE			10g. CITIZI		T COUNTRY?
10e. STREET AND NUMBER 3 Hampton Coul 11. MARITAL STATUS	t				214	03		Perma	anent	Resident
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. A					IGIN? (Specify Ye	e or No- 1	4. RACE -	American Indian,
1 Never Married 2 XMarried 3 Widowed 4 Divorced		WAR OR DATES	(no	1 TYE	ecify Cuben, M	pecify:	no mean, etc.)	- 1	Specify:	vinia, atc.
15. DECEDENT	S EDUCATION	I see D	ECEDENT'S	USUAL OCCUPAT	011		441 1/11/2 47 7			ental
(Specify only highes Elementary/Secondary (0-12)	i grade completed)		Give kind of v	vock done during m	ost of working		16b. KIND OF BU	JSINESS/INDU	STRY	
Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Li	College (1-4 or 5	+)	Gard	lener			Lands	scaping	g	
17. FATHER'S NAME (First, Middle, Li	tal)				18. MOTHER'S	B NAME (Fi	si, Middle, Malder			
Sang H. Kim						Sang	E. Hong	7		
19a INFORMANT'S NAME (Type/Prin	0	1	Db. MAILING	ADDRESS (Street					Code)	
John Kim		3	3 Hamp	ton Cou	rt, An	napo1	is, MD.	2140	3	
20e. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3	Removel from State	20b. PLACE	AND DATE O	OF DISPOSITION (A	ame of		ATE 20c. LO	DCATION — CI	ty or Town	State
4 Donation 5 Other (Specifi	1	Mead	lowric	lge Ceme	terv	7-13	-92 Ba	ltimo	re, M	faryland
21. SIGNATURE OF FUNEFIAL SERV	ICE LICENSEE	111		22. NAME A	ND AODRESS O	F FACILITY	uneral			
1 / Micho	Dellar	Val							70* 0	pring, M
23. PART I. Enter the disease	a, or complications th	et caused the d	eath. Do n	ot enter the m	de of dying,	such as	erdiac or reep	iratory arre	nt,	Approximate
IMMEDIATE CAUSE (Final	llure. List only one ce	use on eech lin	1.	0.	. 1					Interval Betwee Onset and Deat
disease or condition resulting in death)	· Re	4)IVa	Take	4 Ole	Elit					
	QUE TO	(ON AS A CONSE	OUENCE OF							!
Sequentielly list conditions.	Ca	ves t	ack	url						<u> </u>
Sequentielly list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events resulting in death) LAST	11/	OF AS A CONSE	OUENCE OF	Tilai (21011	AL				
CAUSE (Diseese or Injury	c	A CONSE	OUENCE OF	was c	inu	Tr	9			
that initiated events resulting in death) LAST	H	Da to	tic	RI	Paga	tic	_			
	d	Just	1,)		1900	- 1. 3				
PART II. Other significent con	ditiona contributing to	death but not	resulting i	n the underlyin	g cause giver	n In Part I	. 24s. WAS AF			ERE AUTOPSY FINDINGS
							1 TYES	~	CC	MPLETION OF CAUSE DEATH?
									1	YES 2 NO
25. WAS CASE REFERRED TO MEDI- EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH										
25. WAS CASE REFERRED TO MEDI- EXAMINER?	HOSPITAL:			28. P	ACE OF DEATH	(Check onl	y one)			
1 YES 2 NO	1 Inpatient 2	ER/Outpatient		4 Nursing Hor						
	(Month, i	Day, Year)	28b. TIME	URY	URY AT		DESCRIBE HOW	INJURY OCCU	RED	
2 Accident investig	28e PLACE (OF INJURY — At h	ome form a		YES 2 NO	\rightarrow	OCATION (Street	and M		
4 Homicide 8 Could r	building	, etc. (Specify)	,, .	areat, factory, orm	•	201.	Olly or Town, State)	HUTEL HOUS	e Number,
29a. CERTIFIER	BUVOICUM T. M. A.									
	PHYSICIAN: To the best of AMINER: On the basis of a									
		THOUSE BING/OF	vvanyanoi	, in my opinion, i			enta ario piace, ai			
/ // ///	SVI	· MA			29c. LICENSE	NUMBER	0	29d. DATE S	HONED (M	onth Day Hears
(Winter VV)			1 /		117	1101	7		11110	10
Mercie	ON WHO/COMPLETES CALL	SE DE DEATH OT	M 270 (T-	Orient		101)		110	110
V MUM ANA	ON WHO COMPLETED CALL	SE OF DEATH (ITE	4		is n	10	2 14	01	110	11-
Mercie	ON WHO COMPLETED CALL GEY TO 32 ABOUTE	SE OF DEATH (ITE	4	nuapor	lis n	10	2140	01	710	110



IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once RELEASED BY DR. TAUBER, M.E.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law TO THE FUNERAL DIRECTOR: After this certificate has in be filed within 72 hours after death with the State Depart

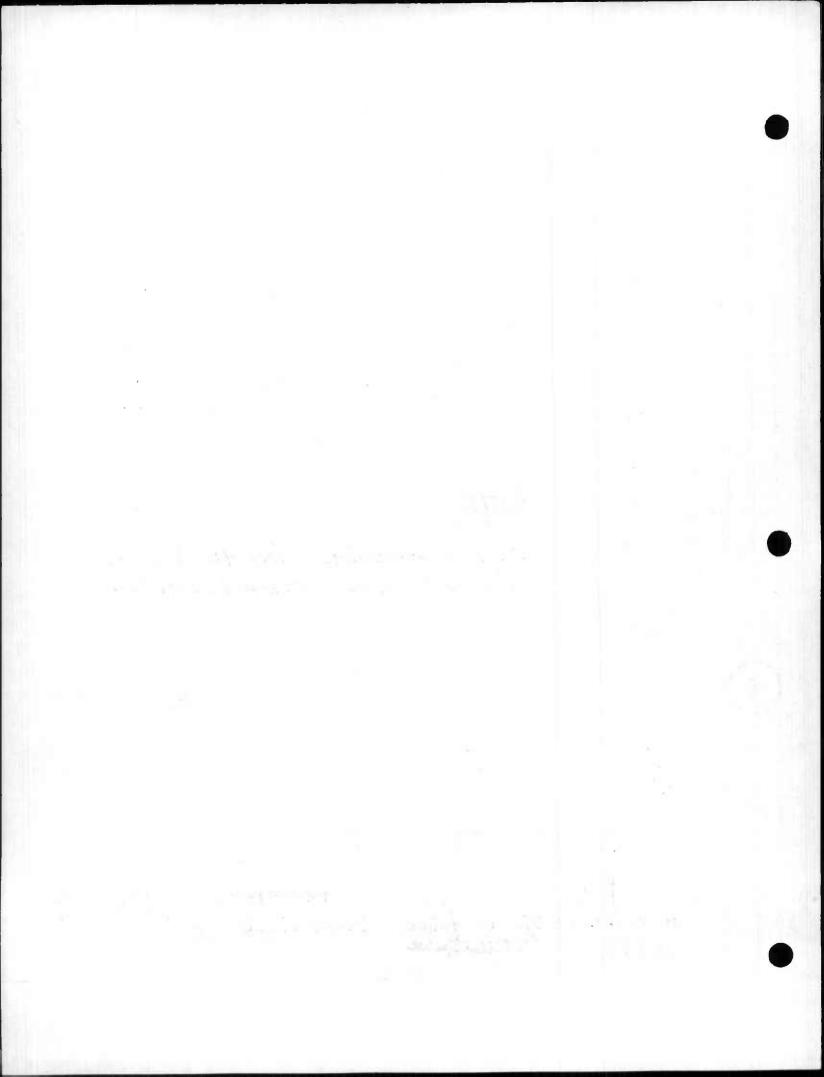
	1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPAR CERTIF	TMENT OF I	EALTH AND	D MENTA	AL HYGIEN				
1000	1. DECEDENT'S NAME (First, Middle, Last) CHARLES M.	KRINS	SKY			2. DAT	E OF DEATH	1992	YEAR	3. TIME OF 0	EATH P.M
	4. SOCIAL SECURITY NUMBER 044-28-8467 98. FACILITY NAME (If not institution, give	1 🔀 M 2 🗆 F	8E (In yrs. last birthday) 83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN	NOV	E OF BIRTH oth, Day, Year) EMBER		08	RHODE	
TOR	MONTGOMERY GENER			OLNE		OEATH			NTGO		
DIRECTOR		Y ONTGOMERY		SILVER						10d, INSIDE C LIMITS? 1 X YES 2	
FUNERAL	15100 INTE	RLACHEN DRIV	E #204		20906			1		STATES	
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1X) YI IF YES, GIVE WAR OF	S 2 NO	It yes, sp	ENDENT OF HISI ocity Cuban, Max NO Spe	dcan, Puerto	IN? (Specify Ye Rican, etc.)	s or No-	14. RACE Black Speci	E — American I k, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	line. Do NOT use	ork done during mo retired.)	ON sl of working	16	b. KIND OF BU			Wall	
	17. FATHER'S NAME (First, Middle, Last) MORRIS KRIN	5+ ISKY	PHYSI	CLAN	18. MOTHER'S		PSYCH Middle, Meiden LESSNE	Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print)	And .		ADDRESS (Street a	nd Number or Rur	ral Route Num	nber, City or Tow	m, State, Zip			
	BERNICE KRINSKY	***************************************		INTERLA							2090
1	20s. METHOD OF DISPOSITION 1 X Burtal 2 Greenation 3 X Rem 4 Dorution 9 Other (Specify)	1	BETH EL CE	METERY			12 GRO	TON,	CON	NECTICU	T
	21. BIGNATURE OF PUNERAL SERVICE IN	, Thie		DANZAI	NSKY-GO	LDBER LE PI	G MEMO	RIAL	CHAI	PELS, 1	NC. 0852
CEMILIFICATION	23. PART J. Enter the disease, or abock, or head failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF	time	led of dying, si	Denie	aile	tracing arm	eat,		Imate Between and Death
4	PART II. Other eignificent condition	s contributing to death	but not resulting in	the underlying	ceuse given	In Part i.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY AWAILABLE PRIN COMPLETION O OF DEATH?	OR TO F CAUSE
FRISICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 X ER/Ou 28a. DATE OF INJUR (Month, Day, Year	ripetient 3 DOA 28b, TIME	OTHER: 4 Nursing Home	JRY AT	e 8 🗆 Othe		NJURY OCC	URED	1 YES 2	NO
	Natural 5 Pending Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJUI building, stc. (Sp	RY — At home, farm, st	M 1 🗆 Y	ES 2 NO	281. LOC City	CATION (Street a or Town, State)	and Number	or Rural A	loute Number,	
COMPLETE	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICAL EXAMINE	CIAN: To the best of my kno	wiedge, death occurred	i at the time, date	end place, end do	ue to the car	use(s) and mar	mer as state	ed.	and manner a	atatad
2 2	29b. SIGNATURE AND TITLE OF CERTIFIED	10 to	7		200 LICENSE N		83	29d. DATE	SIGNED	(Month, Day, Yes	nr)
	SAMUEL ITSCOITZ,				ITE #30	07, SI	LLVER !	SPRIN	G. M	D 2090	2
	31. DATE FILED (Month, Day, Year)	132. HEGISTI AR'S SI	WHITE DE						-, -,		



in, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RE	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law rein	TO THE FUNERAL DIRECTOR: After this certificate has been	hours after death with the State Dept. or	IMPORTANT: If item 28 is marked, or Item 23 show
五	TO THE HOSPITAL	TO THE FUNERAL I	be filed within 72 h	IMPORTANT: If I

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND M	IENTAL HYGIEN		40000
	1. DECEDENT'S NAME (First, Middle, Last)				I	2. DATE OF DEATN		3. TIME OF DEATH
	Jo	hn Lewis Keef	Ee			July 8,	1992	1820 M
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign
	579-40-9324		55 YRS.	DAYS	HOURS MIN.	Jan. 8,19	27	New York
~	9e. FACILITY NAME (If not institution, give str	eet and number)	9	b. CITY, TOWN C	R LOCATION OF DEA	ATH	9c. COUNTY	OF DEATH
ē	Shady Grove Adv	entist Hospit	al	I	Rockville		Mont	gomery
EC	10e. STATE 10b. COUNTY		10c. CITY. 1	TOWN OR LOCAT	ION			
DIRECTOR	Maryland M	ontgomery			Rockville			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				. ZIP CODE		10a CITIZER	1 X YES 2 NO
FUNERAL	5 Leonard Court				20850			d States
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN L	J.S. ARMED	13. WAS DEC	ENDENT OF HISPANIC	C ORIGIN? (Specify Yes		RACE American Indian
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 X YES	2 LINO ES	If yes, spi	weify Cuben, Mexican,	Puerto Rican, etc.)		Black, White, etc. Specify:
								White
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION 1	(Give kind of work life, Do NOT use n	done during mos	ON st of working	16b. KIND OF BUS		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)					igrati	
M	17. FATNER'S NAME (First, Middle, Last)	3+ I	Deputy As	sistan				zation Service
	Peter Franc	is Koofo				E (First, Middle, Malden	Sumame)	
BE	19e. INFORMANT'S NAME (Type/Print)	13 Keele	10h MAILING AD	DDESC (Owner)		e Duske		
2	Virginia B. Keef	e				ville, Mai		
	20e. METHOD OF DISPOSITION	20h P	ACEANDDATEGE	NEBOCITION (No.	ma of			
	1X Buriel 2 Cremetion 3 Removed Donation 5 Other (Specify)	ral from State cemete	ery, crematory or other	place)	etery 7/	13/92 Si	TOP C	pring, Marylan
	21. SINATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	D ADDRESS OF FACI	UTY Robert	Δ Din	mphrey Funeral
	* Duchily	Killa M	100348	Home/F	Rockville	. Inc., 30) O W 1	Montgomery Ave
	23. PART I. Enter the diseases, or co	emplications that caused t	he death. Do not	LKOCKAT	lie, Mar	viand 208	3501-281	0.5
	SHOCK, OF HEART FAILURE, E.	ist only one cause on eac	h iina.	anter the mot	se or dying, auch	as cardiac or respi	ratory arrest	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	MYO	care	N 4	7 / 1/	EADO	7	Onaet and Death
	resulting in death)	DUE TO (OR AS A C	ONSEQUENCE OF):	2111	- //	FARC	7) 4	~
z		VENTO	2i au	AR	FIB	RILL	15	
일	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CO						
2	CAUSE (Disease or Injury							
	that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):					
CERTIFICATION	d.							
AL	PART II. Other algnificant conditions	contributing to death but	not reaulting in t	he underlying	cauae given in Pa			24b. WERE AUTOPSY FINDINGS
S						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						_	4.0	OF DEATH?
ż								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			ACE OF DEATH (Check	k only one)		
YSI	1 VES 2 NO	1 Inpetient 2 ER/Outpatio		THER: Nursing Home	5 Residence 6	Other (Specify)		
F	27. MANNER OF DEATN 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O			6d. DESCRIBE NOW IN	JURY OCCUR	ED
B	1 Natural 5 Pending Investigation			M 1 🗆 YI	ES 2 NO			
8	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, atree	it, factory, office	2	est. LOCATION (Street en City or Town, Stete)	nd Number or F	tural Route Number,
<u> </u>	An Opposition							
<u>A</u>	(Check only CERTIFYING PHYSICI	AN: To the best of my knowled	ge, death occurred a	t the time, date of	end place, end due to	the ceuse(e) end meni	ner es stated.	
COMPLETED		On the basic of examination er	nd/or investigation, is	n my opinion, de	ath occured at the tin	ne, date and place, and	due to the ce	use(s) and manner se stated.
BE	286. SIGNATURE AND THEF OF CERTIFIER				29c. LICENSE NUMBE	ER	294L DATE SH	GNED (Month, Day, West)
2	10. NAME AND ADDRESS OF PERSON WRO.	COMPLETED CAUSE OF DEATH			D3537	0	100	nry
	THUS ROCK	WILLIAM T	THEM 27) (THEM, PHI	12-	aviu	1127	4	1992
1	31. DATE FILED MOST PRO- MAIL	Pay REGISTRANS SIGNAND	SHE P. AND	200	100100	EN	1	
- 1	JUL 16/ 192	grila Landson	NEGO DE			0.50		



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DIRECTOR: A -69 ETED.

FUNERAL 1 IMPORTANT: If

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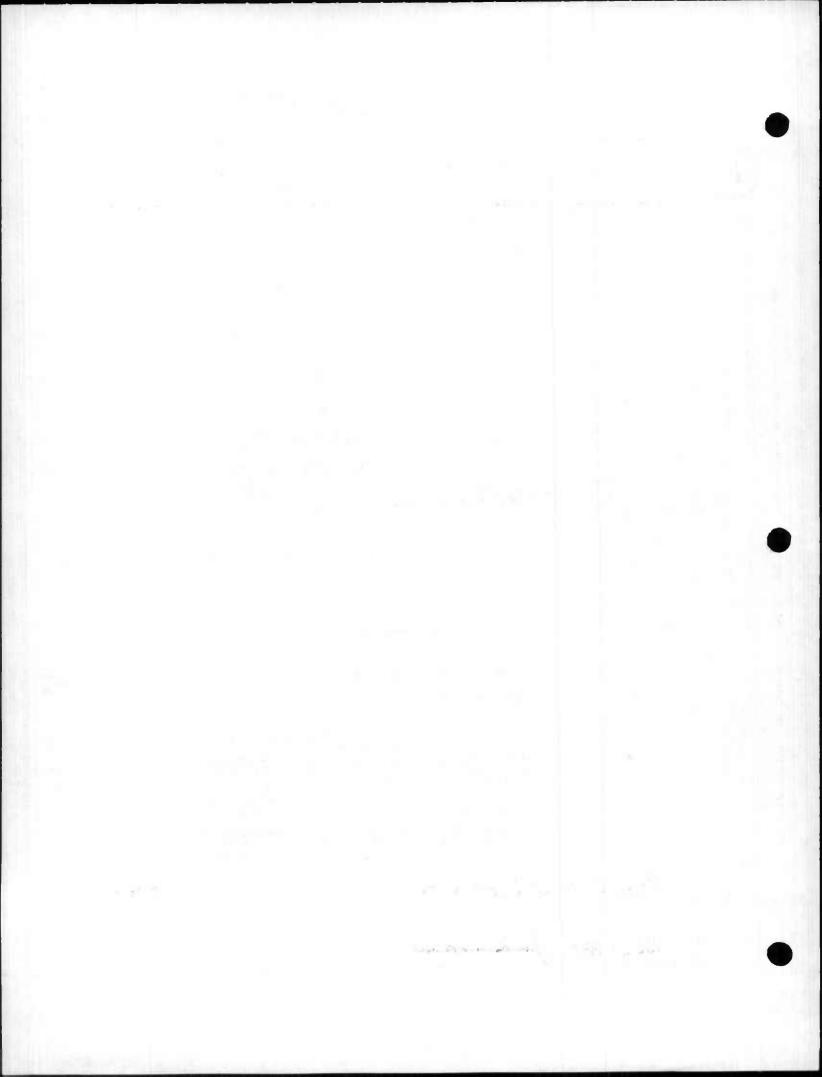
DALLIMONE, MANTENING ZIZIS-0020	*e h	
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	(7
fler this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, annual man the State harm of Health and Mental Horizone property to bund properties of controlled the state harm of Health and Mental Horizone property to bund properties of controlled to the state harm of Health and Mental Horizone property to bund properties of controlled to the state harm of Health and Mental Horizone properties of controlled to the state harm of the state h	is 1, 2, 3 froutd	
market or them 23 shows any injury, or other traumatic event, the medical examiner must be notitied at once	P	

92 20654 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) Audrey Virginia LOUDENSLAGER 2. DATE OF DEATH July 19 1992 YEAR Audrey V. LOUDENSLAGER 7:35 p 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH
(Month, Day, Year)
Nov. 15,1917 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 213-18-8885 74 1 M 2 KF Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Avalon Manor Home Inc. Hagerstown Washington RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 77 Wise Street 21740 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Ricen, atc.) IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify: BY Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4 or 5+) 8 packer Corning Glass 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) John E. Loudenslager Helen Baker BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret Athey 77 Wise Street, Hagerstown, Md. 21740 20e. METHOD OF DISPOSITION
1 Surfet 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Rest Haven Cemetery Hagerstown, Maryland 7-22 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or haart failura. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease pr condition Arteriosclerotic cardiovasculas disease resulting in death) years DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE PERFORMED? Severe mixed type arthritis 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 K Natural 5 Pending 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, atc. (Specify) 26f. LOCATION (Street end Number or Rural Route Number, City or Town. State) 6 Could not be 4 Nomicide determined 29e. CERTIFIER
(Check only one)

1 CERTIFIUNG PNYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, end due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) dual w Differ V> D01062 7/20/82 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

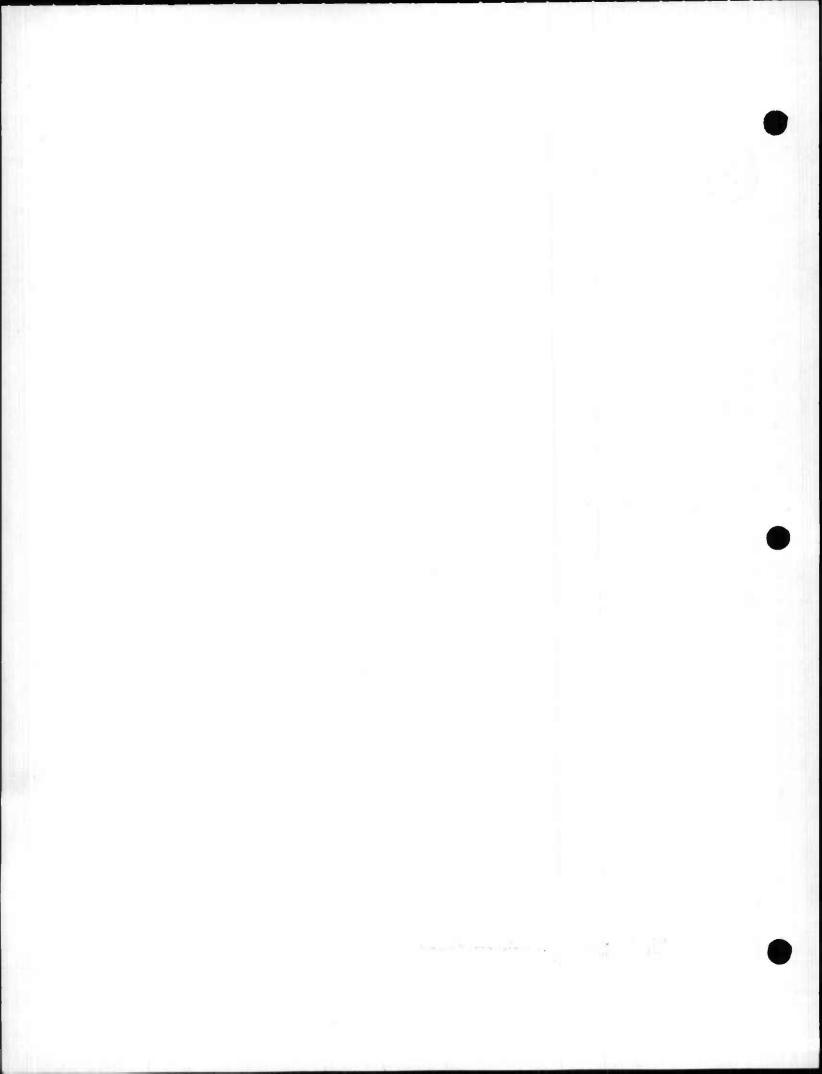
Dr. Eward W. Ditto, III, Md. 217 West Washington St. Hagerstown, Md.

732. REGISTRAR'S SIGNATURE



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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760	SPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate
5	OR
	SPITAL

	1 - STATE REGISTRAR		STATE OF I	MARYLA	ND / DE	EPART	MENT (OF H	IEALTH DE AT	AND I	MENTA		NE	92	20655
	1. OECEDENT'S NAME (First, Midd	die, Lest)			CLIT	IIII	CATE	Ur	DEA	ın	2 DATE	OF OEATH).		
	ROY	MEL	VIN T	ONG							MONT	H E	1002	YEAR	3. TIME OF OEATH
-	4. SOCIAL SECURITY NUMBER		s. SEX		yrs. last birt	thday)	IF UNDER 1 1	YEAR	IF UNDER	24 HRS.		Y 19,	1992	a BIRTHP	12:35 PM
10	214-28-7407		1 📉 M 2 🗌 F				- Y	DAYS	HOURS	MIN.	(Monti	7, Day, Year)	20	Country)	
1	9a. FACILITY NAME (If not institution	ion, give stree	et and number)		02	-	9b. CITY, TO	OWN 0	R LOCATION	ON OF OE		/ U3/ T3	-	MA.	RYLAND
18	4303 Trego Roa	ad							dysv						
5	RESIDENCE OF DECED	ENT								TITE			wasi	ningt	on
DIRECT		COUNTY			10	C. CITY,	TOWN OR	LOCAT	ION						IOd. INSIDE CITY
The second second	Maryland V	Washi	ngton				Keedy	_							YES 2 K NO
FUNERAL								101.	ZIP CODE				10g. CITIZ	EN OF WH	IAT COUNTRY?
NE	4303 Trego Ro									756				.A.	
	1 Never Married 2 X Marri	led 1	2. WAS OECEDEN FORCES? 1)	li y	46, sp(city Cube	n, Mexican	, Puerto F	? (Specify Ye	a or No-	14. RACE - Black,	- American Indian, White, atc.
B	3 Widowed 4 Divorced		Korean				1	YES	2 💢 NO	Specify.				Specify:	ite
8	15. DECEOEN (Specify only high	IT'S EDUCAT	TION		Se. DECEDE	ENT'S US	SUAL OCCU	UPATIO	N .		16b.	KIND OF BU	SINESS/INOL		106
ETE	Elementary/Secondary (0-12)		mplered) College (1-4 or 5 :	+)	(Give kii life. Do l	ind of wor NOT use i	rk done duri retired.)	ing mos	st of workin	g					
M M	11				M∈	echa	anic					oor M	anufad	ture	r
COMPL	17. FATHER'S NAME (First, Middle,	Last)							18. MOTH	ER'S NAM		fiddle, Malden			
101	Roy Walter								Or	a M.	Abb	ott			
TO BE	19a, INFORMANT'S NAME (Type/Pr				19b. MA	VILING A	DDRESS (S	treet ar					rn, State, Zip	Code)	
-	Ruth E. Lond				4303	3 Tr	rego 1	Roa	d, K	eedy	svil	le, M	D 217	756	
	20a METHOD OF DISPOSITION 1 M Burial 2 Cremation 3	☐ Ramova	I from State		LACE AND D	DATEOF	DISPOSITIO				OATE		CATION — C	Ity or Town	, State
	4 Donation 5 Other (Spec	clfy)			300ns			ete	erv		7/22	Boo	nsbor	O. Ma	aryland
	21. SIGNATURE OF FUNERAL SER	AVICE LICEN	SEE				22. NA	ME AN	D AOORES	S OF FAC	ILITY		unera]		_
	Taul 1	n.	Lean				70	606	014	Nat					e oro, MD
CERTIFICATION	ahock, or heart if iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST	a	Metas OUE TO	OR AS A CO	ONSEQUEN	ICE OF):	J	ca	ine						Interval Between Onset and Death
: MEDICAL	PART II. Other significant co	onditions c	ontributing to	death but	not result	ting in t	tha Under	rlying	cause g	iven in P	art I.	24a. WAS AN PERFOR	RMED?	C	ERE AUTOPSY FINDINGS //AILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MED	DICAL													
S	EXAMINER?	Н	OSPITAL:	EB/0			THER:		VCE OF DE						
PHYSICIAN:	27. MANNER OF DEATH		28a. DATE OF			OA 4	☐ Nursing	Home		ildenca 8					
	1 Natural 5 Pendir		(Month, Da		200	INJUR	Υ	WOR	IK?	-	∡60. DE\$(HIBE HOW I	NJURY OCCU	RED	1
BÝ	2 Accident Investi 3 Suicide 5 Could		28a. PLACE OF	F INJURY —	At home to	arm. stre			ES 2 🗌		281 1.00*	TION (N	and March	0	N. M. Carlot
ETED	4 Homicide datarm	nined	ounding, I	etc. (Specify)							City o	r lown, State)	and Number o		te Number,
AP.	29a. CERTIFIER (Check only	G PHYSICIAI	N: To the best of	my knowledg	ge, death oc	ccurred a	at the time,	data a	nd placa,	and dua to	the caus	e(a) and mar	ner as stated	ı.	
COMPLET	one) 2 MEOICAL E	XAMINER: C	on the beals of ax	amination ar	nd/or inveati	ilgation, i	in my opini	on, de	ath occure	d at the ti	me, data a	and place, en	d dua to the	cause(a) a	nd manner es stated.
BE C	29b. SIGNATURE AND TITLE OF CE		1						29c. LICE						onth, Day, Year)
9 2	Mu	edu	5						D3	2511	2		1 7	6	,
F		GUE	DENE	T			int) 00	6	EET	TNO	3 4	ANE	KE	DYSV	21756 PILLE MD.
	31. DATE TUE "2"0" 1992	8	32. REGISTRAF	R'S SIGNATU	JRE										,



11	afte
	Nours
	t
o,	within
1314	executed
<	pe
C. EC	certificate
7.	death
HOS.	hat the
#CC	requires t
AL	The law
5	CIAN
5	PHYSI
DIVISION OF VITAL RECORDS, P.O. BOX 13146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
5	O.B

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTI	IOAIL				OF DEATH	AY	W	3. TIME OF DEATH
	Joy	ce Jean La	m b				MONTH 6			992	4.554
Į.	4. SOCIAL BECURITY NUMBER	1 Duolite	(In yrs. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (OF BIRTH Day, Year)		8. BIRTH Country	,,
	216-40-9458 9a. FACILITY NAME (If not institution, give	4	9 THS.	ab CITY	TOWN O	R LOCATION OF D	1	19	43	UNTY OF D	Maryland
ŧ	9805 Bethesda		#103	1	_		CAIN				
5	RESIDENCE OF DECEDENT					ascus			I I	10116	gomery
Dire	10a. STATE 10b. COUN		10c. Ci	TY, TOWN O							10d, INSIDE CITY LIMITS?
	Md. Mo	ntgomery		Dama	7	S ZIP CODE			10a. CI	TIZEN OF W	1 YES 2 NO
FUNERAL	9805 Bethesda	Ch Rd #	103			208	72				S . A .
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			NDENT OF HISPA	NIC ORIGIN		a or No-	14. RACE	- American Indian,
10	1 Never Merried 2 Merried 3 Widowed 4 Microred	FORCES? 1 YES				elfy Cuban, Maxic 2 MNO Spec		lican, etc.)		Speci	
	15. DECEDENT'S ED	ICATION	16a. DECEDENT	e Hellal oc	CUIDATIO	M	105	KIND OF BU	ICINICO /II	IDII IOTEN	white
	(Specify only highest grad Elementary/Secondary (0-12)		(Give kind o	work done o	luring mos	it of working	100.	KIND OF BU	JSINESS/II	NDUSINT	
7	11	conage (14 or 54)	Domes	tic			Ì				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, A	Aiddle, Maider	Sumame)		
BE	Claude Tibbs							ce W			
2	19a. INFORMANT'S NAME (Type/Print)					nd Number or Rure.					20872
	John Lamb III	2	9813 0b. PLACE OF DISP			da Ch.		-		ASCU - City or To	
	1 Buriel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	moval from State	other place)			esbyte					
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	L	22, 1	NAME AN	D ADDRESS OF F	ACILITY			. IIu	•
	> 4/m p	1. At				on Fun				Mi	00000
	23. PART I. Enter the disesses, or	complications that caus	ed the death. Do			86 / B					Approximate
	shock, or heart failure	. List only one cause on	each lina.			,			,	,	Interval Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	REDIDA	TORY F	All UI	PIS	•					11/44
	resulting in destri)	S. RESDIRAT									10/17
	Sequentially list conditions,	. CHRONIC	OBSTRU	ICTIV	81	LUNG	0150	715E			34RS
2	If sny, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE		100	N0014	1_				140
2	CAUSE (Disease or Injury that initiated events	BRONCH	A CONSEQUENCE	OF):	MCC	2100171,		_			178
CERTIFICATION	resulting in death) LAST	. TUBACCC	SMOK	ING	-						304RS
	PART II. Other significent condition	ons contributing to death	but not resulting	in the un	deriving	Cause alven i	Dart I	24s. WAS A	N ALITODO	v 24b	. WERE AUTOPSY FINDING
S	BRAIN METAS	-1-	Dat not reading	, 111 010 011	conying	Cause given	1 1 00 (1.	PERFO	RMED?	. 240	AMILABLE PRIOR TO COMPLETION OF CAUSE
MED		V, 30-3					_	1 TYES	24-NO		OF DEATH?
							-				TES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEATH (C	heck only on	(0)			
VSIC	1 F TES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	rtpetient 3 🗆 ODA	4 Num		5 DeBeridence	6 🗆 Othe	r (Specify)			
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		ME OF	28c. INJU WOI	RK7	28d. DES	CRIBE HOW	INJURY O	CCURED	
B	2 Accident Investigation		PV 44.5 4	М		ES 2 NO					
8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, atc. (S)	pecify)	, street, ract	ory, omca			or Town, State		oer or Hural r	Route Number,
E	29e. CERTIFIER										
COMPLET	one) —	SICIAN: To the beat of my kno IER: On the basis of examinat									n) and manner as stated.
1	29b_SIGNATURE AND TITLE OF CERTIFI			, , ,		29c. LICENSE N					(Month, Day, Year)
BE	Seety 710	u -				D3(2)	52			o 25	190 .
2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Ty)	oe, Print)			V		1		114
	STEVEN T. KAR	NA, MD 11	SDI GET	RGIA	7 A	VE #5	75 N	HEAT	TON	MI	20902
	31. DATE FILED (Month, Dey, Year)	32. REGISTRAR'S SIG	SNATURE								
	JUN 2 6 1992	Achia Varidson	- Handell								

30485

D36057 NE#

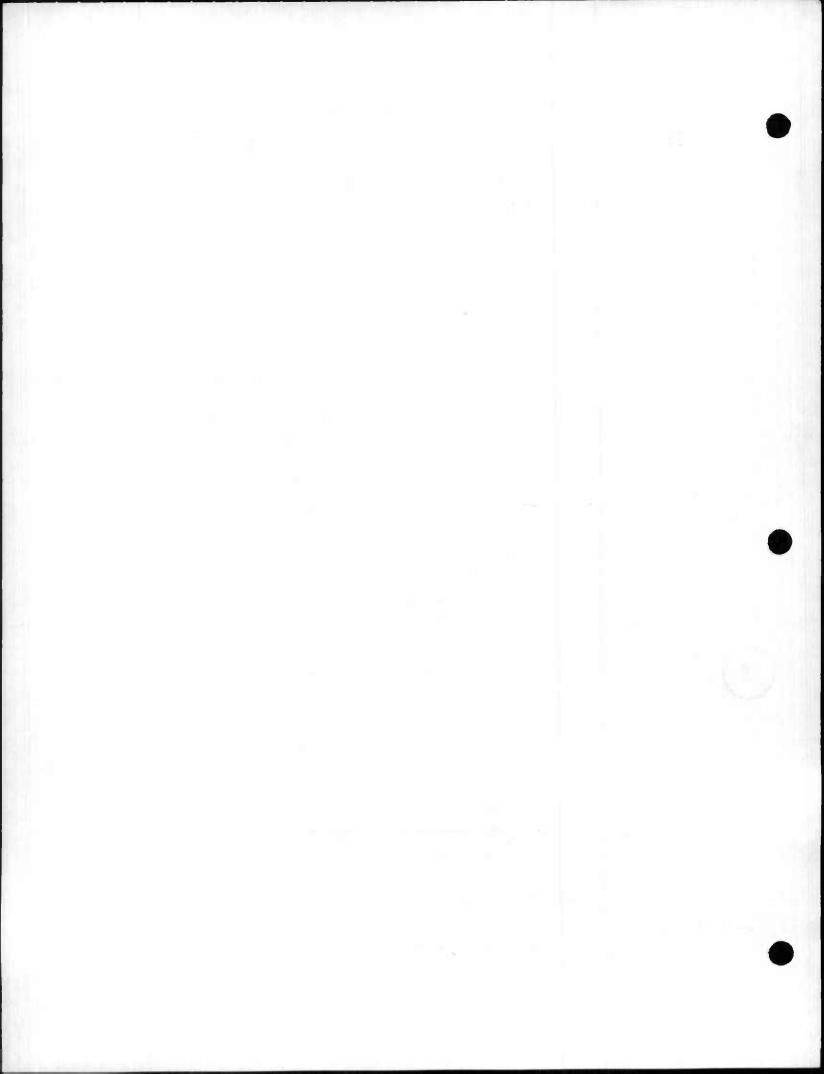
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	RECORDS,	P.O.	BOX			BALTIMO	JRE,	BALTIMORE, MARYLAND 21203-3146	21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 motors after death. Page 6 may be resulted by the froughts or animaling physicial	requires that the de	ath certif	icate be	executed within	SJDC 2	after death. Page	6 may be	retained by the hosp	tal or attending physic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for one as the burnal-be fled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	een signed by the a of Health and Men	ttending al Hygier	physician ne prior to	and completely burial, cremal	filled in t ion, or re	by the funeral dire- moval.	ctor, page	5 should be detached	for one as the burial-
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	shows any injury	or oth	er traur	natic event,	the med	icai examiner n	nust be	notified at once.	

	1 - STATE OF MA		ENT OF HEALTH AND MATE OF DEATH	MENTAL HYGIENE REG. NO.				
t	1. DECEDENT'S NAME (First, Middle, Last) ELITH R. Lay!	η_{AN}		2. DATE OF DEATH MONTH DAY 9	3. TIME OF DEATH 8:15 AM			
		AGE (In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-33-01 MARYLAND				
OR OR		ME 1	MH, AIRY		TY OF DEATH			
отнестоя	10a. STATE 10b. COUNTY CARROLL		own or Location Stminster		104 INSIDE CITY *LIMITS? 1 YES 2 NO			
100000	100 STREET AND NUMBER 48 Penns Vania Ave		101. ZIP COOE	10g. CITI2	10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexices 1 YES 2 NO Specify	n, Puerto Ricen, etc.)	14. RACE — American Indien, Black, White, etc. Specify:			
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION	16a, DECEDENT'S USE	IAL OCCUPATION	16b. KIND OF BUSINESS/IND	White			
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		done during most of working lired.) ISTRESS	Clothing	Factory			
	17. FATHER'S NAME (First, Middle, Lest) Robert Lee Miller			ME (First, Middle, Malden Surneme)				
TO BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING AD		nces M. Stitely Route Number, City or Town, State, Zip	·			
۲	Olin L. Molesworth			ascus, Md. 208'				
	20s. METHOD OF DISPOSITION Burlet 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place)	V.M. Cemetery	6/25/92 Dat	mascus Md			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	m + 6	22. NAME AND ADDRESS OF FA	CILITY				
	23. PART I. Enter the diseases, or complications that a shock, or heart fellure. List only one cause							
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	no - pulu	many a	rest	Onaat and Death			
z	A .	DUE TO (OR AS A CONSTIQUENCE OF):						
ATIO	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING	R AS A CONSEQUENCE OF):	0					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	R AS A CONSEQUENCE OF):						
	PART II. Other algnificent conditions contributing to	eath but not requiting in t	he underlying cause given in	Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
ICAL	Jenne disso		ne dilderlying codes given in	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
PHYSICIAN: MEDIC	Donethe)			1 TYES 2 NO			
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERS HOSPITAL:	7.0	26. PLACE OF DEATH (Ch	eck only one)				
IVSI		R/Outpatient 3 DOA	Nursing Home 5 Residence F 28c, INJURY AT	6 Other (Specify) 26d. DE\$CRIBE HQW INJURY OCC	CURED			
BY Pt	Netural 5 Pending Month, Day 2 Accident Investigation		M + YES 3 7 NO	NX				
		INJURY — Al home, farm, stre- c. (Specify)	nt, fectory, affice	281, LOCATION (Street and Number City or Town, State)	or Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examiners on the best of examiners on the best of examiners.							
8	29b. SIGNATURE AND TITLE OF EDITIFIER		296, LICENSE MUI D3 4 24	MBER (M J) 29d. DAT	E SIGNED (Month, Dev. Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE TOY THE SHOEN HE	OF DEATH (ITEM 27) (Type, Pri	en Hall Dr. CO	with the	21042			
	31. DATE ELER MONTH, PON SOUTH 1992 Julia Languiste	S'SIGNATURE Mandall		m				

10 a comment of the second

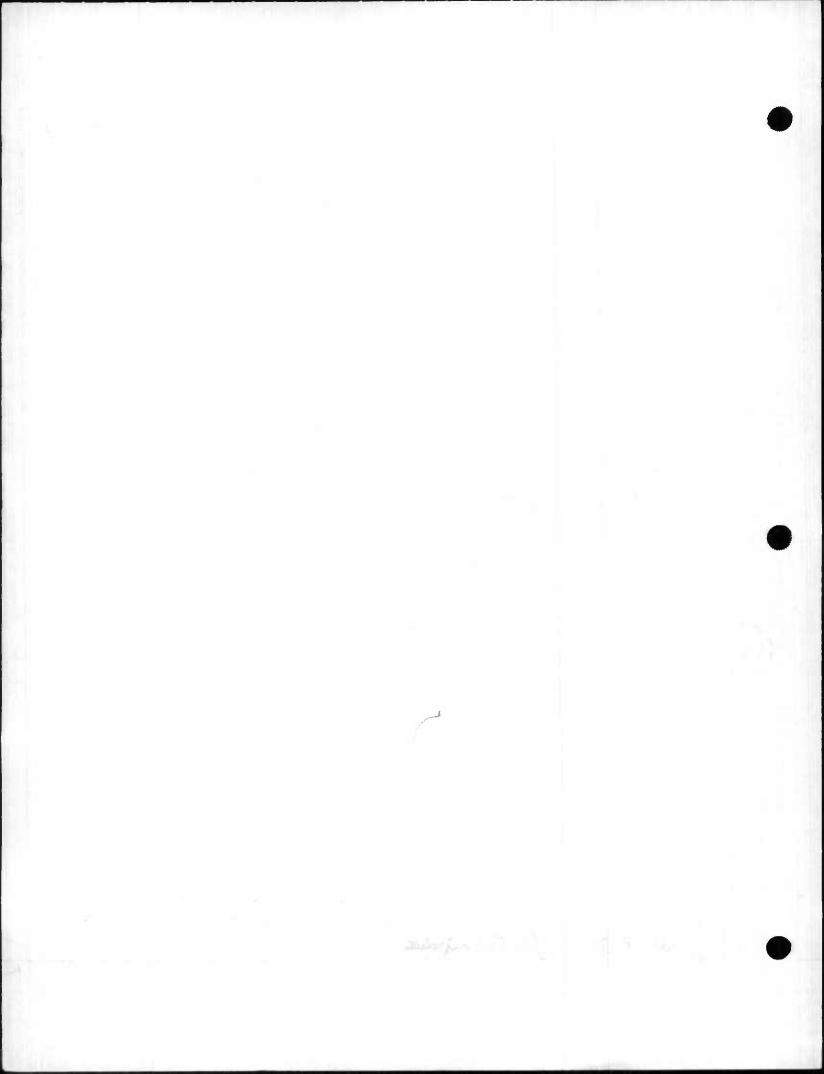
BALTIMORE, MARYLAND	irs after death. Page 6 may be retained by the host	n by the funeral director, page 5 should be detache	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The time requires due the dealer certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has seen agreed to the annual provision and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State their of the provision of the p	IMPORTANT: If item 28 is marked, or item 23 shows are injury or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)				O LATTI	2. DATE OF DEATH		Т	3. TIME OF DEATH	_	
	Diane D. La Russo		МОМОН	SH	AEAR	1346	м				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		a. BIRTHE	PLACE (State or Foreign		
	033-32-0638	1 M 2 X F	48 YRS.	MONTHS DAYS	HOURS MIN.	Oct. 2.	1943	Country	achusetts		
-	9e. FACILITY NAME (If not institution, give str	reet end number)	- 24	9b. CITY, TOWN C	R LOCATION OF		9c. COUN			_	
5	Shad Grove	Adv. Hos	PITS	Rockvi	lle		Mont	come	rv		
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	TON						
1 8	Maryland Montgo	mory	•				10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	mery	Ga.	ithersbu	. ZIP CODE		10- CITIZ		1 X YES 2 NO		
FUNERAL	21 Longmeadow Driv	7.0			0878	10g. CITIZEN OF WHAT COUNTRY					
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				NIC ORIGIN? (Specify)	U.S.		— American Indian.	_	
BY F	1 Never Married 2 Merried	FORCES? 1 YES		If yes, spe	2 X NO Spec	an, Puerto Ricen, etc.)		Black, Specify	White, etc.		
	3 Wildowed 4 Divorced							Specify	White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give kind of a	USUAL OCCUPATIO	N st of working	16b. KIND OF B	USINESS/INDU	STRY			
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us			1					
N N	17. FATHER'S NAME (First, Middle, Last)		Bookkee	eper		Accoun		irm			
						AME (First, Middle, Maide	n Surname)				
86	Walter Bonczek 190. INFORMANT'S NAME (Type/Print)		10h MAII INC	ADDRESS (Character	Dorothy	Dolan Route Number, City or To					
2	Gerard W. LaRusso					Gaithersb			0.7.0		
	20e. METHOD OF DISPOSITION	20b								_	
	1 [XBuriel 2 Cremetion 3 Removal from State Company Co										
	21. SIGNATURE OF FUNERAL SERVICE DISENSEE 22. NAME AND ADDRESS OF FACILITY DE VOI FUNERAL HOME										
	10 East Deer Park Drive Gaithersburg, MD 20877										
	23. PART I. Enter the diseases, or co	amplications that saves	the death De a	Gaithe	ersburg,	MD 20877					
	STOCK, ON ITERIT FRIIDIE. L	ist only one cause on as	ich iina.	ot enter the mod	ie of dying, aud	th as cerdiac or rea	piratory arres	st,	Approximeta interval Batwee	n	
	IMMEDIATE CAUSE (Fine) disease or condition									th	
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	3:					4 600-	_	
z											
[음]	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
2	cause, Enter UNDERLYING CAUSE (Disease or Injury										
Ë	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST										
CERTIFICATION	d										
AL (PART II. Other algnificant conditions	contributing to death bu	t not resulting i	n the underlying	cauaa givan in	Part I. 24s. WAS A	N AUTOPSY	24b. V	VERE AUTOPSY FINDINGS	8	
2						PERFO	PAMED?	1	WAILABLE PRIOR TO COMPLETION OF CAUSE		
ME							NO	1	F DEATH?		
ž								1 '	B res 2 Mino	-	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLJ	ACE OF DEATH (Ch	eck only one)				\dashv	
YSI		HOSPITAL: 1 npatient 2 ER/Outpa	tient 3 🗆 DOA	OTHER: 4 Nursing Home	5 Residence	8 Other (Specify)					
PH	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, INJU	RY AT	28d. DESCRIBE HOW	INJURY OCCU	RED		\dashv	
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO					1	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, term, at	treet, factory, office		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				٦	
COMPLETED											
AP.	29e. CERTIFIER (Check only one) CERTIFYING PHYSICI.	AN: To the best of my knowle	dge, death occurre	d at the time, date o	end plece, end due	to the ceuse(s) end me	mner es atated			٦	
8	2 MEDICAL EXAMINER:	On the basis of exemination	end/or investigation	i, in my opinion, de	ath occured at the	time, date end place, a	nd due to the	cause(s) e	end manner es atated.	1	
BE	296. SIGNATURE AND TITLE OF CENTIFIER	(11)	20		29c. LICENSE NUI	ABER	29d. DATE S	GNED (fonth, Day, Year)	\dashv	
0	11 M	ver, 11			V35	686	17	17/4	3		
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type,	Print) POW	(0 P)	M sola	.01	121	Just	7	
	PARTITION OF THE PARTIT		11/11/11	11 11	1 I	I all the first	. 0 11		1 \ 3		
	JUL 9 92	32, REDISTRAR'S SIGNA	HELECO					J		7	



and compared and compared from the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should burial, cremotal. care be reacused within 24 hours after death. Page 6 may be retained by the hospital or attending physician. er traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law receives that TO THE FUNERAL DIRECTOR: After this certificate has been agreed to be filed within 72 hours after death with the State Dept. of health and IMPORTANT: If Item 28 is marked, or Item 23 shows and

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND	MENTAL HYG					
	1. DECEDENT'S NAME (First, Middle, Last))	02	OAIL O.	DEATH	2. DATE OF DEAT	Н	3. TIME OF DEATH			
)		MAE LASTFOGEL				JULY 6		YEAR 10:15 P M			
Ò	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE ((In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign			
	577-16-2773 9a. FACILITY NAME (If not institution, give		94 YRS.	9b. CITY, TOWN C	HOURS MIN.	March 14	, 1898	Kiev, Russia			
DIRECTOR	ANNAPOLIS CONVAL			ANNAPOL	n' - Anna -			ARUNDEL			
REC	10a. STATE 10b. COUNT	TY	10c. CITY	TOWN OR LOCAT	NON			10d. INSIDE CITY			
	MARYLAND ANNE 100. STREET AND NUMBER	ARUNDEL	EDGE	EWATER	I. ZIP CODE		100 CITIZE	LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?			
FUNERAL	3515 South River	Terrace			21037			d States			
N	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				NIC ORIGIN? (Specif		I. RACE — American Indian.			
	1 Never Married 2 Married	FORCES? 1 YES	2 X NO	If yes, sp	ecity Cuban, Maxico	an, Puerto Rican, etc	.)	Black, White, etc.			
BY	3 X Widowed 4 Divorced					· ·		Specify: WHITE			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S U	ork done during mo		166. KIND OF	BUSINESS/INDUS	STRY			
9	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ilfe. Do NOT use	retired.)	at or worming						
MP	12		HOMEMAKE	ar		OWN H					
	17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle, Me					
H	SAMUEL WINTERS					"Unknown"					
6	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or		· ·			
	GERALD LASTFOGEL							Maryalnd 21037			
	Ring David Memorial Garden 7/9 Falls Church, Virginia										
	21. SIGNOTURE OF FUNETRAL SERVICE L						MODTAT	CHAPELS, INC.			
	HUKH	tagam						le, MD 20852			
	23. PART i. Enter the disesses, or	complications that caused	d tha death. Do no								
	shock, or hasrt failura.	. List bnly one cause on ea	ach lina.					Interval Between			
	IMMEDIATE CAUSE (Final disease or condition reaulting in daeth)	· meto	a stat	ic (olon	Con	cer	Onset and Deeth			
L.,		DUE TO (OR AS A	A CONSEQUENCE OF)	ı.							
NO	Sequentially list conditions,										
¥ Į	the any, leading to immediate constitutions, but to (OR AS A CONSEQUENCE OF):										
CERTIFICATION	CAUSE (Disease or Injury C.										
Ē	that initiated events resulting in death) LAST										
CE	d										
AL	PART il. Other significant condition	ns contributing to death b	ut not resulting in	the underlying	cause given in	Part I. 24a. WA	S AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
5						1 YE	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ME								OF DEATH?			
ä											
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	neck only one)					
)S	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	attent 3 🗆 DOA	OTHER:	e 5 🗆 Rasidence	8 Other (Specify)					
£	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJI		28d. DESCRIBE NO	W INJURY OCCUP	RED			
BY	Natural 5 Pending 2 Accident Investigation				ES 2 NO						
	3 Suicide 6 Could not be	28s. PLACE OF INJURY building, atc. (Spec	— At home, ferm, str	reet, factory, office	1	281. LOCATION (Street and Number or Rural Route Number,					
H	4 Nomicide detarmined		,			City or Town, S	(are)				
COMPLETED	29a. CERTIFIER Check only	SICIAN: To the best of my knowl	ledge, death occurrer	at the time, date	and place, and due	to the cause(s) and	manner as stated.				
N N		IER: On the basis of axamination									
	29b-BIQNATURE AND TITLE OF CONTIFIE				29c. THEENSE NUI			IGNED (Month, Day, Year)			
H	A. W. BX	laste		5	02	6743	290. DATE 3	TONCO (MONIN, Day, 1987)			
임	30. NAME AND ADDRESS OF PERSON WI	NO COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type, I	Print) B	01.	120 141	-				
	H.D. GOL	DSTEIN	1. m.	D. 200	Anni	Apolis	mo	21461			
31. DATE FILED (Month, Day, Year) 102. REGISTRAR'S SIGNATURE 91. Na. Davidson Adapter											



BALTIMORE, MARYLAND 21215-0020

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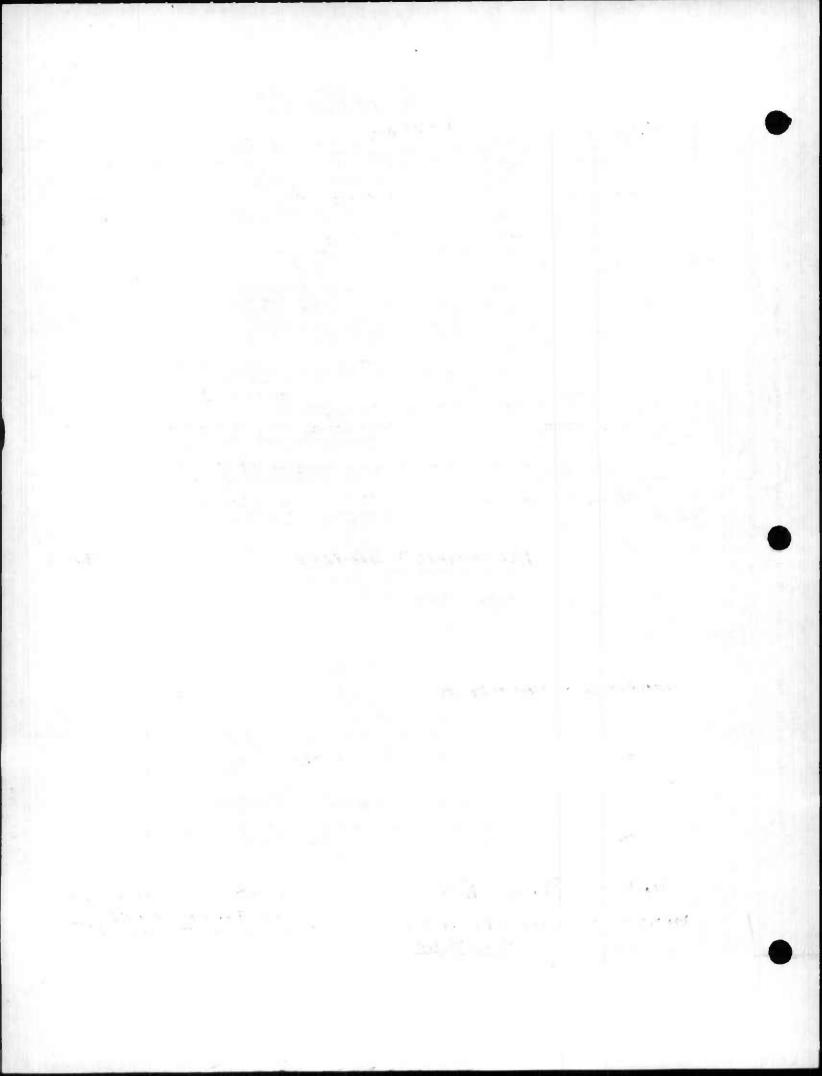
22. RECOSTRAN'S STORATURE

	115
1	RTANT: If Item 28 is marked, or item 23 shows any thiury, or other traumatic event, the medical avainance
or remova	medical
d within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to bunal, cremation, or removal,	rent, the
to burial,	matic en
ne prior	her trau
Ital Hygie	V. or of
and Mer	IV Inlur
or Health	hows at
e Dept.	п 23 s
The offer	or ite
EATH WITH	marked
S arrer o	7 28 Is
INOU 7/	If Iten
D WILLIAM	FTANT.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPARTM	ENT OF I	HEALTH AND	MENT	AL HYGIEN	IE	2	20660
	1. DECEDENT'S NAME (First, Middle, Last) ANGEL, J-A		LA	SHA	1		2. DATE OF OEATH DAY			YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 164 -09-5751	5. SEX	6. AGE (In yrs. last		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7 DAT	E OF BIRTH	1992	Count	NPLACE (State or Foreign ry) W York
TOR	90. FACILITY NAME (If not institution, give a 614 Sligo Ave, RESIDENCE OF DECEDENT					Spring	DEATN		Mon	tgom	
DIRECTOR		gomery			er Spi						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	614 Sligo Ave,				10	20910			1,50	S.A.	WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARN YES 2 X NO	IED O	If yea, sp	CENDENT OF HISPA secify Cuben, Maxie 2 2 NO Spec	an, Puerto	IN? (Specify Year Rican, atc.)	n or No—	Black	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 a	(Give	EDENT'S USU e kind of work of Do NOT use red Omemak	done during mo ired.)	DN ast of working	16	Own I			
BE CON	17. FATNER'S NAME (First, Middle, Last) Rodrigo Depeppe					18. MOTNER'S N		Middle, Malden	Surname)		
TO E	19a. INFORMANT'S NAME (Type/Print) Angela L. Botzer 19b. MAILING ADDRESS (Street and Null 9211 Long Branc)					nch Pkw	or Rural Route Number, City or Town, State, Zip Code) Pkwy, Silver Spring, MD 20901				
	20b. PLACE AND DATE of DISPOSITION (Name of Commention 3 Comments) 20b. PLACE AND DATE of DISPOSITION (Name of Comments) 20c. LOCATION — City or Town, State 20c. LOCATION —										
	22. PAPT I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)		t caused the deese on each line.	th. Do not e	nter the mo	de of dying, au	ch aa ca	rdiac or reapi	ratory arre	er s	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CI	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.						Part I.	PERFORMED? AMAILABLE COMPLETE		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH (C)	neck only o	ne)			
IYSIG	1 TYES 2 NO	HOSPITAL:		DOA 4	HER:	Rasidenca					
BY Pt	1 Natural 5 Pending 2 Accident Investigation	22. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK?				RK? 'ES 2 NO	28d. DESCRIBE NOW INJURY OCCURED				
	3 Suicida â Could not be 4 Nomicide determined	28e. PLACE OF building, e	FINJURY — At home etc. (Specify)	s, farm, atreet,	lactory, office		281. LOC City	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	CIAN: To the best of s	my knowledga, deatl	n occurred at t	he time, data my opinion, de	and place, and due	to the ca	use(a) and man	nor oo atato	d.	and manner on states.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1 0	~		-	29c. LICENSE NUI	MBEN	prese, and			(Month, Day, Mar)
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	T~)			D 080	147		-	7 5	192

3720 FARA



traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law modern that in TO THE FUNERAL DIRECTOR: After this certificate has been aloned by the be filed within 72 hours after death with the State Deate of Health and MIMPORTANT: If Item 28 is marked, or Item 23 shows any by

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE OF MARY	LAND / DEPARTM CERTIFIC			ENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Lest) MELYIN I	H. LEE			2. DATE OF OEATH	06-925A	3. TIME OF DEATH		
	579-24-1741 1 DXM 2 🗆 F	66 YRS. MO	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-15-2	Cou	ATHPLACE (State or Foreign intry) ash. DC		
on B	sa. FACILITY NAME (If not institution, give atreet and number) Shady Grove Adventist Ho		Rocks	R LOCATION OF OEA	тн	MONTG			
DIRECTOR	nesidence of decedent 100. STATE 100. COUNTY Maryland Montgomery		OWN OR LOCATI				10d. INSIDE CITY LIMITS? 1.		
	100. STREET AND NUMBER 13027 Thyme Court	<u> </u>	ermant	ZIP CODE 2087	7 A	1.14	F WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER FORCES? 12 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spe		C ORIGIN? (Specify Yes	or No 14. R/	SA MCE — American Indian, act. secity: Black		
ED BY	3 Wildowed 4 Divorced 15. OECEOENT'S EOUCATION (Specify only highest grade completed)	16e. DECEOENT'S USE (Give kind of work	UAL OCCUPATIO	N	16b. KIND OF BUS				
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Group	tired.)		N.	I.H.			
	17. FATHER'S NAME (First, Middle, Lest) Archie M. Lee				E (First, Middle, Maiden Etta He				
O BE	19e. INFORMANT'S NAME (Type/Print)			nd Number or Rural Ro	oute Number, City or Tow	n, State, Zip Code)			
-	Helen A. Lee (Wife)	13027					MD 20850		
÷	20s. METHOO OF DISPOSITION XXX Suriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cametery, crematory or St. Paul Cemetery St. Paul Cemetery Sugarland								
	21. SIGNATURE OF FUNERAL SERVICE LIGHTSEE	Leu	22. NAME AN SNOWD	EN FUNE	RAL HOMI	E, P.A.			
	resulting in death) a.	coholic De	menti			ratory arrest,	Approximata Interval Between Onset and Death		
CATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST								
MEDICAL	PART II. Other algnificant conditions contributing to death		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	10	26. PL	ACE OF DEATH (Che	ck only one)				
HYS	1 VES 2 NO 1 Inpetient 2 ER/O 27. MANNER OF DEATH 286. DATE OF INJUR	Y 26b, TIME O	F 28c. INJ	B 5 Reeldence (Other (Specify) 26d. DESCRIBE HOW	NJURY OCCURED)		
ВУ Р	1 Netural 5 Pending (Month, Day, Yea 2 Accident	r) INJUR		RK? 'ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	JRY — At home, farm, stre Specify)	et, factory, offic		28I. LOCATION (Street City or Town, State)		rei Route Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examina						se(e) end menner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER			D343	386	29d. DATE SIGN	NEO (Morith, Day, Your)		
	30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF CAUSE OF CAUSE O	25 Shady E		1. Ste 10:	5, Rocki	lle, ru	20850		
	31. OATE FILED (Month, Day, Year) 132, REGISTRAR'S S	A Acade 82			-				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law red TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of IMPORTANT: If Item 28 is marked, or Item 23 shu

the second within 24 india sale; used to lied be letained by the Hospital of alternating physician.	memory physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit Pages 1, 2 should	Mental Harne prior to burial, cremation, or removal.	Item 23 shows any infrared other traumatic event, the medical examiner must be notified at once.
	OR: After this certificate has been signed by	fter death with the State Dept. of Health	8 is marked, or item 23 shows any in

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPA) MENTA		9	32 20662)	
	1. DECEDENT'S NAME (First, Middle, Lest) IDA MAE LEAS	SURE	CERTI	-ICAI	E UF	DEATH		REG. NO.	92	year 9:00 P	_	
	4. SOCIAL SECURITY NUMBER 235702982	5. SEX 8	. AGE (In yrs. last birthday)	(In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 81 YRS. MONTHS DAYS HOURS MIN.			7 DATE	OF BIRTH	BIRTHPLACE (State or Foreign Country) Maryland	M		
OR	9e. FACILITY NAME (If not institution, give SACRED HEAR)					erland			9c. COUNT	TY OF DEATN LEGANY		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE WV Ha	mpshire		-	or locat					10d. INSIDE CITY LIMITS? 1 YES 2X NO	_	
FUNERAL	Rt. 1, Bo	x 35 B			101	26722			-	EN OF WHAT COUNTRY? S.A.	_	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	13.	WAS DEC If yes, spe 1 [] YES	ENDENT OF NISI	ican, Puerto	N? (Specify Yee of Rican, etc.)	or No-	r No- 14. RACE - American Indian, Black, White, atc. Specify: White		
COMPLETED					I ALL OCCUPATION done during most of working lived.) Memaker			KIND OF BUSI				
BE CON	17. FATHER'S NAME (First, Middle, Lest) Lee Robine	tte				Susi	e Ro	Middle, Meiden S binette	9			
10	190. INFORMANT'S NAME (Type/Print) Linda Nixon 190. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) HC 86 Box 35 B, Greenspring, WV 26722											
	20a, METNOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of genetary, original or of the plage) FOREST GIERT CEMETERY 7/12/92 Greenspring, WV 21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
	Shaffer Funeral Home, Inc. 230 East Main Street, Romney, WV 26757											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or received about, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (pr as a consequence of):							diac or reapire	atory arre	Approximats Interval Between Onset and Deatl		
ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. DICID PLES DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Demontia — Avem 1 a 1 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO OF DEATH?								24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHE	R:	ACE OF DEATH (_	
ВУ РНУ	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN. (Month, Day,	Year) IN	IE OF JURY M	28c. tNJU WOF 1 Y	JRY AT RK? ES 2 NO	-	CRIBE NOW IN.	JURY OCCU	IREO		
8	3 Suictde 8 Could not be 4 Homicide determined	building, atc					City	or Town, State)		r Rural Route Number,		
COMPLET	one) 2 MEDICAL EXAMINE	R: On the beele of exam	knowledge, death occur instion end/or investigati							1. ceuse(a) and menner as stated.		
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D 3237)4								4	29d. DATE SIGNED (Month, Dpy, Year)			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PAUL LIVENGOOD, M.D. BMG 912 SETON DRIVE CUMBERLAND, MD. 21502

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020

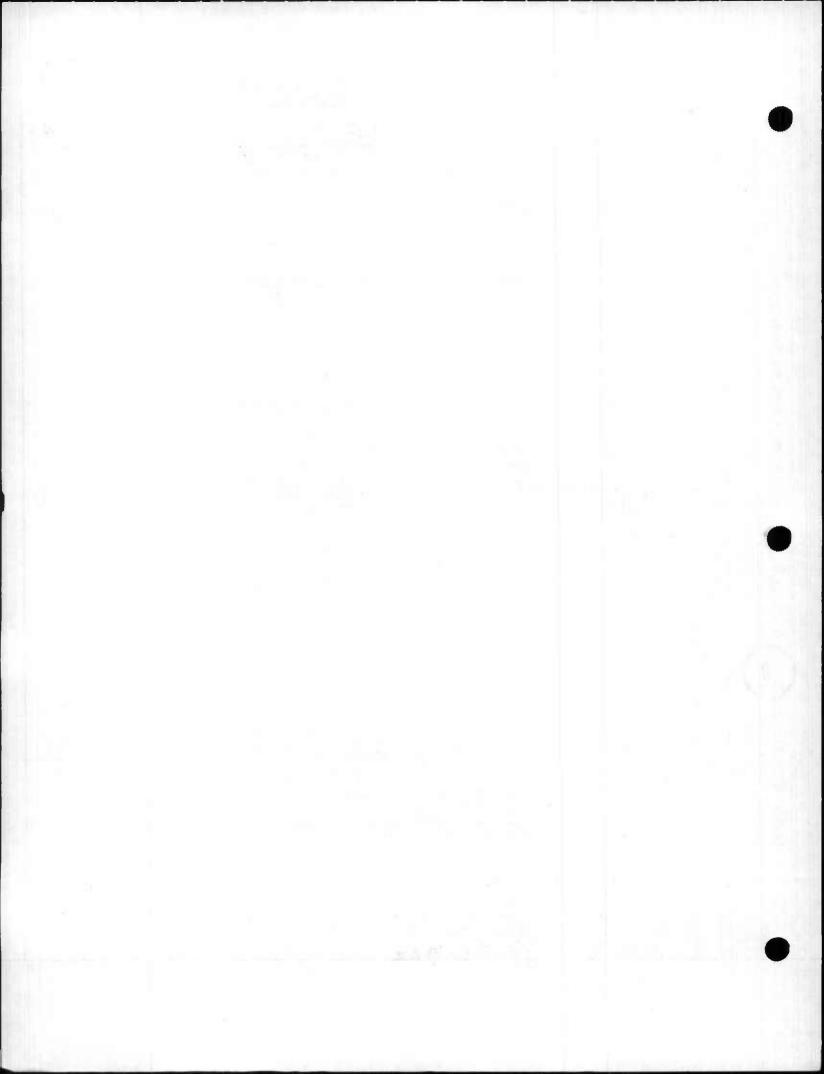
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires may mentioned be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been unearly man and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or the page 1, 2, 10 burial, cremation, or removal.	1, or item 23 shows my minut, or other traumatic event, the medical examiner must be notified at once.
O. BOX 6870	mificate be executed	no physician and con	other traumatic ev
OORDS, P.	tes that the delin or	gned by the sandi	ra amprimente, or o
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IDING PHYSICIAN; The law requi	TO THE FUNERAL DIRECTOR: After this certificate has been connected and physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of them are the area prior to burlal, cremation, or removal,	s marked, or item 23 show
DIVISI	TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR: be filed within 72 hours after	IMPORTANT: It item 28 is marked,

	1 - FOR STATE OF MAI		MENT OF HEALTH AND M	ENTAL HYGIENE REG. NO.	2 20663				
7	1. DECEDENT'S NAME (First, Middle, Last)		T.	2. DATE OF DEATN	3. TIME OF DEATH				
	CLARENCE	DILS	LECKEY	MONTH DAY	92 220 AM				
			IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)				
	200-09-4832 1₽€2□ 5	87 YRS.	1100	08-01-1904					
l	9a. FACILITY NAME (if not institution, give street and number) PENINSULA REGIONAL MEDICAL	CENTER	96. CITY, TOWN OR LOCATION OF DEAT SALISBURY		OUNTY OF DEATH				
DIRECTOR	RESIDENCE OF DECEDENT	OENTER	SALISBURY WICOMICO						
E	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY				
12	Maryland Somerset	Pr	rincess Anne		LIMITS?				
A.	10. STREET AND NUMBER		101. ZIP CODE	10g. C	CITIZEN OF WHAT COUNTRY?				
FUNERAL	Oak Street		21853		II S				
2	11. MARITAL STATUS 12. WAS DECEDENT ET FORCES? 1		13. WAS DECENDENT OF NISPANIO	ORIGIN? (Specify Yea or No-	0.00				
ВУ	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR.		1 YES 2 NO Specify:	Puerto Rican, atc.)	Specify:				
	15. DECEDENT'S EDUCATION	44- 0505050710 11	<u> </u>	Total beautiful Santa	White				
COMPLETED	(Specify only highest grade completed)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of working	16b. KIND OF BUSINESS/I	INDUSTRY				
PLE	Elementary/Secondary (0-12) College (1-4 or 5+) 12 5+		cher	Education	0.0				
No.	17. FATNER'S NAME (First, Middle, Last)			EUUUGUI (First, Middle, Maiden Surname					
	James Leckev			ie Dils	,				
) BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DORESS (Street and Number or Rural Roo		Zip Code)				
2	Mrs. Emily Leckey	Oak S	treet. Prince	ss Anne. Mo	d. 21853				
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF	DISPOSITION (Name of		— City or Town, Stata				
	4 Donation 5 Other (Specify)	St. Andr	ews Episcopal	7/14 Pr. /	Anne, Md.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Hinman Fun						
	Jams J. Humman (M00295	Princess A		1053				
	23. PART I. Enter the diseases, or complications that co	used the deeth. Do no	t enter the mode of dying, such	es cerdiac or respiretory	arrest, Approximate				
	ahock, or heart fellure. List only one cause IMMEDIATE CAUSE (Finel		. 0 11		Interval Between Onset and Death				
	disease or condition resulting in death)	thre hear	+ failure						
	DUE TO (OR	AS A CONSEQUENCE OF):							
No.	Sequentially list conditions,								
F	If eny, leading to immediate cause. Enter UNDERLYING	AS A CONSEQUENCE OF):							
RTIFICATION	CAUSE (Disease or Injury C.	AS A CONSEQUENCE OF):							
	resulting in death) LAST								
\ <u>\alpha\</u>	PART II. Other algorificant conditions contributing to dea	th had not regulated to	the and the second state of the second state o						
CAL	Hypertension, chi	DALC & TOU	al fibrillation	PERFORMED?	AVAILABLE PRIOR TO				
MEDIC	7,00	1146	al harmana	1 TYES 2 NO	COMPLETION OF CAUSE OF DEATH?				
				-	1 TYES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check	r only one)					
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetiant 2 ER		OTHER:						
PHYSICIAN:	27. MANNER OF DEATN 28a, DATE OF INJI	JRY 28b. TIME	OF 28c. INJURY AT 2	8d. DESCRIBE NOW INJURY O	OCCURED				
ВУ Р	1 Netural 5 Pending (Month, Day, Y	injui	M 1 YES 2 NO						
ED B	3 Suicide 6 Could not be 28a. PLACE OF IN	JURY — At home, farm, str.	eet, factory, office 2	81. LOCATION (Street and Numb	ber or Rural Route Number,				
E	4 Homicide determined	- Cope on Maria		City or Town, State)					
COMPLET	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.								
OM	one) 2 MEDICAL EXAMINER: On the beals of exami								
BEC	29b. SIGNATURE AND TITLE OF CERTIFIED		29c. LICENSE NUMBI		ATE SIGNED (Month, Day, Year)				
TO B	Charles Should am		3085.	3	7/11/92				
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE O	F DEATN (ITEM 27) (Type, P			21801				
	Charles B, Silvia Ir	mo (PRMC) 540	RIVERSINE	Dr. SALIS, MD.				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE Honda	92.						
	JULI J JL Juli								

DIVISION OF VITAL RECORDS P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirements of the property of the property of the property of the property of the property of the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of the property of the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE 0	F MARYLAND / DEPAR CERTIF	TMENT OF H		NTAL HYGIENE REG. NO.		20000
	1. DECEDENT'S NAME (First, Middle, Lest)		150	C 2.	DATE OF DEATH		3. TIME OF DEATH
	Beulah Cath	erine	FER	5	MONTH DAY	9 YEAR	3:30 A M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	F UNDER I YEAR		DATE OF BIRTH (Month, Day, Year)	8. BIRT	THPLACE (State or Foreign
	221-10-0220 1□ м 2 🗵	F 92 YRS.	MONTHS DAYS	HOURS MIN.	5 15 190		ryland
_	9a. FACILITY NAME (If not Institution, give street and number		9b. CITY, TOWN (OR LOCATION OF DEATH	1	9c. COUNTY OF	
DIRECTOR	Wesleyan Health Car	e Center	D	enton		Caro	line
H.	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCAT	TION			10d. INSIDE CITY LIMITS?
	Maryland Carol	ine		Denton			1 X YES 2 NO
₹	10e, STREET AND NUMBER		101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	515 Randolph Street			21629		U.S.	Α.
F		DENT EVER IN U.S. ARMED 1 YES 2 NO		ENDENT OF HISPANIC (ocify Cuban, Maxican, P		No- 14. RA	CE — American Indian, ck, Whita, etc.
BY	3 ☑ Widowed 4 ☐ Divorced IF YES, GI	/E WAR OR DATES	1 TYES	2 NO Specify:			nelty:
	15. DECEDENT'S EDUCATION	16a, DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUSIN		ucasian
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)	(Give kind of w	ork done during ma				
립	10 None	· ·	s Lady		cloth Mercha	ndise	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAME	(First, Middle, Meiden Su		
BE	Thomas Horney	Robinson		Matti	e Lonaf	ellow	Stouffer
10 B	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural Rout			
F	Herbert E. Stouffer	111 F	Riversi	de Dr. E	x., Seaf	ord,	DE 19973
	20a. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ Ramoval from State	20b. PLACE AND DATE O	F DISPOSITION /Na	me of	OATE 20c. LOCA	TION — City or	Town, State Mary
	4 Donation 5 Other (Specify)	cemetery, crematory or of Chester			7/10 Che	stert	own,land
	21. SIGNATURE OF JUNERAL SERVICE SICENSEE	Marie	22. NAME AN	HUER B	JNERAL	HOME	E.P.A.
	1 January	1 ans	DRA	HUER B	Dento	nilla	21629
	23. PART I. Enter the diseases, of complications shock, or heart failure. List only one	that caused the deeth. Do n	ot anter tha mo	da of dying, such s	s cerdiac or reepirat	tory srrest,	Approximate
	The state of the s	(0.1		Interval Between Onset and Death
	disease or condition resulting in death)	ngeston	e he	ant 1	ailur	~	
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (on as a consequence of): A Vial fibrilla						
Z							
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING	TO (OR AS A CONSEQUENCE OF):				
5	CAUSE (Disease or Injury	TO (OR AS A CONSEQUENCE OF	١.				
Ē	that initiated events resulting in death) LAST	TO (OIL NO X CONSCOUNCE OF	,.				i l
E	d						
AL	PART II. Other significent conditions contributing	to deeth but not resulting in	n the underlying	g ceuse given in Per	t I. 24a. WAS AN AU PERFORME		b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
3					1 U YES 2		COMPLETION DF CAUSE OF DEATH?
M							1 TES 2 NO
PHYSICIAN: MEDIC							
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		26. PL	ACE OF OEATH (Check	only one)		
YS		2 ER/Outpetlant 3 DOA	Nursing Hom	e 5 🗆 Rasidenca 6 🗆			
		th, Day, Year) 28b. TIME	JRY WO	RK?	d. DESCRIBE HOW INJU	URY OCCURED	
BY	2 Accident Investigation	SE OF IN HIPV. As home from		res 2 No			
8	3 Suicide 6 Could not be build build	CE OF INJURY — At home, ferm, at Ing, etc. (Specify)	treet, sectory, offic	26	 LOCATION (Street and City or Yown, State) 	Number or Rural	Route Number,
COMPLETED	29a. CERTIFIER		_				
MP.	(Check only 1 CENTIFYING PHYSICIAN: 10 tha be						
8	2 MEDICAL EXAMINER: On the basis	or axamination and/or investigation	i, in my opinion, d	eath occured at the time	e, data and place, and d	lua to tha cause	(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE/OF CENTIFIER	np.		29c. LICENSE NUMBEI	R 2	9d. DATE SIGNE	O (Month, Day, Year)
P	110			V331	68	7/8	194
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED			1. n	Da / Dan	MS	7/129
		TRAR'S SIGNATURE	ox 6	60 /	5701010	- 17	216 77
	0 0 11-						
	JIII V 7 3/ Stuha	Davidson-Rando 00.					

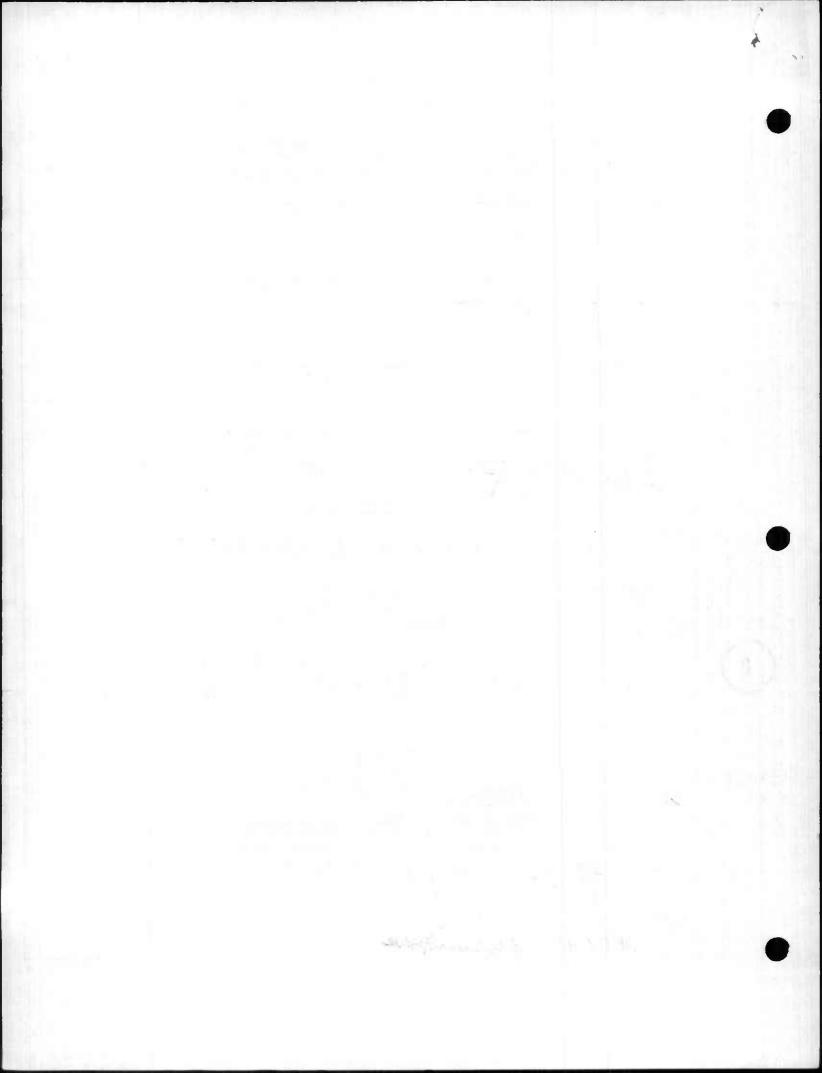


BALTIMORE, MARYLAND 21215-0020

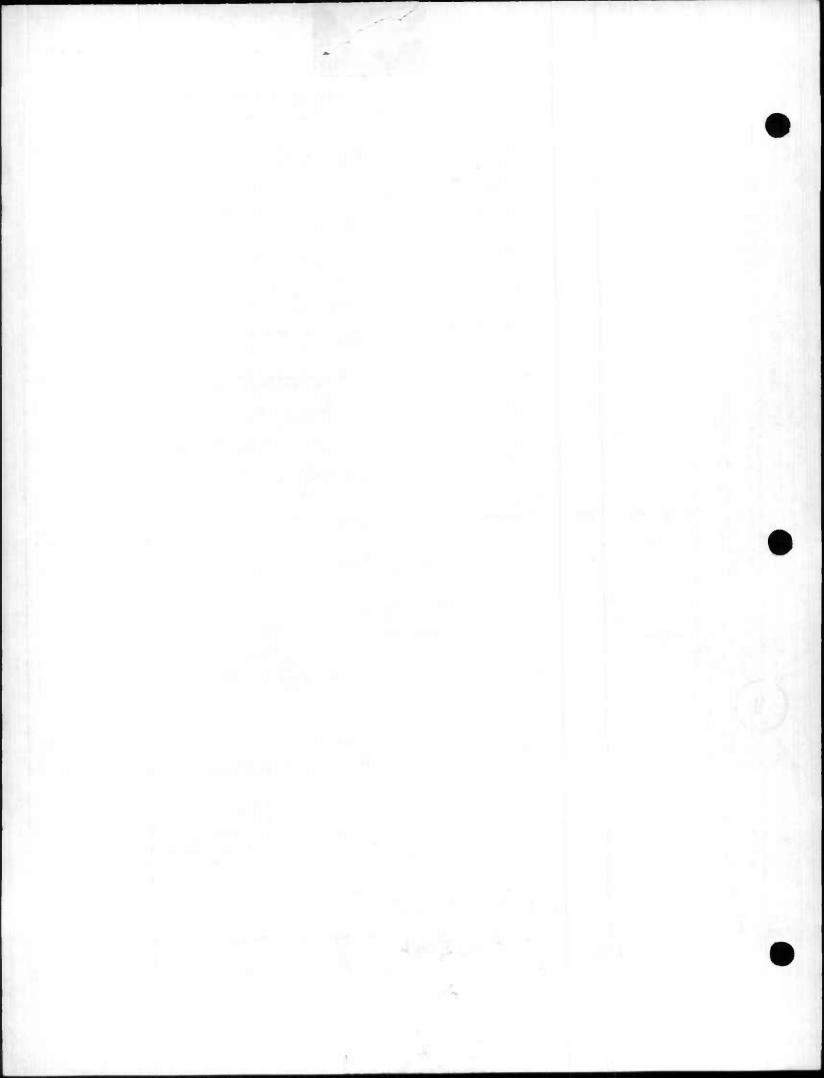
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

cern ficate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
Interphysician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hygure prior to burial, cremation, or removal. or other traumatic event, the medical examiner must be notified at once, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires TO THE FUNERAL DIRECTOR: After this certificate has been so be fied within 72 hours after death with the State Dept. of He IMPORTANT: If Item 28 is marked, or Item 23 shows

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA	MENT OF HEALT	TH AND ME	ENTAL HYGIEN		20000	
	1. DECEDENT'S NAME (First, Middle, Last)				2	. DATE OF DEATH		3. TIME OF DEATH	
		Norris	LeFai	vre		MONTH DA 06 28	w ye. 1990		
	4. SOCIAL SECURITY NUMBER		MO.	UNDER 1 YEAR IF UN		Month, Dev. War)	8. E	BIRTHPLACE (State or Foreign Country)	
	213-18-3479	1 TM 2 D F 7	1 YRS.			10-11-192	20	BALTIMORE, MI	
œ	9a. FACILIT" NAME (If not institution, give s			. CITY, TOWN OR LOC	March 1	Н	9c. COUNTY	OF DEATH	
2	573 Ann Lane (in garage)		Californi	a		St. N	Mary's	
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCATION			-	10d. INSIDE CITY	
		MARY'S	CALI	FORNIA				1 TYES 2 X NO	
FUNERAL	10e. STREET AND NUMBER	B Ann Lane		10f. ZIP C	ODE		10g. CITIZEN	OF WHAT COUNTRY?	
NE I	11, MARITAL STATUS	12. WAS DECEDENT EVER IN	II C ADMED	206				STATES	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WITH OR DAT 1942-1972	2 NO	If yes, specify C	uban, Mexican, I	ORIGIN? (Specify Yes Puarto Rican, atc.)		RACE — American Indian, Bleck, Whita, etc. Specify: HTTE	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S USI	JAL OCCUPATION	IAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY done during most of working				
E	Elementary/Secondary (0-12)	College (1-4 or 6+)	me. Do NOI use re	red.)					
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	4 years	COLONE	- 00110		DEFENSI			
	JOHN WILLIAM LE FA	ATVRE		16. M	18. MOTHER'S NAME (First, Middle, Meiden Surmame) Berta Katherine Lacev				
) BE	19a. INFORMANT'S NAME (Type/Print)	12770	19b. MAILING AD	DRESS (Street and Num				- 7	
2	. Ann L. Le Fai	vre		Α	ALIFORN		LAND 2		
	20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 💢 Cremation 3 ☐ Ram	oval from State 20b.1	PLACE AND DATE OF Di	ISPOSITION (Name of			CATION — City		
	4 Donation 5 Other (Specify)	HI	JNTT CREMA	VTODV		WAT	DORF	MARYLAND	
	well to	BLANKENSHIP		22, NAME AND ADD	RESS OF FACIL	BRINSFIE N. WA LEONARD	ELD FUN ASHINGT	MARYLAND ERAL HOME ON STREET D 20650	
	23. PART I. Enter the diseases, or o		the death. Do not	enter the mode of	dylng, such a	s cardlec or respi	ratory arrest,	Approximata Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. GUNSHOT WOWD of HEAD, GM-TO Onset and Desth DUE TO (OR AS A CONSEQUENCE OF):								
	DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
SA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c							
THE	that initiated events reaulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
H	Tenditing in destit) CAST	d							
AL C	PART II. Other aignificent condition	s contributing to deeth bu	t not resulting in t	he underlying caus	e given in Pa	rt I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS	
5	CANCER OF	(PRISTATE	METAS	TATIC		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
M		4	(1		OF DEATH?	
ž						_ / _			
BY PHYSICIAN: 'MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	THEO.	F DEATH (Check				
14S	1 VES 2 NO	1 Inpatient 2 ER/Output 26e. DATE OF thJURY	tient 3 DOA 4	Nursing Home 5 🖹					
4	1 Netural 5 Pending	(Month, Day, Year) 06 28 1992	26b. TIME O	M 1 YES	37	d. DESCRIBE HOW I			
	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY	- At home, tarm, stree	-		elf-inflic			
Ë	Homicide determined	at home-in	y)			City or Town, State)	ane		
PE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowle		t the time, data and pla					
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of axamination	and/or investigation, is	my opinion, death oc	cured at the 1im	e, data and place, and	d dua to the cau	use(a) and manner as stated.	
BE C	290. SIGNATURE AND TITLE OF CHITTIES	X D	1	29c. L	ICENSE NUMBE	R	29d. DATE SIG	NED (Month, Day, Year)	
TO B	Mu y	3766	M	C	.C.M.E		06 2	9 1992	
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEAT		nt)					
	31. DATE FILED (Month, Day, Year)	JEUG IN	11/11 Penr	Street,	Baltim	ore Maryl	and 212	201	
	JUL 07 '92	32. REGISTRAR'S SIGNAL Surids	n-Randall						
	40001 02	June parties			-			DMMH 18 Per 1790	



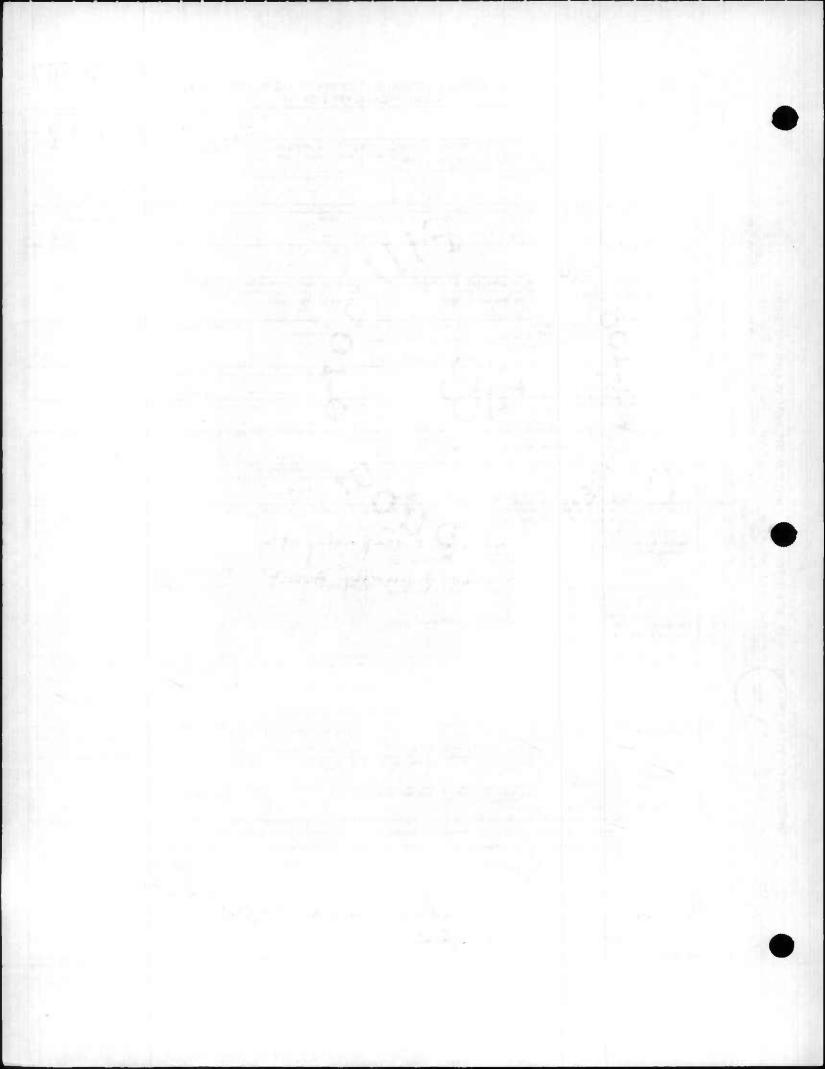
SE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 305-60-7832 BB. FACILITY NAME (if not Institution, give at 4978 TALL OAKS I RESIDENCE OF DECEDENT 10b. COUNTY INTERPRETATION OF THE PROPERTY IN ARYLAND FRED 10b. STREET AND NUMBER 4978 TALL OAKS 11. MARITAL STATUS Never Married 2 Married 15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)	S. SEX 1 M 2 F PRIVE DERICK DERICK DERICK 12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2	YRS. 10c. CIT	9b. CITY, T MC Y, TOWN OR MONRO	DAYS FOWN OR DNRO LOCATIO DVIA	VIA ON	JA HRS. 7. MIN. JA	DATE OF BERTH (Month, Dey, Year) N. 16, 1	19: 954 9c. cou FR	8. BIRTH Count IND NTY OF D	EANA
SE COMPLETED BY FUNERAL DIRECTOR	305-60-7832 sa. FACILITY NAME (If not institution, give st 4978 TALL OAKS I RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY ARYLAND FREI 10c. STREET AND NUMBER 4978 TALL OAKS 11. MARITAL STATUS Never Married 2 Married 15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)	DRIVE DERICK DRIVE 12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	TEVER IN U.S.	YRS.	Ph. CITY, T MC Y, TOWN OR MONRO	DAYS FOWN OR DNRO LOCATIO DVIA	LOCATION VIA	MIN. JA	(Month, Day, Year) N. 16, 1	FR	IND: NTY OF D	IANA EATH CCK 10d. INSIDE CITY LIMITS? 1 YES 2 NO
SE COMPLETED BY FUNERAL DIRECTOR	4978 TALL OAKS I RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY IARYLAND FRED 10c. STREET AND NUMBER 4978 TALL OAKS 11. MARITAL STATUS Never Married 2 Married 15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)	DERICK DERICK DERICK DERICK DERICK DERICK 12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2	ARMED	y, town or MONRO	LOCATIO DVIA	VIA ON	OF DEATH		FR	EDER	EATH CCK 10d. INSIDE CITY LIMITS? 1 YES 2 NO
SE COMPLETED BY FUNERAL	10b. COUNTY MARYLAND FRED 10c. STREET AND NUMBER 4978 TALL OAKS 11. MARITAL STATUS Never Married 2 Married 15. DECEDENT'S EDUC (Specify only highest grade of Elementery/Secondary (0-12)	DERICK DERICK DRIVE 12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2	ARMED	Y, TOWN OR MONRO	DVIA	ON ZIP CODE					10d. INSIDE CITY LIMITS? 1 YES 2 NO
SE COMPLETED BY FUNERAL	ARYLAND FRED 100. STREET AND NUMBER 4978 TALL OAKS 11. MARITAL STATUS 12. Married 3 Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade to be compared to the compared t	DERICK DRIVE 12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2	ARMED	MONRO	OVIA	ZIP CODE			10g. CIT	IZEN OF V	LIMITS?
SE COMPLETED BY FUNERAL	4978 TALL OAKS 11. MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade of the content of the cont	DRIVE 12. WAS DECEDEN FORCES? IF YES, GIVE V	X YES 2	ARMED NO	13. WA	10f. Z	ZIP CODE			10g. CIT	IZEN OF V	1 TES 2 NO
SE COMPLETED BY	11. MARITAL STATUS Never Married 2 Married B Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade telementery/Secondary (0-12)	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2	ARMED NO	13. WA			_		10g. CIT	IZEN OF V	WAT COUNTRYS
SE COMPLETED BY	Never Married 2 Married B Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade telementery/Secondary (0-12)	FORCES? 1 IF YES, GIVE V	X YES 2	ARMED NO	13. WA		21770			1	USA	MAI COOMINY
SE COMPLET	(Specify only highest grade of Elementery/Secondary (0-12)	ATION completed)	1 Never Married 2 Married 3 Wildowed 4 Divorced FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION 18e. DECEDENT				NDENT OF	Maxican, Pa	ORIGIN? (Specify Yee uerto Rican, etc.)		14. RACE	- American Indian, t, White, etc.
<u> </u>	Elementery/Secondary (0-12)		18a. I	DECEDENT'S	USUAL OCC	UPATION	of unding		16b. KIND OF BUS	INESS/IND	DUSTRY	
<u> </u>		College (1-4 or 5	+)	life. Do NOT us	se retired.) RED NU				MOGDIE	A.T.		
<u> </u>	7. FATHER'S NAME (First, Middle, Last)	3	KE	GISTE	KED NU	-		R'S NAME (HOSPITA			
		LaBOUNTY	Z			JOANNE PAULINE						
0 19	9a. INFORMANT'S NAME (Type/Print)								Number, City or Town			
	DENNIS W. GREENE				TALL C			VE, M	ONROVIA,			
1 4	☐ Buriel 2 TyCremetion 3 ☐ Remo ☐ Donation 5 ☐ Other (Specify)	wal from State	cemetery, c	OPOLT	ther place) TAN CF	REMA	TORY	7		EATION — XANDI		
21	L SIGNATURE OF FUNDINGE LICE	ENSEE		01 021					NS FUNER	AT. HO	OME	TNC
_	23. PART I. Error the diseases, or a	99			500	UNI	VERS:	LTY B	LVD., W.	, SII	L. SI	2., MD 209
IFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inflitted events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
) II _	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 244						1. 24a. WAS AN A PERFORE	MED?	24b.	WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
ÿ _												1 123 2 10
25.		HOSPITAL:			OTHER:	26. PLAC	E OF DEA	TH (Check o	nly one)			
27.	1 TYES 2 NO	1 Inpetient 2 I	INJURY	3 DOA		g Home			Other (Specify)	IIIPY OC	TIPED	
- 1	1 Natural 5 Pending	(Month, Da	ay, Year)	INJ	URY M 1	WORK	?		. DECOMBE NOW IN	JOH! OCC	ONED	
	2 Accident investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
294	A. CERTIFIER (Check only one) 1 CERTIFYING PHYSICION ONE) 2 MEDICAL EXAMINER	IAN: To the best of	my knowledge, d	death occurre	ed at the time,	, date and	d place, ar	d due to th	e cause(a) and mann	ner an state	ed.	and manner as stated
266	b. SIGNATURE AND TITLE OF CERTIFIER)4	2 in	51.	2		9c. LICENS	E NUMBER				(Month, Day, Yber)
30.	JULES R. LO	DISH, M.			Print) NEY-SA	ANDY				EY,	MD 2	0832



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	3 should		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The new requirement of the contribution of the	TO THE FUNERAL DIRECTOR: After I	be filed within 72 hours after death with the State Toron Humin Whitele prior to burial, cremation, or removal.	The state of the s

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN	NE	2 2006/	
	1. DECEDENT'S NAME (First, Middle, Leet) JAMES E L'ANCAS	STER SR				2. DATE OF DEATH O	92 97EA		
	4. SOCIAL SECURITY NUMBER 213-24-3599 90. FACILITY NAME (if not institution, give s	15 M 2 F	AGE (In yrs. lest birthday) 62 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 8,	L930 M		
#OT:					MORE CIT		9c. COUNTY C	timore	
DIRECTOR		imore		y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 530 27th S			101	21218	3		of what country?	
B	11. MARITAL STATUS 1. Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 A	/ER IN U.S. ARMED YES 2 NO OR DATES	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specif	NIC ORIGIN? (Specify Year, Puerto Rican, atc.) y:	S	NACE — American Indian, Black, Whita, atc. Specify: Black	
LETED	15. DECEDENT'S EDU (Specify only highest grade Elemantary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of a life. Do NOT us				ISINESS/INDUSTR	NY .	
COMPLET	12 Grade 17. FATHER'S NAME (First, Middle, Last) Clifton E.	Tangagh	Janit	or	Bradford Fed. Savin 16. MOTHER'S NAME (First, Middle, Melden Surmame) Bertha Powell				
TO BE	19a. INFORMANT'S NAME (Type/Print)	(Son)	19b. MAILING		Mert Ind Number or Rural Street	Route Number, City or Tox	vn, State, Zip Code	21210	
	20s. METHOD OF DISPOSITION LO Buriel 2 Cremation 3 Ram 4 Donation 8 Other (Specify)	oval from State	20b. PLACE AND DATE (of DISPOSITION (Na ther place) Orial C	emetery	DATE 20c. LO	OCATION - City o		
	21. SIGNATURE OF FUNERAL SERVICE LIC	him	du	Snot Roc	wden Fu kville,	ineral Ho Md	ome P.A		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) ANOXIC Encephalopathy ANOXIC Encephalopathy DUE TO (OR AS A CONSEQUENCE OF):							Approximats interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
ERTIFI	that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART II. Other significent condition	s contributing to dee	th but not resulting i	n the underlying	g cause given in	Part I. 24a. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO	HOSBITAL:	/Outpatient 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	8 Cher (Specify)			
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJU (Month, Day, Ye		E OF 28c. INJ		28d. OEŞCRIBE HOW	INJURY OCCURED		
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF IN. building, etc.	JURY — At home, farm, a (Specify)	treet, fectory, office		28f. LOCATION (Street City or Town, State	and Number or Ru)	rel Route Number,	
COMPLETED	one) 2 MEDICAL EXAMINE	-						se(a) end manner as stated,	
TO BE	296. SIGNATURE AND TITLE PROTECTION OF PERSON WH	ME	F DEATH STEM on C		29c. LICENSE NUM	ABER		NED (Month, Day, Year)	
	31. DATE FILED (Month, Day, Year)	14 403	Union		iAl Hu	spital			
	JUL 13 '92	32. REGISTRAR'S	-fragell						

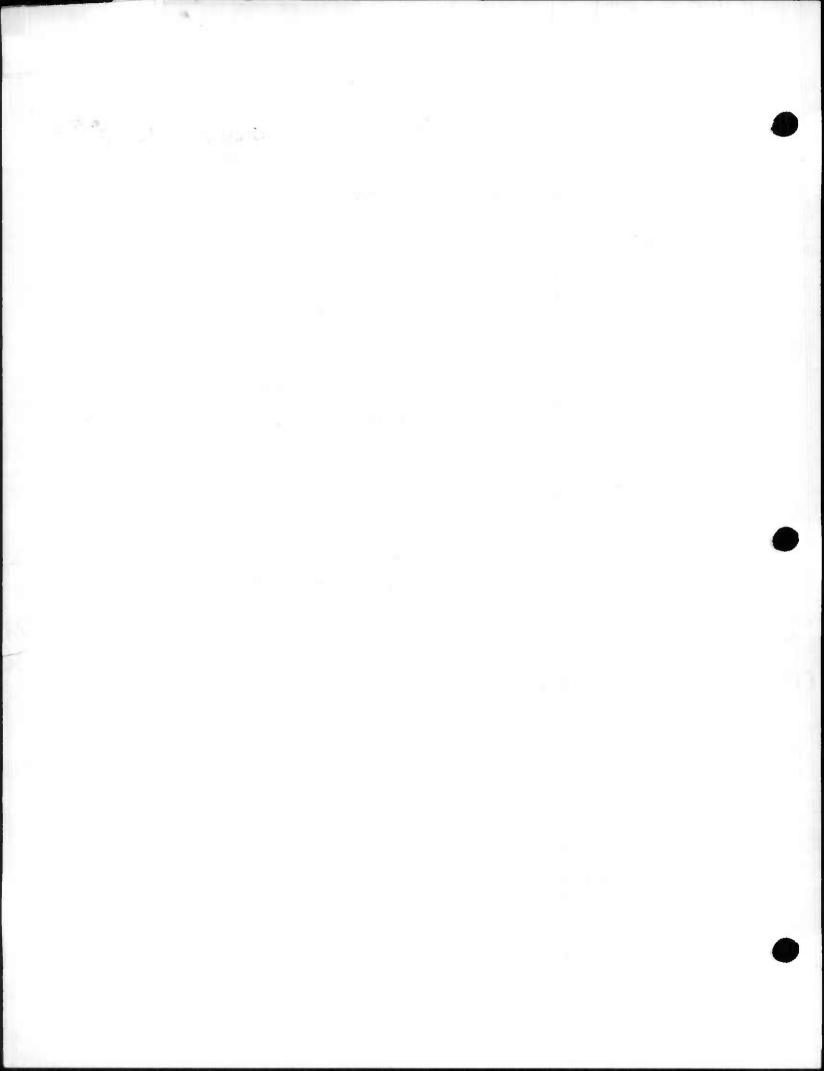


atic event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death per letter the secuted within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending revenent and completely of the differ within 72 hours after death with the State Dept. of Health and Mental House, prior to find, cremation	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or order, to matic event, th
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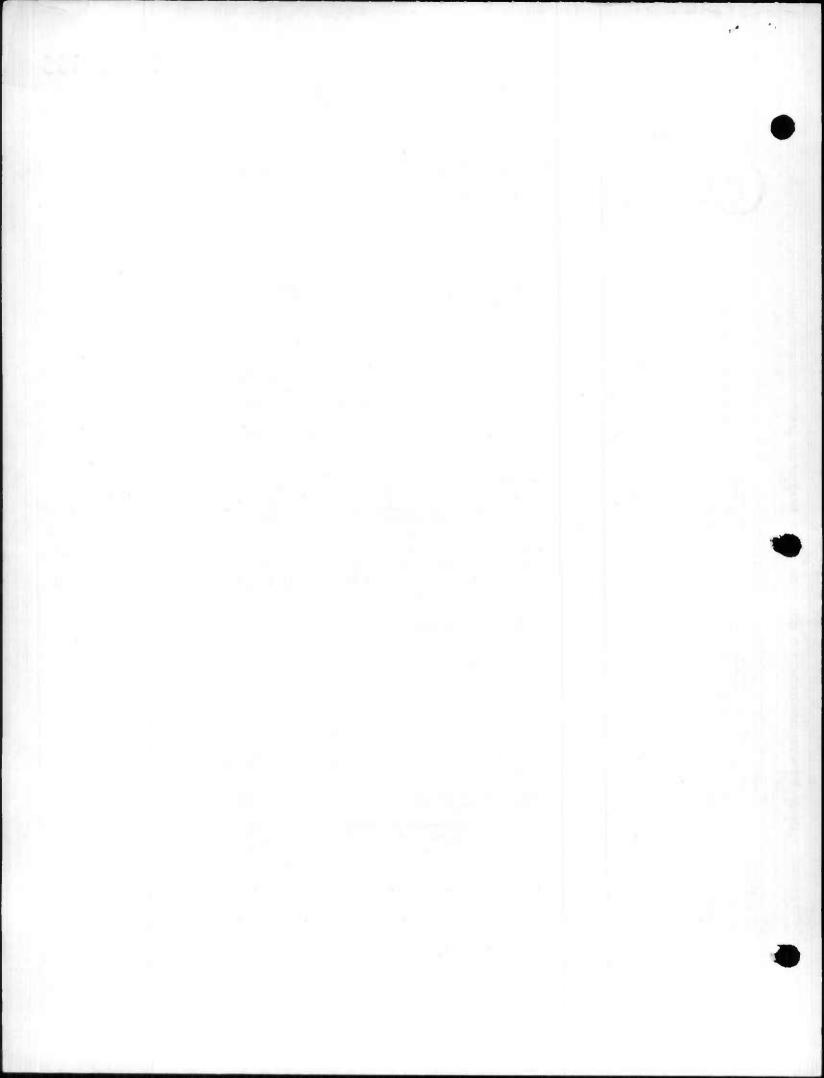
	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTME			MENTAL HYGIEI REG. NO	NE 9	2 20668	
	1. DECEDÂNT'S NAME (First, Middle, Last) SARAH		LEVENGA	RD		2. DATE OF DEATH	DAY 9	an 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 321-28-3357	5.\SEX 6. AGE (In yrs. I	7 YRS. MONTH	DER 1 YEAR IS DAYS	IF UNDER 24 HRS. HOURS MIN.	APRIL 13	,1915	BIRTHPLACE (State or Foreign Country) CANADA	
	9a. FACILITY NAME (If not institution, give			OCKVI	R LOCATION OF DE		9c. COUNTY		
DIRECTOR	ROCKVILLE NUL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT		10c, CITY, TOW				1 110	10d, INSIDE CITY	
		TGOMERY		VILLE	TON .			LIMITS?	
RAL	10e. STREET AND NUMBER 261 CONGRESS	ONAL LANE #619		101.	20852		100	N OF WHAT COUNTRY? FED STATES	
BY FUNERAL	11, MARITAL STATUS 1 Never Married 2 M Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 25 IF YES, GIVE WAR OR DATES	ARMED		cify Cuban, Mexican	IC ORIGIN? (Specify Y n, Puerto Rican, atc.)	Black, White, etc. Specify:		
	15. DECEDENT'S EDI (Specify only highest grad	fe completed)	DECEDENT'S USUA (Give kind of work do	one during mos	N st of working	16b. KIND OF B	USINESS/INDUS	WHITE	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEMAKE	,		0	OWN HOME		
CON	17. FATHER'S NAME (First, Middle, Last) LOUIS GELLE				18. MOTHER'S NAI	ME (First, Middle, Maide A T.ETBOW			
19e. INFORMANT'S NAME (Type/Print) 19e. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								ode) F MD 20852	
-	JOSEPH LEVENGAR 200. METHOD OF DISPOSITION	20b. PLAC	CE OF DISPOSITION			20c. I	OCATION — CIT	y or Town, State	
	1 Deuriel 2 Cremation 3 Red 4 Geografion 5 Other (Specify)				AL GARDE			URCH, VIRGINIA	
	21. SIGNATURE OF THE PARTY OF T	tapan						HAPELS, INC. E, MD. 20852	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
	PART II. Other significant condition	d.	ot manifing in the	- underhein	n cause alven in	Dard I 240 WAS	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS	
MEDICAL		UVI L	A resoluting in the	в иноепунц	g cause given in		DRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N.								10.120 2 0.110	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND	HOSPITAL: 1 Inpatient 2 ER/Outpatient		HEB:	ACE OF DEATH (Ch				
	27. MANNER OF DEATH 1 Watural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ WC		28d. DESCRIBE HOV	INJURY OCCU	RED	
TED BY	2 Accident investigation 3 Suicida 6 Could not b 4 Homicide determined	28e. PLACE OF INJURY - At	t home, farm, street,	factory, offic	•		if. LOCATION (Street end Number or Rural Route Number, City or Town, State)		
COMPLETED	C invers mah	SICIAN: To the best of my knowledge, NER: On the basis of examination and							
BE	296. SIDNATURE AND TITLE OF CENTRE	ome	M		29c. LICENSE NUI	WBER	29d. DATE	SIGNED (Month, Day, Year)	
5	PAUL T. NOONE M	D - 50 W EDMONS			7 – ROCK	VILLE, MA	RYLAND	20852	
	31. DATE FILED (Month, Day, Year) JUL 13 '92	July 32 DEARDANS HAND							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within V. Surs after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he sted within 70 hours after death with the State Dent of Health and Mental Horliere prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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HYS	this with	Se Se
NG P	fer t	шаг
Q	R. A	20
ATTE	05	28
OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furner and completely filled in by the furner and with the Strain Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	tem
TAL	東京	=
OSP	JNE	N
H	E E	B
H	TH OF	P
7	27	5 5

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC	IENT OF H ATE OF	EALTH AND ME DEATH	ENTAL HYGIENI REG. NO.	E			
	1. OECEDENT'S NAME (First, Middle, Last)	Charles	Matt	heis	2	DATE OF OEATH		3. TIME OF DEATH 2 12:36 PM		
	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. 7	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Maryland		
1	9a. FACILITY NAME (If not institution, give stree	et and number)	96		R LOCATION OF OEAT	Н	9c. COUNTY			
5/	Carroll Co. Gen	ieral Wosp	oital 1	west	minste	- born	Ca	irroll		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TO	DWN OR LOCAT	ION			10d. INSIDE CITY		
DIR	Maryland Carr	coll	We	stmin	ster			LIMITS? 1 YES 2 NO		
IAL	104, STREET AND NUMBER			101	ZIP CODE	_		OF WHAT COUNTRY?		
FUNERAL DIREC	550 LaCosta				2115			S.A.		
	1 Never Married 2 Married	12. WAS DECEDENT EVER IN I FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe	ENOENT OF HISPANIC belfy Cuban, Maxican, I 2 NO Specify:					
Э ВУ	3 Widowed 4 Divorced						White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted)	(Give kind of work life. Do NOT use re	JAL OCCUPATION done during montired.)	IN st of working	16b. KIND OF BUS				
PE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Electr			Local	Local #28 I.B.E.W.			
S	17. FATHER'S NAME (First, Middle, Last)					(First, Middle, Maiden		mame)		
BE (August H. Matt	heiss				t Thiele				
2	19a. INFORMANT'S NAME (Type/Print) Marie H. Matth	oice		19b. MAILING ADDRESS (Street and Number or Rural Route Number, C 550 LaCosta Circle T-4						
	20a. METHOD OF DISPOSITION	20b.	PLACE OF DISPOSITION	ON /Name of cen	netery, crematory or			or Town, State		
	1 Donation 5 Other (Specify)	al from State Ca	other place) croll C	remat	ion	Har	npste	ad, Md.		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISE A III			O AODRESS OF FACIL			21157		
	Many K. t.	teleker			as D. Fl			F.H.		
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis			antar tha mo	da ot dying, such a	as cardiac or reapi	ratory arreal	t, Approximata Interval Between		
	IMMEDIATE CAUSE (Final disesse or condition	Ludder	deal	-10				Onset and Death		
ŀ	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. 50 dden death OUE TO (OR AS A CONSEQUENCE OF):							Immed		
Z	Samuella Hat annull Land	Sequentially list conditions, DIE TO (OR AS A CONSEQUENCE OF): Probable myocardial infaction immed In the conditions of the conditions								
ATIC	Sequentially liet conditions, if any, leading to immediate cause. Entar UNDERLYING							1957		
FIC	CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):					+		
CERTIFICATION	resulting in death) LAST							1973		
	PART II. Other significant conditions	contributing to death bu	it not resulting in t	the undarlying	cause given in Pa	art I. 24a. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS		
S						PERFOR	. 1	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							4	OF OEATH?		
N.										
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	_ 0	THER:	ACE OF DEATH (Check					
HYS	1 TYES 2 NO 1	1 ☐ Inpatient 2 X ER/Outpa 28a. DATE OF INJURY	28b. TIME O	F 28c, INJ		Other (Specify)	NJURY OCCUP	RED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR		YES 2 NO					
	3 Suicide 6 Could not be 4 Homicide datarmined	28e, PLACE OF INJURY - building, atc. (Specif		et, factory, offic		261. LOCATION (Street City or Town, State)		Rural Route Number,		
COMPLETED	Constant Only	AN: To the best of my knowle								
	2 MEDICAL EXAMINER. On the besid of examination and/or investigation, in my opinion, death of									
B	29b. SIGNATURE AND TITLE OF CERTIFIER	WU P.	MUM)	29c. LICENSE NUMB		290. DATE S	IGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type Pr	int)			- <1			
	Richmond P. 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN/	TURE	, LI36	7 150	a, mae	1501	1 1000		
- 1	UN 1 E 100	11. K	with a Brook	. 00						



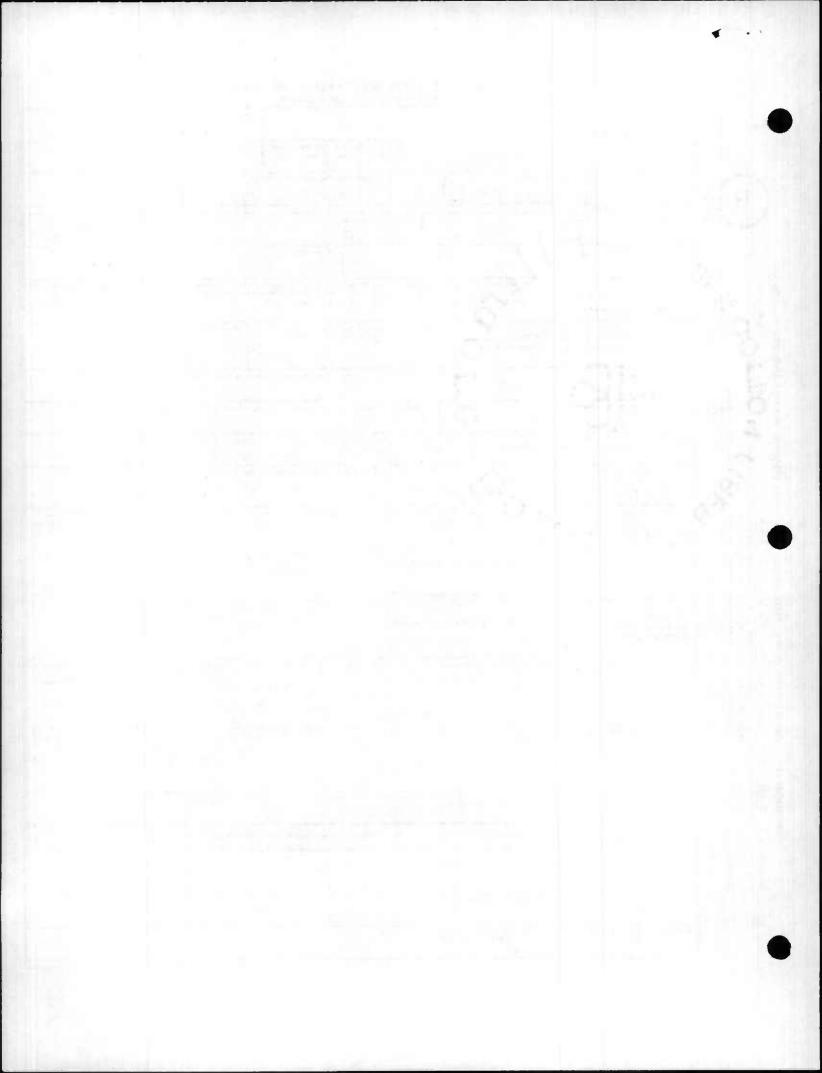
	1 - STATE REGISTRAR	STATE OF MAR					EALTH AND DEATH	MENTA	AL HYGI REG.
	1. DECEDENT'S NAME PIVES, MICHIELED	LEE	Λ	ROWN-				MON	E OF DEATH
	4. SOCIAL SECURITY NUMBER 215-02-6840	1 DM TRMALE	QE (In yrs. le	st birthday) 3 YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mor	OF BIRTH
TOR	98. FACILITY NAME (If not institution, give the property of th	MARKICAND (HOS	iP.ita	l	0	11 .	THORES	M])
DIRECTOR	10a. STATE 10b. COUR	WASHINGTON		10c. CIT	MITHS	BUR	G		
FUNERAL	100. STREET AND NUMBER 11822 SEMINOLE	DR				101	ZIP CODE 21	783	
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Duproped	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR ON NO	YES 2			If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Spec	en, Puerto	
TED	15. DECEDENT'S EI (Specify only highest gre	ade completed)	(1	ECEDENT'S Give kind of e. Do NOT u	work done o	CCUPATIO	ON st of working	16	b. KIND OF
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		ATA	ENTRY	SPE	CIALIST		Γ
CO	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First,	Middle, Ma
BE	KENNETH L. BRO' 190. INFORMANT'S NAME (Type/Print)	WN				1120			SPRIE
2	KEVIN L. MORGA	M	19				ind Number or Rure LE DR		nber, City or HSBUF
		BURTAL State	20b. PLACE cemetery, cr	ANDDATE	OF DISPOS	ITION /Na		DA	
	21. SIGNATURE OF FUNERAL SERVICE	O. Hart	Elen	1	22. 1	NAME A	LIBE	ERTYT	D. OWN,
	23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR	Hoch IIn	lak	ins	the mo	de of dying, sur	npl	On
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO (OR cOUE TO (OR							
EDICAL CE	PART II. Other significant conditi	ons contributing to dea	th but not	resulting	in the un	derlying	g cause given in	Part I.	24a. WAS PER 1 TYES
AN: M	25. WAS CASE REFERRED TO MEDICAL					26 PI	ACE OF DEATH (C	hack only o	mel
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	Outpatient :	DOA	OTHER	t :	e 5 Residence		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJU (Month, Day, Ye		26b. TIM		28c, INJ	URY AT	7	SCRIBE HO
LED	3 Suicide 6 Could not b 4 Homicide determined	26e. PLACE OF IN. building, etc.	IURY — At he (Specify)	ome, ferm,	street, facto	ory, office		28f. LO	CATION (Street or Town, St
COMPLE		VSICIAN: To the best of my k							
TO BE C	SIGNATURE AND TITLE OF CERTIF	TER M	0		Print)		29c. LICENSE NU	MBER	

32. REGISTRAR'S SIGNATURE MONDOUSE

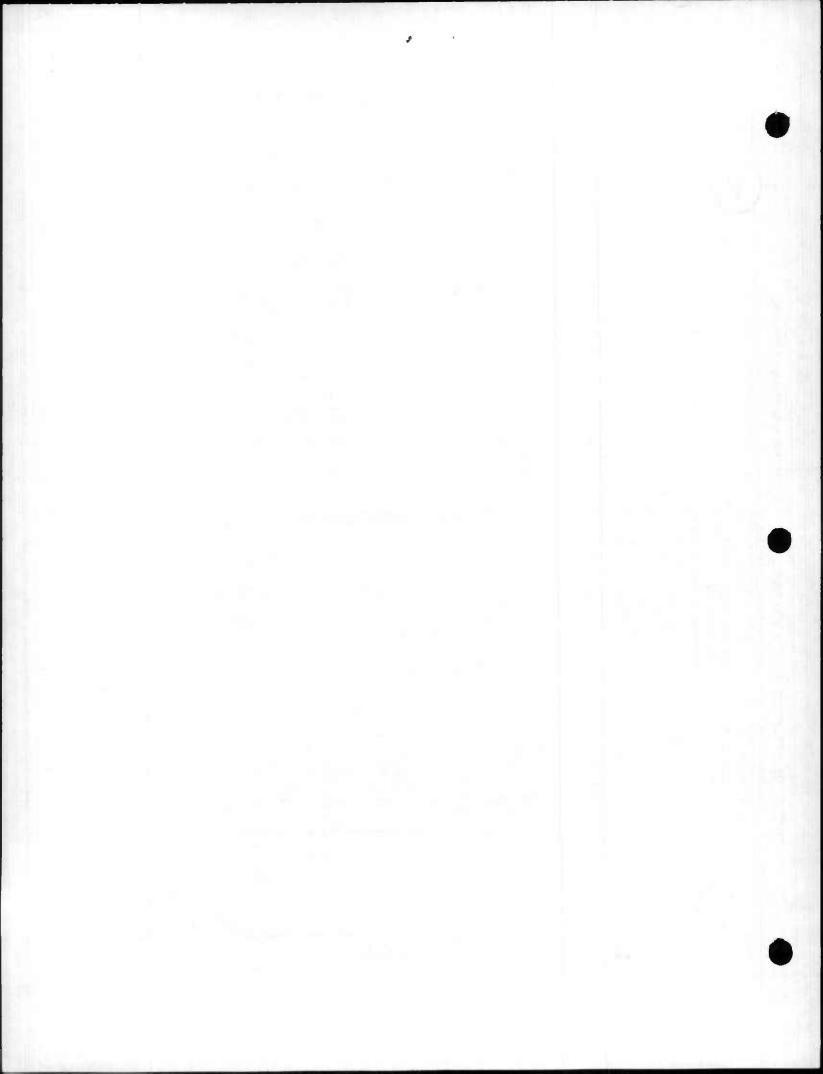
E AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ENE NO. 3. TIME OF DEATH 901992 Z 2:350AM M 68 MARYLAND 9c. COUNTY OF DEATH 10d. INSIDE CITY
LIMITS ES
1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE --- American Indian, Black, White, etc. SPOWHITE BUSINESS/INDUSTRY DAIRY CO. den Sumame) STERSBACH Town, State, Zip Code) RG MD 21783 LOCATION - City or Town, State LIBERTYTOWN, MD D. HARTZLER & SONS MD spiratory arrest, Approximate Onset and Death Month na AN AUTOPSY FORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 2 NO 1 YES 2 NO W INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end m 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 07

2120



	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEATH	2. DATE OF	REG. NO.	3. TIME OF DEATH	_
	Emory A. McGarri	ale				монтн 0.7	DAY	RASY	м
	4. SOCIAL SECURITY NUMBER		yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH	B. BIRTHPLACE (State or Foreign	n
1	214-14-3140	1-2 M 2 🗆 F	71 YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	04/20	Country)	
1	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF E			Maryland TY OF DEATH	
P.S	Arundel Medical	Center		Annapol	lis		Anne	Arundel	_
E	10e. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY	
~-5	Maryland Balt	imore	Ar	butus				1 TES 2 X NO	
FUNERAL	1550 Sulphur Spr	ing Dood		10	H. ZIP CODE			EN OF WHAT COUNTRY?	
N S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	S. ARMED	13 WAS DEC	21227 CENOENT OF HISPA	NIC ODIONES (C.		USA	_
	1 Never Married 2 Married	FORCES? 1 V YES	2 NO	If yes, sp	pecify Cuban, Maxic	en, Puerto Ricer	n, atc.)	4. RACE — American Indian, Black, White, etc.	
BY C	3 Widowed 4 Divorced	CIVILI			Z Z NO Spec	ny.		Specify: white	
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION 16 completed)	(Give kind of	USUAL OCCUPATION		16b. KIN	D OF BUSINESS/INDU	STRY	
12	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	re retired.)					
COMPLET	0-12 17. FATHER'S NAME (First, Middle, Last)		Super	risor			G. & E.		
E C	Francis E. McGa	erial o					e, Malden Surname)		
00	19e. INFORMANT'S NAME (Type/Print)	rigie	19b. MAILING	ADDRESS (Street)	Helen	Kinsel	Aty or Town, State, Zip C	(arta)	
	Helen McGarrigle		1					aryland 2122	7
	20e, METHOD OF DISPOSITION 1√2 Burlel 2 □ Cremetion 3 □ Rem	20b. PL	ACE AND DATE	F DISPOSITION (Ne		OATE	20c. LOCATION — CI		_
	4 th Donation 5 D Other (Specify)	Lo	ry, crematory or o	ther place) rk Cemet	terv 0	7/13/9		ore, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	\cap	22. NAME A	ND AODRESS OF F	ACILITY		Te, Mary Tano	_
CYPE	Hornel J.	(sulvose	4-	Ambro	se Fune	cal Hom	e, Inc.	s, Md. 21227	
RTIFICATION	23. PART I. Enter the diseases, or ehock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS A CO	NEGUENCE O	stery	S D	week week	e e	it, Approximate Interval Between Onset and De	
2	PART II. Other aignificent condition	e contributing to death but	not reculting	a the underfular		not In		,	
DICAL C				in the underlying	a cause diveil ili	Part I. 248.	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION DF CAUSE	
MEDIC						_ 10	YES 2 NO	OF DEATH?	
								1 TYES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PL	ACE OF DEATH (C)	eck only one)			
YSICI	1 YES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatie	nt 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	8 Other (Spe	ecify)		
PHY	27. MANNER OF GEATH 1 Pending	(Month, Day, Year)	28b. TIM		URY AT	28d. OEŞCRIB	E HOW INJURY OCCU	RED	
BY	2 Accident Investigation				rES 2 NO				
TED	3 Suicide 8 Could not be 4 Hornicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, a	treet, fectory, office	•	281, LOCATION City or Tox	(Street and Number or vn, State)	Rural Route Number,	
1	29a. CERTIFIER 1 DERTIFYING PHYSI	CIAN: To the best of my knowledg	e death occurre	d at the time date	and place, and due	to the course(s)			
O BE COMPL	one) 2 MEDICAL EXAMINE	R: On the basis of examination an	d/or investigatio	n, in my opinion, de	eath occured at the	time, data and	place, and due to the	Susse(s) and manner as eleted	
E CO	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU				
00	Show 6	lauth		MD	Zac. DOENSE NO	WOEN	29d. DATE S	IGNED (Month, Day, Year)	
1	30. NAME AND ADDRESS OF PERSON WH	COMPLETEO CAUSE OF GEATH	(ITEM 27) (Type,	Print)				17/7	
	STEPHEN	PLANTHOL	1 /	ST AG	NES	1-60	os C.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RF .						



DIVISION OF VITAL RE

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

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TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: If

permit

92 20672 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR LOUISE Middletor MOXLEY 07 01:42 PM 92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign Country) 1 - M 2 -F DAYS HOURS 215 09 8096 2/22/1904 Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ARUNDEL HOSPITAL ASSOCIATION GLEN BURNTE COUNTY RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Md. Anne Arundel 1 TES 2 NO Annapolis FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2707 Wren Way 21401 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 ☐ YES ②○(NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY 3. Widowed 4 Divorced White COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.)
Trust 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) High School College (1-4 or 8+) Clerk Proofreader Mercantile Bank & Trustr 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Lewis Hx Haslup Bessie Rebecca Lawrence BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary Louise Schultz 400 Luther Road Glen Burnie , Md. 21061 20a. METHOD OF DISPOSITION

1X Burlel 2 Cremation 3 Rem.

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE emetery, cremetory or other place! Springfield <u>Cemetery</u> 7/17 Sykesville, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harry Haight Funeral Home P.O.BOX 195 Sykesville, Md. 21784 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Betw **IMMEDIATE CAUSE (Final** Onset and Death Spiratory diseese pr condition Days resulting in death) Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury FALLY that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO Numerua 1 | YES 2 100 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: npatient 2 - ER/Outpetient 3 - DOA 5 Residence 6 Other (Specify) 4 - Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Sec. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident
3 Suicide 5 Pending Investiga N 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number 8 Could not be determined 4 Homicide N 29a. CERTIFIER (Check only one)

2 MEDICAL EXAMINED: On the basis of appointed as a state of the time, data and place, and due to the cause(a) and majore. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, d at the time, data and place, and due to the cause(a) and manner as stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

S. PATHMANATHAN, M.D./7445-A FURNACE BRANCH ROAD/GLEN BURNIE, MARYLAND 21061

29c, LICENSE NUMBER 0 2 4 9 8 3

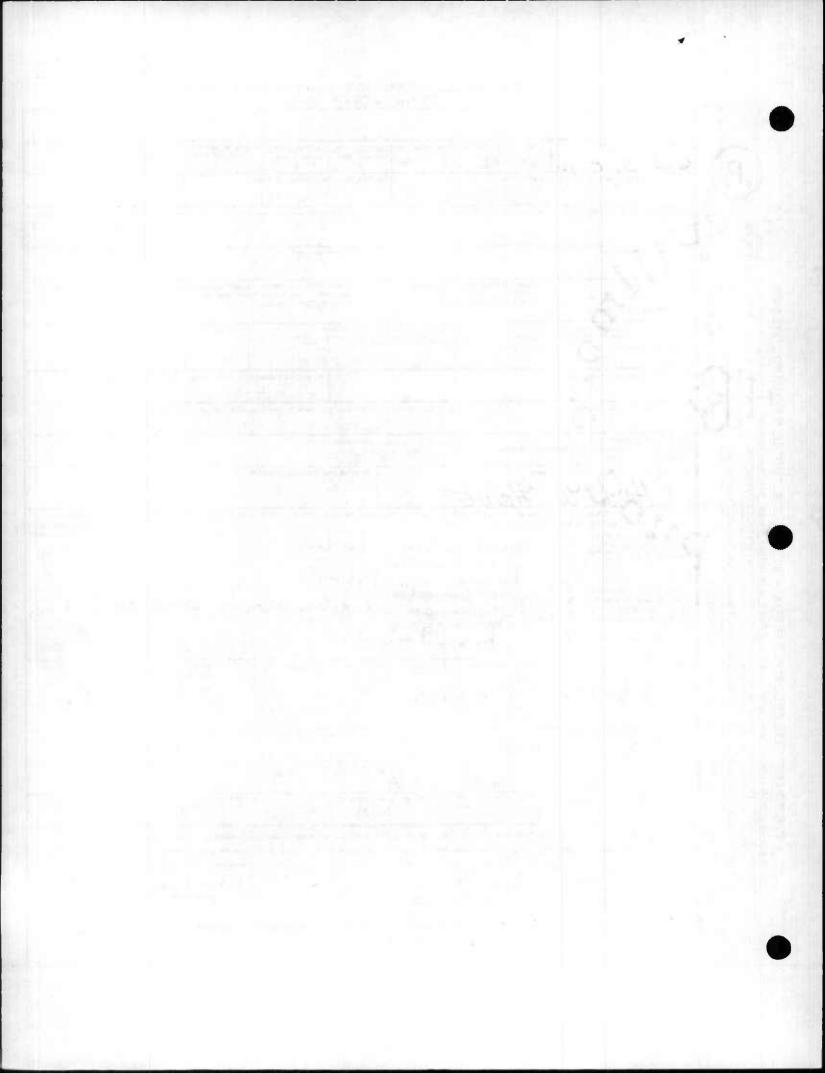
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Sike Deviden Handre

296. SIGNATURE AND TYPLE OF CERTIFIER

S. Pally Manualtan MD

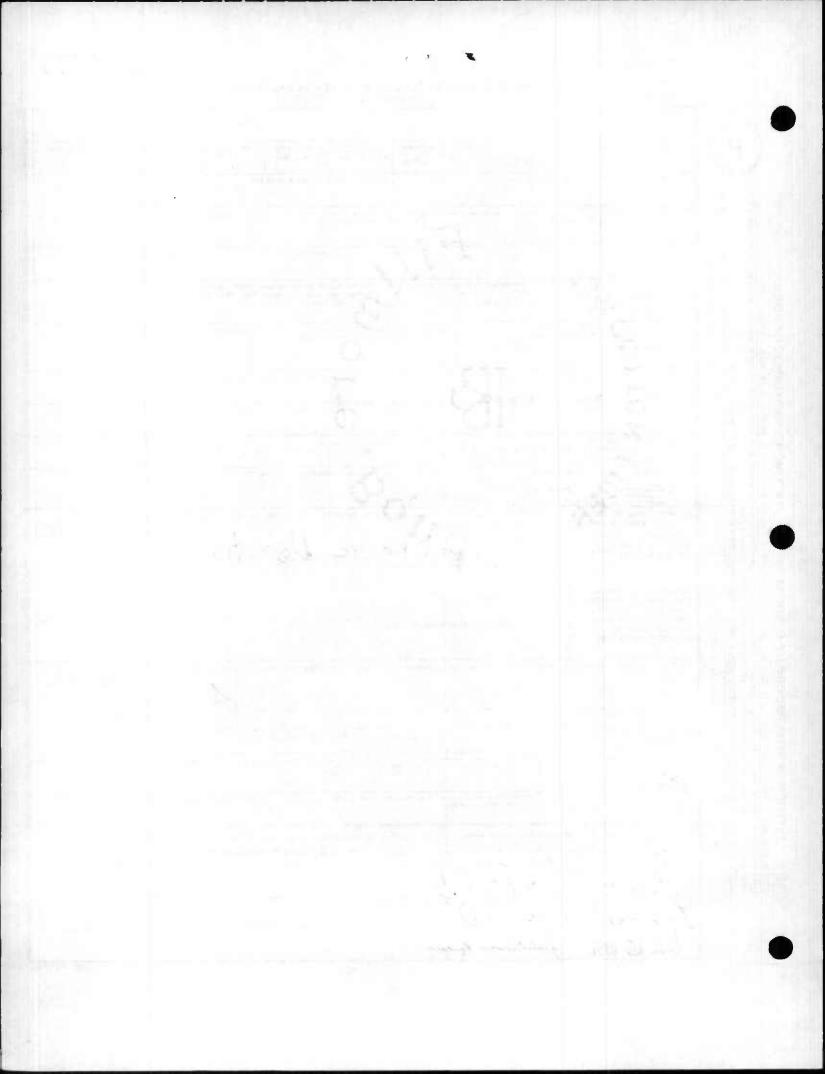
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July 14



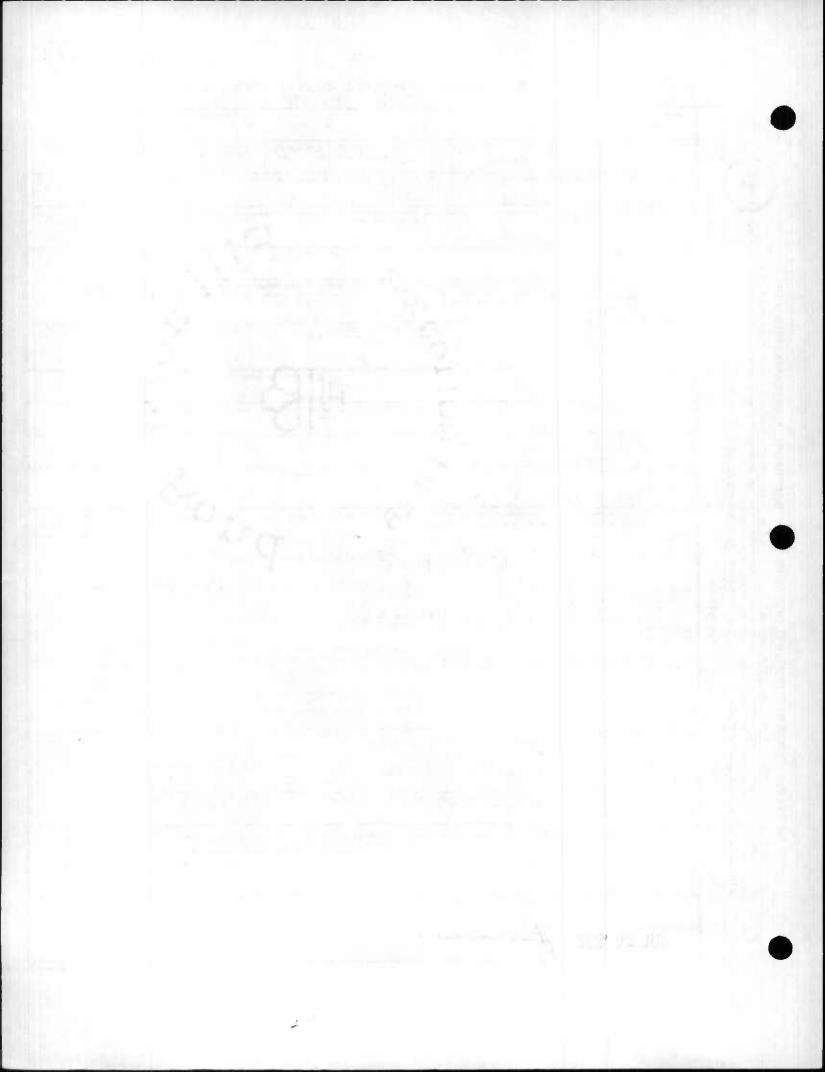
	5
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL UNECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the buriat-transit narmin Page 1 2 security	9 2 chou
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	, A. C. SING
IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.	Spiral.

	1. DECEDENT'S NAME (First, Mich.) Arlington	iddle, Last)	Arlingt		line MA	RTIN, Cartin,	Jr.		2. DATE (MONTH		MY	YEAR 992	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER 219-60-3994		5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE O	Day, Year)		8. BIRT Coun	
	9a. FACILITY NAME (If not institu	ution, give st		30	1110.	9b. CITY, TOWN	OR LOCATIO	ON OF DE		25,	1954	NTY OF I	Marylan
OR	103 N. Edgev						stown				Wash		
DIRECTOR	RESIDENCE OF DECE	RESIDENCE OF DECEDENT									Walst	11119	10d. INSIDE CI
S S	37 -1 -1 -1 -1 -1					gerstov							LIMITS?
MAL	10e. STREET AND NUMBER						IOI. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY
FUNERAL	103 North Ed	dgewo			. 5	1		740				S.A.	
BY FU	1 Never Married 2 Mai 3 Widowed 4 Divorced		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED ZNO	If yes, s	ECENDENT O specify Cubar ES 2 100	n, Mexica	n, Puerto R	(Specify Yelcan, etc.)	s or No—	Spec	•
ETED	15. DECEDE (Specify only hig			16a.	DECEDENT'S	USUAL OCCUPAT	TION		16b.	KIND OF BU	SINESS/INC		White
	Elementary/Secondary (0-12)	-	College (1-4 or 5	+)	Me. Do NOT us	e retired.)	nosi ur workin	y					
COMPL	12 17. FATHER'S NAME (First, Middle	a. Last)			Masc	n	18 MOTH	ED'C NA	ME (Elm M	Ma iddle, Meiden	sonry	7	-
ш	Arlington A.		tin. Sr.							an Ro			
10 8	19a. INFORMANT'S NAME (Type)		, 52.	75%	19b. MAILINO	ADDRESS (Street						Code)	
-	Arlington A.		tin, Sr.		17536	Cedar	Lawn	Driv	ve H	agers	town,	Ma	ryland
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation	3 🗌 Remo	val from State	cemetery,	crematory or of				OATE		CATION —		•
	4 Donation 8 Other (Spe 21. SIGNATURE OF FUNERAL SE		ENSEE	- Hag	erstow	n Crema	AND ADDRES		17-92				Maryla
	11	· •	100	27	/) and 11/1/11/2	THE ADDITES	13 OI 174	MEIT	Minni	ch Fu	mera	al Home
	23. PART I. Enter the disea shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death)	nses, or co	ist only one cau	Ture	JA	ot enter the m			Boul.	evard	Hage	erst	Own, Md Approximately interval Onset as
FICATION	sanock, or near IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury	s, C	DUE TO	(OR AS A CON	SEQUENCE OF	ot enter the m			Boul.	evard	Hage	erst	Approxi
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s, b	DUE TO	(OR AS A CON	SEQUENCE OF	ot enter the m	enode of dyle)	Boul	evard	Hage	erst	Approxi
MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	s, b	DUE TO	(OR AS A CON	SEQUENCE OF	ot enter the m	enode of dyle)	Boul	evard c or resp 24a. WAS AN PERFOR	Hage iretory are	erst(Approxi
MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant of the cause of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s, b conditions	DUE TO	(OR AS A CON	SEQUENCE OF	ot enter the m	enode of dyle	lys such	Boul has cardined as a cardine	evard ac or resp 24a. WAS AN PENFOR VES 2	Hage iretory are	erst(Approxition of Death?
SICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	s, b da conditions	DUE TO	(OR AS A CON	ISEQUENCE OF	ot enter the m	ng couse g	lys iven in	Boul has cardined by the section of	evard ec or resp 24a. WAS AN PERFOR	Hage iretory are	erst(Approxition of Death?
PHTSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant of the cause of th	s, b da conditions	DUE TO DUE TO Contributing to	(OR AS A CON (O	ISEQUENCE OF	ot enter the m	ng couse g	lven In	Part I.	evard ec or resp 24a. WAS AN PERFOR	Hage Instory and AUTOPSY TAMED?	erst.	Approxition of Death?
ED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant of the EXAMINER? 1	s, b d d d d d d d d d d d d d d d d d d	DUE TO DUE TO DUE TO DUE TO Contributing to HOSPITAL: Impatient 2 28e. DATE OF (Month, D) 28e. PLACE O	(OR AS A CON (O	SEQUENCE OF SEQUEN	ot enter the m	Ing ceuse g	lven In	Part I. Part I. Boulant American School Control Cont	evard ac or resp 24a. WAS AN PERFOR YES 2 (Specify) RHBE HOW I	AUTOPSY MED?	24k	Approxition of Death?
ELED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNET OF DEATH Not the cause of the	s, s, la conditions EDICAL ding stigation aid not be armined	DUE TO DUE TO DUE TO Contributing to Contributing to Contributing to Contributing to	(OR AS A CON (O	SEQUENCE OF SEQUEN	ot enter the m	Ing couse g	iven in ATH (Che	Part I. Part I. Bould to the cause to the	evard ac or resp 24a. WAS AN PERFO! (Specify) RIBE HOW I Town, State)	AUTOPSY MED? I NO NJURY Occ	24b	Approxi Interval Onset al Onse
COMPLETED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNET OF DEATH Not the cause of the	s, b conditions EDICAL ding etigetion and not be rmined in Physic. EXAMINER	DUE TO DUE TO DUE TO Contributing to Contributing to Contributing to Contributing to	(OR AS A CON (O	SEQUENCE OF SEQUEN	ot enter the m	Ing couse g	Iven In EATH (Che aldence	Part I. Part I. 28d. DESC. 28f. LOCA Chy one to the cause time, date a	evard ac or resp 24a. WAS AN PERFO! (Specify) RIBE HOW I Town, State)	Hage Instory and Autopsy amed? NJURY Occurred Number on state did due to the	24b	Approxi Interval Onset al Onse
ELED BY PHYSICIAN: MEDICAL CE	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant of the conditions	s, b b conditions EDICAL ding etigetion idd not be immined in physic EXAMINER CERTIFIER	DUE TO DUE TO DUE TO DUE TO DUE TO Contributing to Contributing to Contributing to Contributing to Contributing to	(OR AS A CON (O	SEQUENCE OF SEQUEN	OTHER: 4 Nursing Ho E OF 28c. IN WIN 1 Itreet, factory, offi	PLACE OF OE THE SY Rei JURY AT ORK? YES 2 Ice Ice and place, death occurs 29c. LICE	Iven In EATH (Che aldence	Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I. Part I.	evard ac or resp 24a. WAS AN PERFO! (Specify) RIBE HOW I Town, State)	Hage Instory and Autopsy amed? NJURY Occurred Number on state did due to the	24b	OWN, Md Approxit Interval Onset as Onse



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

		CERTIFIC	ATE OF DE		REG. NO	_		
1. DECEDENT'S NAME (First, Middle, Last	MADELINE A	MELDA MOATS	NE				ar 7.59 F	
4. SOCIAL SECURITY NUMBER 219-12-1906 9s. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	75 YRS. WO	NTHS DAYS HOUR		7. DATE OF BIRTH (Month, Day, Year) 03/25/191	7	BIRTNPLACE (State or Foreign Country) MARYLAND	
WASHINGTON COUNT		90	HAGERS		ATH	9c. COUNTY WAS	OF OEATH HINGTON	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY	
MARYLAND WAS	HINGTON	HA(GERSTOWN 101. ZIP C	300E	7	10g. CITIZEN	1 N YES 2 □ NO OF WHAT COUNTRY?	
49 Fairground Av	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDEN	2174 T OF HISPANI	C ORIGIN? (Specify Ye		S.A. RACE — American Indian.	
1 Never Married 2 Merried 3 X Widowed 4 Divorced FORCES? 1 YES 2 X NO IF YES, GIVE WAR OR DATES			If yes, specify Co 1 ☐ YES 2 🔀 P	uban, Mexican	, Puerto Rican, etc.)		Specify: WHITE	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) Collège (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of we	orking	16b, KIND OF BU	SINESS/INDUS	TRY	
17. FATNER'S NAME (First, Middle, Lest)		Clothin	Presser	OTNER'S NAM	Garment		acturing	
Thomas Ford				ertie	Baker Led	gett		
19a. INFORMANT'S NAME (Type/Print) Flo Virginia Hel	nson				oute Number, City or Tox		vn, MD 21740	
20e. METNOO OF DISPOSITION 1 M Burlet 2 Cremetton 3 Rec	20	bb. PLACE AND DATE OF D	ISPOSITION (Name of	A. F. A.		CATION - City		
21. SIGNATUSE OF TUNERAL SERVICE L	ICENSEE Can	Manor C	emetery 22. NAME AND ADD 7606 Old		LITY	uneral		
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Kenal	A CONSEQUENCE OF): A CONSEQUENCE OF):	tà ilune Rivatry	· Obs	puctive	Dió.	Onset and De	
PART II. Other significant condition	ons contributing to death	but not resulting in ti	ne underlying ceus	e given in P	art I. 24a. WAS AN PERFOI	PMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF	OEATH (Chec	k only one)			
1 YES 2 NO	1 Inpetient 2 ER/Ou		Nursing Nome 5			N ILIBA OCCUB	F0	
27. MANNED-OF DEATH	1 Netural 5 Pending (Month, Day, Year) INJURY WORK?						UREO	
1 Natural 5 Pending	20.1							
1 Natural 5 Pending	280 DI ACE OF IN ILI	Y — At home, farm, stree			281. LOCATION (Street City or Town, State)	end Number or F	Rural Route Number,	
1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PNYS)	26s. PLACE OF INJUE building, etc. (Sp SICIAN: To the beat of my kno	wledge, death occurred at	t, fectory, office	ice, end due le	City or Town, State) The cause(s) end mai	nner as stated.		
1 Netural 5 Pending Investigation 3 Suicide 4 Nomicide 8 Could not be determined 29e. CERTIFIER (Check only	26a. PLACE OF INJUR building, etc. (Sp SICIAN: To the best of my kno	wledge, death occurred at	t, factory, office The time, date end pla my opinion, death oc	ice, end due le	City or Town, State) Dithe cause(e) end mai ma, date and place, an	nner as stated.		
1 Natural 5 Pending Investigation 3 Suicide 4 Nomicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIE	26a. PLACE OF INJURD building, etc. (Sp building, etc. (Sp SICIAN: To the best of my knotes.) ER: On the best of examination of the best of examination of the best of examination of the best of the best of the best of the best of the building of the bui	wiedge, death occurred at on end/or investigation, in	t, fectory, office The time, date end pla my opinion, death oc	ice, end due to cured at the II	City or Town, State) Dithe cause(e) end mai ma, date and place, an	nner as stated.	ruse(s) end manner es stated	



3. TIME OF DEATH

925

10d. INSIDE CITY

Specify:

1 - YES 2 NO

WHITE

MARYLAND

Approximate Interval Between

24 cars

WERE AUTOPSY FINDINGS

COMPLETION OF CAUSE

AWAILABLE PRIOR TO

1 YES 2 NO

OF DEATH?

118192

Hagevstown

28d. DESCRIBE HOW INJURY OCCURED

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

Onset and Death

5 months

A M

7 notified Pe must examiner medical the event, traumatic

DIRECTOR

FUNERAL

BY

COMPLETED

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

27. MANNER OF DEATH

1 Natural

2 Accident

3 Suicide

4 🗌 Homicide

other

0 Injury.

any

Shows

23

Tem Tem certificate h

0

marked.

MPORTANT:

signed by the

has been : Dept. of P

this c.

DIRECTOR: After the hours after death with them 28 is mark

FUNERAL I =

28

HE HE

2

to will

permit. Pages

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) June Elizabeth McCauley VEAD Mc Cauley

R SEX 6. AGE (In yrs. lest birthday) E. 7_ June 18-92 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 🗌 M 2 🖵 F 67 220-16-2082 06-17-1925 MARYLAND 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH WASHINGTON COUNTY HOSPITAL HAGERSTOWN WASHINGTON RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION MARYT AND WASHINGTON HAGERSTOWN 10e. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 13710 ROYAL ROAD 21742 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2. 1 Never Merried 2 Married 1 TES 2 NO Specify 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes Elementary/Secondary (0-12) College (1-4 or 5+) YEARS HOMEMAKER PERSONAL RESTDENCE 17. FATHER'S NAME (First Micirlia (not) 18. MOTHER'S NAME (First, Middle, Malden Surname) HARRY SILVER MOULDEN DELLA E. MORGAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) HAROLD A. McCAULEY 13710 ROYAL ROAD, HAGERSTOWN, MARYLAND 28p: METHOD OF DISPOSITION
143 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE ROSE HILL CEMETERY JULY 21,1992 HAGERSTOWN, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DOUGLAS A. FIERY FUNERL HOME DOUGLAS A. FIERY 1331 EASTERN BLVD. NORTH HAGERSTOWN 2 MD lon LIQUA 23. PART I. Enter the diseases, or complications that saused the centh. Do not enter the mode of dying, auch as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Liver metastasis DUE TO (OR AS A CONSEDUENCE OF): Small cell carcinoma of lung Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE DF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 THO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 ND 1 in Inputient 2 ER/Outputient 3 DOA 4 🗆 Nurs ng Home 6 - Residence 6 - Other (Specify)

29a. CERTIFIER

1 [CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the lime, data and place, and due to the cause(s) end manner as stated. 2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

28b. TIME OF

26s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)

28c. INJURY AT

1 YES 2 ND

010475

Richard E. Ameta , W. D. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Investigation

6 Could not be determined

Richard E. Smith 19414 - C Leitersburg m.D.

26e. DATE OF INJURY (Month, Day, Year)

31, DATE FILED (Moorts, Day, 16a) 32. REGISTRAR'S SIGNATURE Jalin Senden-Rudall 21792

Md



		1 - FOR STATE REGISTRAR	STATE OF MARYL	CERTIF	FICATE OF	DEATH	MENTAL HYGIE		las time of	
		1. DECEDENT'S NAME (First, Middle, L	V. Mor	rginia M Ining	ONNINGER		2. DATE OF DEATH		year 3. TIME OF DEATH	
No.		4. SOCIAL SECURITY NUMBER 219-20-2141 5. FACILITY NAME (If not inetitation, g	1 - M 2 X F 7	(In yrs. lest birthday) YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) June 16,	1922	BIRTHPLACE (State or Foreign Country) Maryland	
1, 2, 3 shou	CTOR	Washington Cour	nty Hospital			erstown	EATH		y of DEATH nington	
permit. Pages 1	DIRE	Maryland Was	100.000111			ATION PORT			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
12	FUNERAL	100. STREET AND NUMBER Sword Road			10	01. ZIP CODE 21795		10g. CITIZEN OF WHAT COUNTRY?		
attending physician.	8	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2				unic ORIGIN? (Specify an, Puarto Rican, etc.)			
6 2	LETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				16b, KIND OF E	BUSINESS/INDUS		
by the hospital be detached to at once.	I I	17. FATHER'S NAME (First, Middle, Last Roy Moats)	House	maker	18. MOTHER'S NA	AME (First, Middle, Maidle	len Surname)		
should notified	TO BE	19a. INFORMANT'S NAME (Type/Print) Mary Harp				and Number or Rural	Aoute Number, City or Nagerstown			
e 6 may ector, pa must b	13	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Removal from State cen	b. PLACE AND DATE metery, cremetory or Manor Cet	metery		7-17 Ti	LOCATION — CH	ty or Town, Stata	
ter death. Pag the funeral dis oval.		22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or compileations that coused the dash. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate								
death certificate be executed within 24 hours after attending physician and completely filled in by the ental Hyglene prior to burial, cremation, or remonal, rry, or other traumatic event, the medical expenses the property or other traumatic event, the medical expenses the property or other traumatic event, the medical expenses the property or other traumatic event.	CERTIFICATION	23. PART I. Enter the diseases, shock, or heart felix immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A BUE TO (OR AS A C. DO CALLED TO (OR AS A	Cau	CIAM protic (protic (na	e Carcin	nomato	Interval Between Onset and Dayth	
by the and Me	MEDICAL CER	BART II Other significant conditions contribute to death had a						24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: The law requires thin this certificate has been signed with the State Dept. of Health a riked, or Item 23 shows and	PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch			1 TES 2 NO	
PHYSICIAN this certific with the S	PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b, TIR	4 Nursing Hor ME OF 28c. IN.	JURY AT ORK?	6 Other (Specify) 28d. DESCRIBE HOW	V INJURY OCCUP	RED	
TENDING TOR: After after death 28 is ma	TED BY	2 Accident Investigati 3 Suicide 8 Could not 4 Homicide determine	28a. PLACE OF INJURY building, etc. (Spec	/ — At home, term, city)		YES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
L DIRI	COMPLETED		HYSICIAN: To the best of my know MINER: On the basis of examination							
TO THE HOSPITA TO THE FUNERA DE flied within 72 IMPORTANT: II	9E	296. SIGNATURE AND TITLE OF CERTI	Chancy.	MD.		29c. DICENSE NUM	MBER 398	29d. DATE S	GIGNED (Month, Day, Year)	
	5	30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE NANCY MD.	363	s.Clei	veland	Ave. H	agers	town, Moderno	
		31. DATE FILED (Month, Day, Year) JUL 1 6 1992	32. REGISTRAR'S SIGN							

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Press be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
C	ERTIFICATE	O	F DEAT	ГН		DEC	NO

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN	E	. 200//
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH
	Samuel Alfred Mo	:NAMEE					1992	9:00 P M
* 11/2°	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
		1 ⊠ M 2 □ F 69	YRS.	MONTHS DAYS	HOURS MIN.	June 28,	1923 Ma	ryland
1	Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN (R LOCATION OF D		9c. COUNTY OF	4
DIRECTOR	Washington Count	y Hospital		Hage	rstown		Washin	gton
Ä	10e. STATE 10b. COUNT	ΤΥ	10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland Wash	ington	На	gerstow	n			LIMITS?
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
ᇤ	956 Mulberry Ave	nue			21740		US	A
5	11. MARITAL STATUS	12. WAS DECEDENT EVER II				NIC ORIGIN? (Specify Ye		E — American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			ecify Cuban, Mexica 2 ☑ NO Specif	n, Puerto Rican, etc.) y:	Spe	ck, White, etc.
							wh	ite
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S (Give kind of w	ork done during mo		16b. KIND OF BU	SINESS/INDUSTRY	
Ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us				.1 1	
₹	6	0	custo	alan			school	
8	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malden		
BE	Paul E. C. McNam	iee				y Elizabet		
2	19e. INFORMANT'S NAME (Type/Print)					Aoute Number, City or Tow		
	Patricia Michael					oad, Hager		
	20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Ren	noval from State Cen	PLACE AND DATE O	F DISPOSITION (Na	ma of		CATION — City or 1	
	4 Donation 5 Other (Specify)		Köse Hill				erstown,	Maryland
	21. SIGNATURE OF EUNERAL SERVICE L	ICENSEE	- 1	MINNI	CH FUNER	AL HOME		
	2CH80	of sums	rech	/15 7	*****	D 7 2 27		
	23. PART I. Enter tha diseases, or	complications that caused	tha death. Do n	ot entar tha mo	de of dying, suc	Rlvd Ha	gerstown Iratory arrest.	Md. 21740 Approximate
	ahock, or haert failure. iMMEDIATE CAUSE (Final	Liat only one cause on e	ach line.			1900		Interval Between Onset and Death
	disease or condition	a. Multipl	e Myelo	m a				
	resulting in death)		CONSEQUENCE OF					3 years
Z								į l
은	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	C.						
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
CERTIFICATION	resulting in deeth) LAST	d						
	PART ii. Other significent conditio	ns contributing to death b	ut not resulting in	the underlying	cause given in	Part I. 24s, WAS AN	ALITOPRY 24	b. WERE AUTOPSY FINDINGS
CAL	Anteriosclar		/ :	0	2 =	PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	11 10 130/10 3 0/24	- orce (a)	der un	scular	Visen	1 🗆 YES 2	€ NO	OF DEATH?
Σ								1 TYES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL							
<u> </u>	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch			
₹ ¥	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp				8 Other (Specify)		
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	JRY WO	RK?	28d. DESCRIBE HOW I	NJURY OCCURED	
BY	2 Accident Investigation	28. DI ACE OF IN HIPW	A111		ES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At nome, term, si	reet, lectory, offic		261. LOCATION (Street and City or Town, State)	and Number or Rural	Route Number,
	20a CEOTIEIED							
COMPLETED		SICIAN: To the best of my know						
S I		ER: On the basis of exemination	end/or investigation	i, in my opinion, d	eath occured at the	time, date end pieca, en	d due to the ceuse	(s) end menner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	R O			29c. LICENSE NUI	MBER	29d. DATE SIGNE	D (Month, Day, Year)
TO B	devent w	- Di Hou	- Ke		D0106	2	▶ July	15,1992
-	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print)				
	Edward W.Ditto	111 MD. 2	17 W.Wa	shingto	on St.	Hagersto	wn,Md.	21740
	31. DATE FILED (Month, Day, Yeer)	12. REGISTRAR'S SIGN						
	JUL 1 6 1992	Jui Sinden R						

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OR /	JIR.	OURS	Ee
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical axaminer must be notified at once.
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	1 - FOR STATE (OF MARYLAND	/ DEPARTMI	ENT OF H	EALTH AND	MENTAL HYGIEI			0070
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF	DEATH
	Andromache		MARKAT	os			1992	YEAR 08:4	18 A M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs.	-	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		I. BIRTHPLACE (State Country)	
1	067-20-1631 1 M 2X 9a. FACILITY NAME (If not institution, give street and numbin	1 00	YRS. MONT	- 231	R LOCATION OF D	Dec 1,19		Greece	
) HO HO	Frederick Memoria				lerick	EATH	110 100	ederick	
DIREC	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION			10d. INSIDE	CITY
0	Maryland Frederic	k	Monr	ovia				1 TYES	2 X NO
FUNERAL	3919 Chaucer Court			101	21770			EN OF WHAT COUNT	RY?
2	11. MARITAL STATUS 12. WAS DEC	EDENT EVER IN U.S.	ARMED	13. WAS DEC		NIC ORIGIN? (Specify Yo		merican	Indian
ВУ	1 Never Married 2 Married FORCES	1 TYES 2 THE WAR OR DATES	∑ ivo	If yes, spe	city Cuban, Maxico 2 NO Specie	an, Puerto Rican, etc.)	NO NO	Black, Whita, etc.	77267
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4)		DECEDENT'S USUA (Give kind of work di ife. Do NOT use retin	L OCCUPATIO	N It of working	16b. KIND OF BO	JSINESS/INDU		
1	Elementary/Secondary (0-12) College (1-4		Homemak	er					
ğ	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide	n Surname)		
BE (Denis Razi				Peri	Menega	atos		
10	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To			770
-	Helen V. Matsakos		3919 Ch	auce	Court	, Monroy	ria, l	Marylān	à d'
	20a. METHOD OF DISPOSITION 1/L Burlat 2 Cremation 3 Removal from Star	20b. PLAC cemetery, c	E AND DATE OF DIS	acel				ty or Town, State	
	4 Donation 5 Other (Specify)	Pine	Grove		tery	6/25	Mt. A	iry, Ma	rylan
	. Notest L. Will	liams	,	01in	L. Mol	esworth,	P.A.	,Funera	1 Home
	23. PART L Enter the diseeses, or complications shock, or heart fellure. List only one	that coused the	deeth. Do not er	nter the mod	le of dying, suc	h es cerdiac or resp	olratory arres	st, Appro	oximate
	IMMEDIATE CAUSE (Finel disease or condition	0000	~ 3 m l	m 1		Sime	201		ral Between t end Death
	resulting in deeth)	E TO (OR AS A CONS	EOUENCE ON:	10 T	Dily	90196	30		
NO	Sequentially list conditions, b.	hroni		CO	nt f	outus	0		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	E TO (OR AS A CONS		CPA	101	1-11	6.0		
FIG	CAUSE (Disease or Injury that initiated events	E TO (OR AS A CONS		9 000	(0)	100110	16		
TH	resulting in death) LAST					9			
	PART II. Other significent conditions contributing	n to death but and							
SA	1. Other significant conditions contribution	g to deeth but not	resulting in the	underlying	ceuse given in	Part I. 24a. WAS AI PERFO		24b. WERE AUTOF AVAILABLE P	RIOR TO
PHYSICIAN: MEDIC						1 D YES	2 (XNO	OF OEATH?	DF CAUSE
₹								1 TYES 2	□ NO
A	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	ack only one)			
SIC	EXAMINER? 1 YES 2 NO 1 Inpetient	2 ER/Outpetlant		IER:		8 Other (Specify)			
Ě	27. MANNER OF DEATH 28a. DAT	E OF INJURY	28b. TIME OF	28c. INJU	RY AT	28d. DESCRIBE HOW	INJURY OCCU	REO	
ВУР	1 Natural 5 Pending 2 Accident Investigation	nth, Day, Year)	INJURY	1 Y	ES 2 NO				
COMPLETED E	3 Suicide a Could not be 28a. PLA	CE OF INJURY — A1 I ding, etc. (Specify)	nome, farm, streat,	factory, offica		281. LOCATION (Street City or Town, State	and Number or	Rural Route Number,	
٦	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the bu	est of my knowledge.	feath occurred at II	he time date	and place, and due	to the councie) and me			
NO	(Check only one) 2 MEDICAL EXAMINER: On the basis								as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI				
BE	s. untrem	m			-	8765		ne 23,	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF OEATH (IT	EM 27) (Type, Print)		10	0 100	J G G	23,	1992
		TOS, H.	Gait	ners	burg	MD 20	877	7	
		STRAR'S SIGNATURE)				-200



should

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

418-01-4854

William

9a. FACILITY NAME (If not institution, give street and number)

A. Motley

5. SEX

1 X M 2 - F

1 -

۵.
RECORDS,
VITAL
OF
DIVISION

5	RESIDENCE OF DECEDENT	Nursing Cer	nter	ROCKATITE		Mont	gomery						
DIRECTO													
	Maryland Mon	tgomery .	Ro	ockville			1 XYES 2 NO						
	10e. STREET AND NUMBER	04011027		101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?						
	4617 Cherr	y Valley D	rive	20853		U.S.A.							
COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specify	an, Puarto Rican, etc.)	a or No- 14. RACE - American Indian, Black, White, stc. Specify: Black							
	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S USI	JAL OCCUPATION done during most of working tired.)	16b. KIND OF BU	OF BUSINESS/INDUSTRY							
	Elementary/Secondary (0-12) 10th Grade	College (1-4 or 5+)		Mason	Self	Self Empl.							
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maider	t, Middle, Maiden Surname)							
		Motley		Annie	Belle We	omack							
	19a. INFORMANT'S NAME (Type/Print)	(Son)	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Tox	vn, State, Zip Co	** #20874						
2		Motley Jr.	12137	Stoney Bott	om Rd, G	erman	town, Md						
	20g, METHOD OF DISPOSITION 1 2 Burlel 2 Cremetion 3 Ref	noval from State	b. PLACE AND DATE OF	DISPOSITION (Name other place)	1		y or Town, Stata						
4	4 Donation 6 Other (Specify)	No	orbeck Me	emorial Park		lver :	Spring, Md						
	21. SIGNATURE OF FUNERAL SERVICE L	CENSES		22. NAME AND ADDRESS OF F	wility lineral H	eral Home P.A 20850							
	3/10	K. /ha	und i.i.	Rockville									
AN: MEDICAL SERIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS C. DUE TO (OR AS d.	A CONSEQUENCE OF): A CONSEQUENCE OF):	provate Cultur		N AUTOPSY PRMED?	24b. WERE AUTOPSY FIND AMALLABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO						
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)												
2	1 YES 2 NO	HOSPITAL: 1 inpetient 2 ER/Out	petient 3 DOA 4	THEA: Nursing Home 5 - Residence	6 Other (Specify)								
TO BE COMPLETED BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation		26b. TIME C	WORK? 1 YES 2 NO	26d. DESCRIBE HOW		1.7						
	3 Suicide 8 Could not be determined	building, etc. (Spi			28f. LOCATION (Street City or Town, State	9)							
	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 3 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
	29b. SIGNATURE AND TITLE OF CERTIFIER R Sha k 1 v 29c. LICENSE NUMBER 29d. DATE SIGNED (M												
	Ramiela Si	HAKIR I		19 Shady	grow C	1- ga	ithersburg 1						
	JUL 8 92	32. REGISTRAR'S SIG	NATURE				20						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

DAYS

Sr.

YRS.

6. AGE (In yrs. last birthday)

81

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

July

Mar

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

92 20679

1992

9c. COUNTY OF DEATH Montgomery

3. TIME OF DEATH

Approximate Interval Between Onset and Death

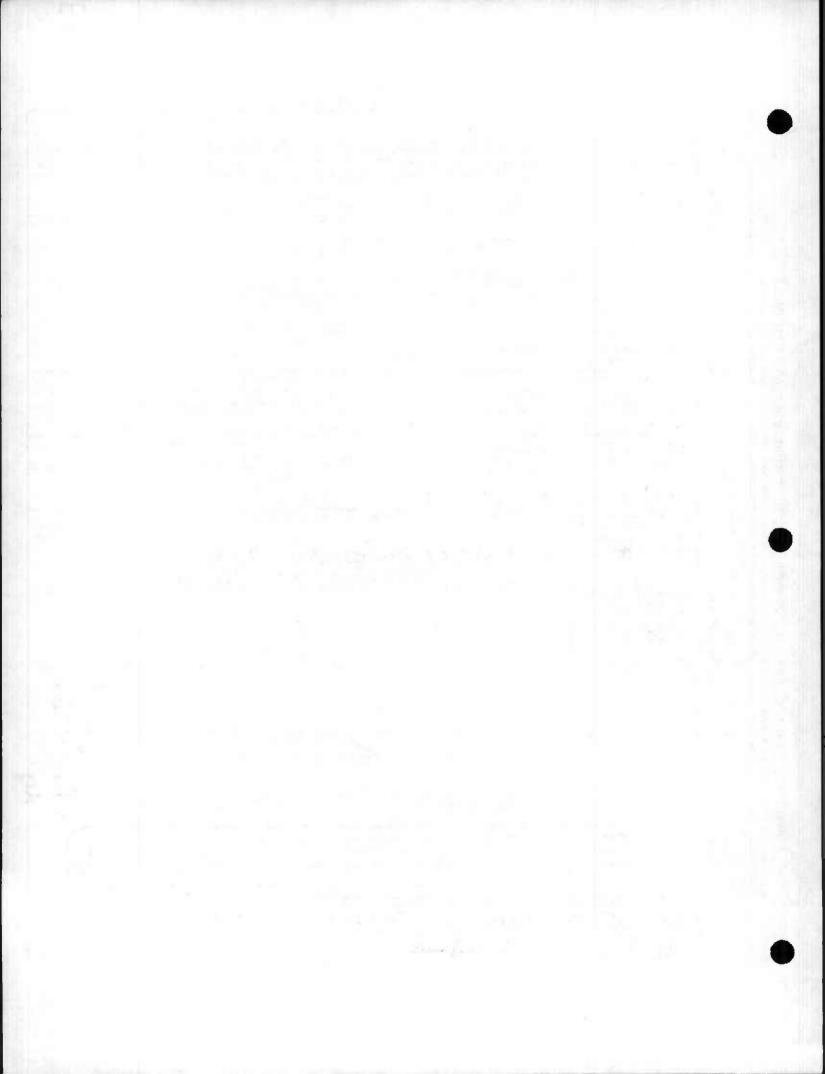
24b, WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

8. BIRTHPLACE (State or Foreign Country)

Alabama

11:15 P M

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020

1

FUNERAL DIRECTOR

BY 6

COMPLET

2

¥ notified examiner must be medical the seen signed by the attending physician and completely filled the completely filled the complete of Health and Mental Hygiene prior to burial, cremation, the event. traumatic other 23 shows any injury, or 28 is DIRECTOR: TO THE HOSPITAL OR ATT TO THE FUNERAL DIFECTO DE filed within 72 hours at IMPORTANT: If them 2"

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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JUL 10 1992

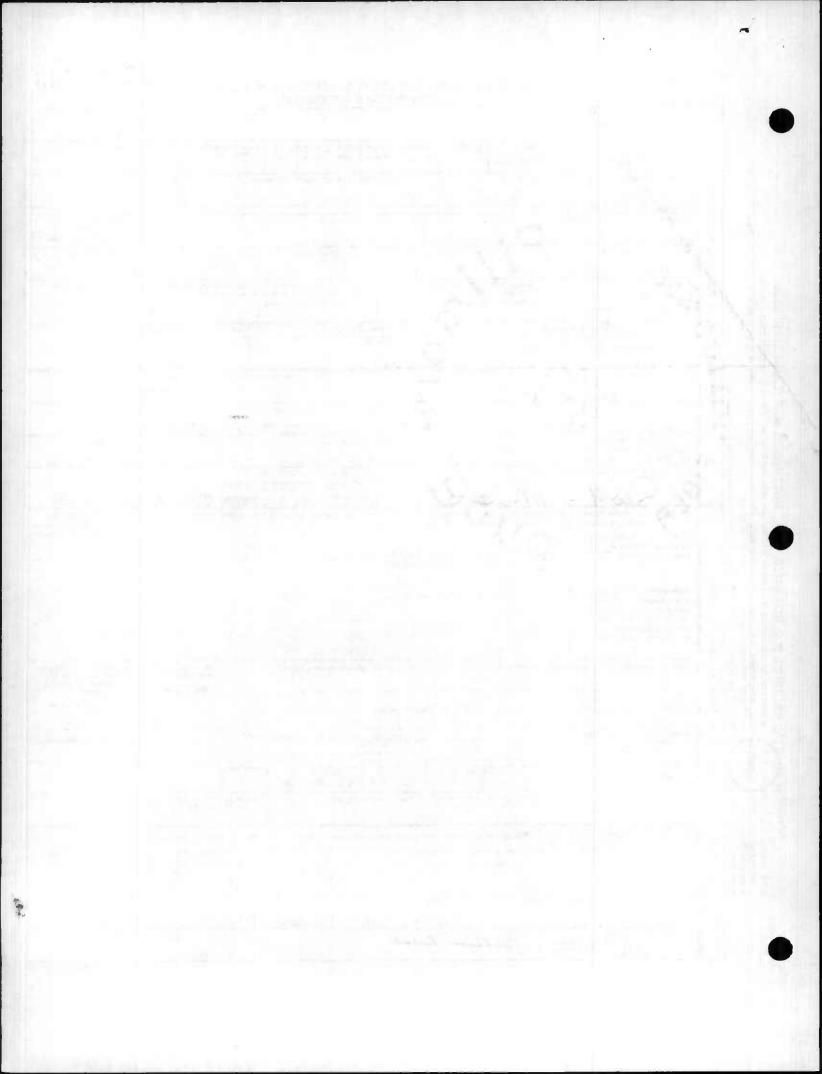
FOR STATE REGISTRAR		STATE OF I	MARYL	AND / DEPA CERTII					MENTAL HYGIEI	**	92	20680	
Ruth Pa		Wi11:	ing	Morri	son				2. DATE OF DEATH MONTH 0 7	57 1	992°	3. TIME OF DEATH 12:45A	A
. SOCIAL SECURITY NUMBER 217-16-9160 5. SEX 1 □ M 2 ☒ F 6. A			6. AGE (70 yrs. lest birthday,	MONTH	DER 1 YEAR	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-25-	1922	Count	HPLACE (State or Foreign ry) Vland	
Hartley Hall Hall Inc.						96. CITY, TOWN OR LOCATION OF DEATH POCOMOKE City				%c. COUNTY OF DEATH Worcester			
oo. STATE Maryland	E 10b. COUNTY				10c. CITY, TOWN OR LOCATION POCOMOKe City							10d. INSIDE CITY LIMITS? 1 1 YES 2 NO	-
406 Maple Street						101. ZIP CODE 21851			10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
1. MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D/			2XX10	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 NO Specify			n, Puerto Rican, atc.) Bis			E — American Indian, k, White, atc. my: White			
15. DECEDENT'S EDUCATION (Specify only highest grade completed)				(Give kind of	i. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				16b. KIND OF BI	JSINESS/IN	DUSTRY		-

can Indian hite 10 Housewife. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Willing James A Alice Carey -Willing 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Bruce Morrison PO BOX 37, Pocomoke City, Maryland 21851 20s. METHOD OF DISPOSITION

1 General 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Salem Methodist Cemetery 7 Pocomoke City, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Melson Funeral Home PO BOX 64, Pocomoke City, Maryland 21851 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) Metistahi GIM DUE TO (OR AS A CONSEQUENCE OF): than be philabel. Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 LING 1 TYES 2 PNO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 -40 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA g Home 5 🗆 Residence 8 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER
(Check only

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, desth occurred at the time, date end place, and due to the cause(e) and manner ea stated. 2 __ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner se stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Chu DI 5 081 MP 7-7-92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Polokoda liky, It ar Lley Hull

BE BEGISTRAR'S SIGNATURE



1992

9c. COUNTY OF DEATH

WICOMICO

USA

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 X NO

white

21851

interval Between

Onset and Death

ell

Approximate

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TES 2 NO

29d. DATE SIGNED (Mogth, Day, Yea

6. BIRTHPLACE (State or Foreign

Maryland

10g, CITIZEN OF WHAT COUNTRY?

Specify:

1956

2. DATE OF DEATN

7. DATE OF BURTH

(Month, Day, Year) 8/23/1916

JW

hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

215-05-6543

1. DECEDENT'S NAME (First, Middle, Last)

Edwin

Dailey

B. AGE (In yrs. last birthday)

75 YRS.

5. SEX

1 XM 2 - F

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30, NAME AND ADD

31. DATE FILED (Mo

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1992

funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH PENINSULA REGIONAL MEDICAL CENTER DIRECTOR SALISBURY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Worcester Pocomoke City FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 8096 Dividing Creek Road 21851 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea. specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO 1 Never Married 2 Married If yes, specify Cuben, Mexican, Pt 1 YES 2 XNO Specify: BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced National Guard COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 11 State Police once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maldee Surname) BE Noah W. McGee Martha Butler notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 8096 Dividing Creek Road, Pocomoke City, Md. 21851 Evelyn Willey McGee pe 20a METHOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata must First Bapti 4 Donation 5 Other (Specify) 7/6 Pocomoke City, Maryland st Cemetery medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Melson Funeral Home PO BOX 64, Pocomoke City, Maryland an and completely filled in by the to bunal, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or heart fellure. Liet only one ceuse on eech line. IMMEDIATE CAUSE (Finel the disease or condition M event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury prior or other mtal Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST shows any injury, stoned by the PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 1 TYES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) certificate to the State 1, or Item HOSPITAL: OTHER: 1 YES 2- NO Inpetient 2 DER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH DIRECTOR: After this cell hours after death with the litem 28 is marked, of 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide e Could not be COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: If Item 21 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as attend. 29b. SIGNATURE AND TOTAL OF DESTRICT 29c. LICENSE NUMBER

WNO COMPLETED CAUSE

32 REGISTRAR'S SIGNATURE

Lis Deniem-Rudall

DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

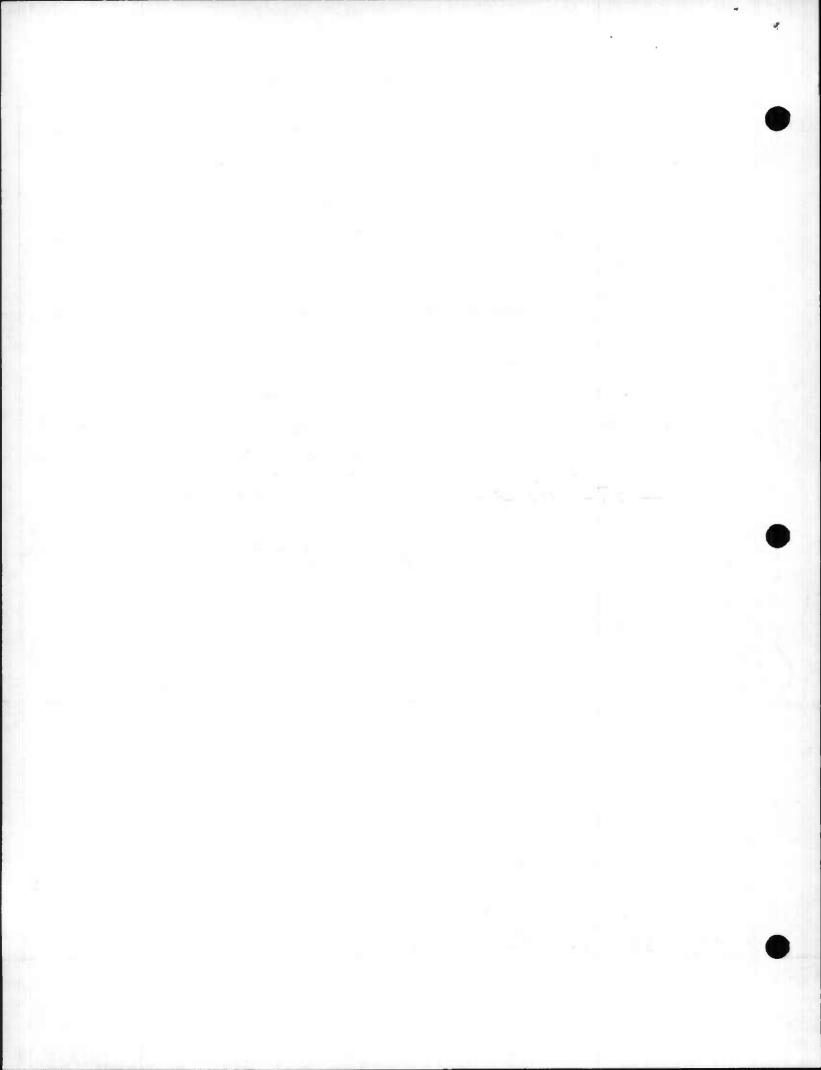
DAY8

ree

HOURS

IF UNDER 24 HRS.

DHMH-18 Rev 1/89



IMPORTANT: If item 28 is marked, or item 23 shows any iffjury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Depr

	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF HEALTH		NTAL HYGIENE REG. NO.		
			MANGES		2.	DATE OF DEATH MONTH DAY	1992 YEAR	3. TIME OF OEATH 3:40 P M
	4. SOCIAL SECURITY NUMBER 577-07-1676 9e. FACILITY NAME (If not institution, give a	5. SEX 1 M 2 F 85	YRS.	NTHS DAYS HOURS	MA	DATE OF BIRTH (Month, Day, Year) AY 8 1907	PI	ENNA.
DIRECTOR	Memorial Hospita	1		Cumberland	ION OF DEATH		Allega	
		LEGANY		OWN OR LOCATION NTSTONE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		LEASANT VALLEY	ROAD		530		U.S.A.	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 Tyes 2 D IF YES, GIVE WAR OR DATES	ABMED NO	13. WAS DECENDENT If yes, specify Cub 1 YES 2 NO	en, Maxican, Pi	RIGIN? (Specify Yes or larto Rican, etc.)	Blac	E — American Indian, ik, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a. (Completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use n	UAL OCCUPATION done during most of work tired.)	ing	16b. KINO OF BUSIN		
BE COM	17. FATHER'S NAME (First, Middle, Last) MARTIN LUTHER	MANGES	LAWYER		THER'S NAME (First, Middle, Maiden Sur PEW	YER	
10	194. INFORMANT'S NAME (Type/Print) MARTEENE MANGES		RFD#1	DRESS (Street and Number 30X#68 FLII	or or Rural Route NTSTONE	Number, City or Town, S E, MARYLAN	State, Zip Code) D 2153	30
	20a, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State		PCEMETERY	JULY 17		TION — CHY OF TO INTSTON	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ZWILL ZWILL				UNERAL HO		MARYLAND
CERTIFICATION	23. PART I. Enter the diseases, or abock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. ? A CM	EQUENCE OF			Lioni Ento	1.4	Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	is contributing to death but not	resulting in t	he underlying cause	givery in Part	1. 24s. WAS AN AUT PERFORME	D7	WERE AUTOPEY FINDINGS ANALABLE PRIDRI TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 2 YES 2 NO	HOSPITAL:		26. PLACE OF E		- Advisor		
B≼	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 3 Suicide 6 Quild not be 4 Homicide determined	28e. DATE OF INJURY (Month, Day, West) 28e. PLACE OF INJURY — At 1 building, etc. (Specify)	285. TIME OF	28c. INJURY AT WORK? M 1 VES 2	_ NO	DESCRIBE HOW INJU LOCATION (Street and City or Yours, Strate)	WINTERSCHIPS.	Route Number
COMPLETED		CIAN: To the best of my knowledge, on the basis of examination and/o						a) and manner as atated.
TO BE C	296. SIGNATURE AND THILE OF CENTIFIE	In		D	23371	29	d. DATE SIGNED	(Month. Joey, Year)
	Dr. O. Zaman. Jo	ohnson Heights 1	Medical		mberla	nd, Md 21	1502	1
	31. DATE FILED (1992). 001 (6) 1992	Julia Davidson-Man	ndell					

ecuted within 24 hours after death. Page 6 may be retained by the hospital or attending physician. In the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should burial, cemation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

atic event, the medical examiner must be notified at once.

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death TO THE FUNERAL DIRECTOR: After this certificate has been signed by the atte direction be filed within 72 hours after death with the State Dept. of Health and Mental by IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIEN	E	20000
	1. DECEDENT'S NAME (First, Middle, Last) MADELINE	М.		AYHALL		2. DATE OF DEATH MONTH JULY 13,	AY YEA	
	4. SOCIAL SECURITY NUMBER 174-20-0663	1 □ M 2 🂢 F	81 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-21-19	8. B	4:50 A M IRTNPLACE (State or Foreign ountry)
CTOR	96. FACILITY NAME (II not institution, give s Memorial Hospital RESIDENCE OF DECEDENT				erland	ATH	9c. COUNTY C	
L DIRECTOR	MD A1 10a. STREET AND NUMBER	legany		town on Locat umberla	nd			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	126 Wempe Driv	e		101.	21502		10g. CITIZEN C	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	13. WAS DEC	cify Cuban, Mexican			RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use homen	retired.)	N at of working	166. KIND OF BUS	home	W.
COM	17. FATHER'S NAME (First, Middle, Last)					IE (First, Middle, Meiden :		
BE	Frederick A. 19a. INFORMANT'S NAME (Type/Print)	. Wempe	19h MAH INO A	DDBESS (Stead of		anor Kane		
2	Rosemary Eiric	h			MD 2150:		1, Stata, Zip Code)
	20e. METHOD OF DISPOSITION 1 Sourial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State com	PLACE AND DATE OF DELLO PLACE AND DATE OF DELLO	ws Ceme	tery	7-15 I	CATION — City o Enterpr	r Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	1 DCou	pelli	Sca	herland.	meral Hom		
	23. PART I Enter the diseases, or o shock, or heart fellure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	s. Andre	the deeth. Do no not line.	1 enter the mod	de of dying, such	es cardiec or respir	ratory srrest,	Approximats interval Batween Onset and Death
ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	· CAD	CONSEQUENCE OF:	T +CV	<u>'</u>			
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	OUR TO GON AS A	CONSEQUENCE OF	wasun	y			
PHYSICIAN: MEDICAL	PART II. Other significent condition	s contributing to death be	ut not resulting in	the underlying	ceuse given in P	eart I. 24a. WAS AN / PERFORI 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL/	ACE OF DEATH (Chec	k only one)		
	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Output 26e. DATE OF INJURY (Month, Day, Year)		OF 28c. INJU	5 Residence 6 IRY AT IK? ES 2 NO	Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	•
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Speci	At home, farm, str			281. LOCATION (Street er City or Town, Stete)	nd Number or Rui	ral Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSII 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge. On the bests of examination	edge, death occurred end/or investigation,	at the time, date at in my opinion, de A	and place, and due to	o the cause(e) end mann	ner ee stated.	se(e) end menner se stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Ullim	Wol	22 am	29c. LICENSE NUMB D 25406	ER	29d. DATE SIGN	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF FERSON WHO Dr. William Lamm,	47 Virginia	Ave. Cur	mberland		21502		* 49%
	31. DATE FILED (WOTT). Day. (Not.) 1992	39. REGISTRAR'S SIGNA	Fandell.					

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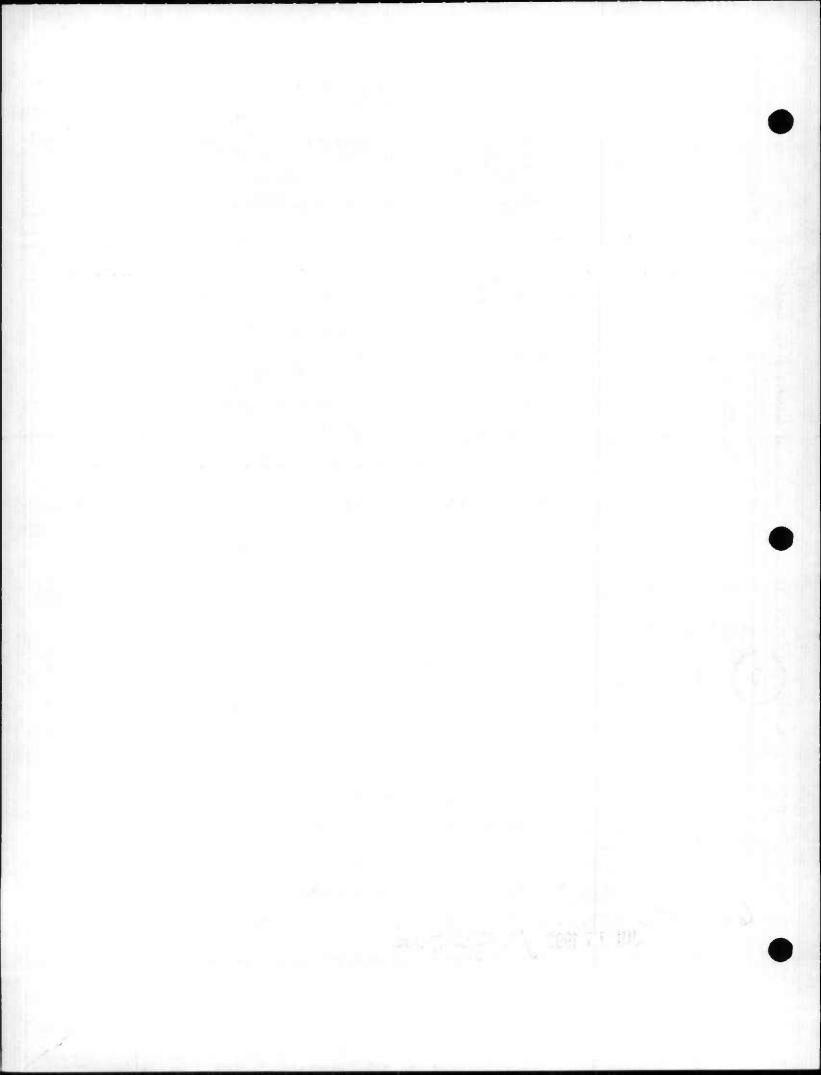
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IN THE MUSTIAL OF ALLENOING PHYSICIAN: THE ISM PROFESS THE CONTINUES BE EXECUTED WITH 24 HOURS STRE DESTIN. PAG	TO THE FUNERAL DIRECTOR: After this certificate has been gone or the mending physician and completely filled in by the funeral di		IMPORTANT: If Item 28 is marked, or item 23 shows the medical examiner
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR ROBERT KENNETH MALLORY 07 10 1992 11:02 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 07-18-1919 IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) 1 XM 2 | F MONTHS DAYS HOURS MIN 210 09 0368 YRS 72 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SACRED HEART HOSPITAL CUMBERLAND, MARYLAND ALLEGANY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Penna. Bedford Hundman TYTYES 2 NO 10a, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15545 P.O. Box 513 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indien, Black, White, atc. 1 Never Married 2 Married 3 Widowed 4 Divorced White WW TT 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) Rental Properties Labor 10 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Majden Sumame) Isaac Dick Mallory 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
P.O. Box 513 Hyndman, Pa. 15545 Margaret R. Mallory 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State Com Itun Pa 7/1 7/14/90 Johnstown, Pa 21. SIGNATURE OF FUNERAL SERVICE LICENSEE m Geisel F.H. 734 Bedford St. Itwn, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) Cardiac arrest from cardiai bysshy Throws DUE TO (OR AS A CONSEQUENCE OF) 15 yrs oronary onling Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury arteres denses DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS melleli AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO Obstruction OF DEATH? Diseas 1 | YES 2 | NO Penyfuld
25. WAS CASE REFERRED TO MEDICAL Vascular 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Stinpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation м 1 YES 2 NO 3 Suicide 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner se stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Herall 7/10/82 2690 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HARJIT SIDHU, M.D.

925 BISHOP WALSH ROAD CUMBERLAND, MD 21502

32 MEGISTRAN'S SIGNATURE
GLORA DAM doon-Mandale



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law menumes that the description of the property of attending physicians.	2 THE FUNERAL DIRECTOR: After this certificate has been upmed by the strain production and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be felached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law results in the conduction of the property of attending physician; The law results in the property of attending to the property of the property	TO THE FUNERAL DIRECTOR: After this certificate has been upped by the control of completely filled in by the fa be filed within 72 hours after death with the State Dect. of Health and Mental Hogers infor to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traus	

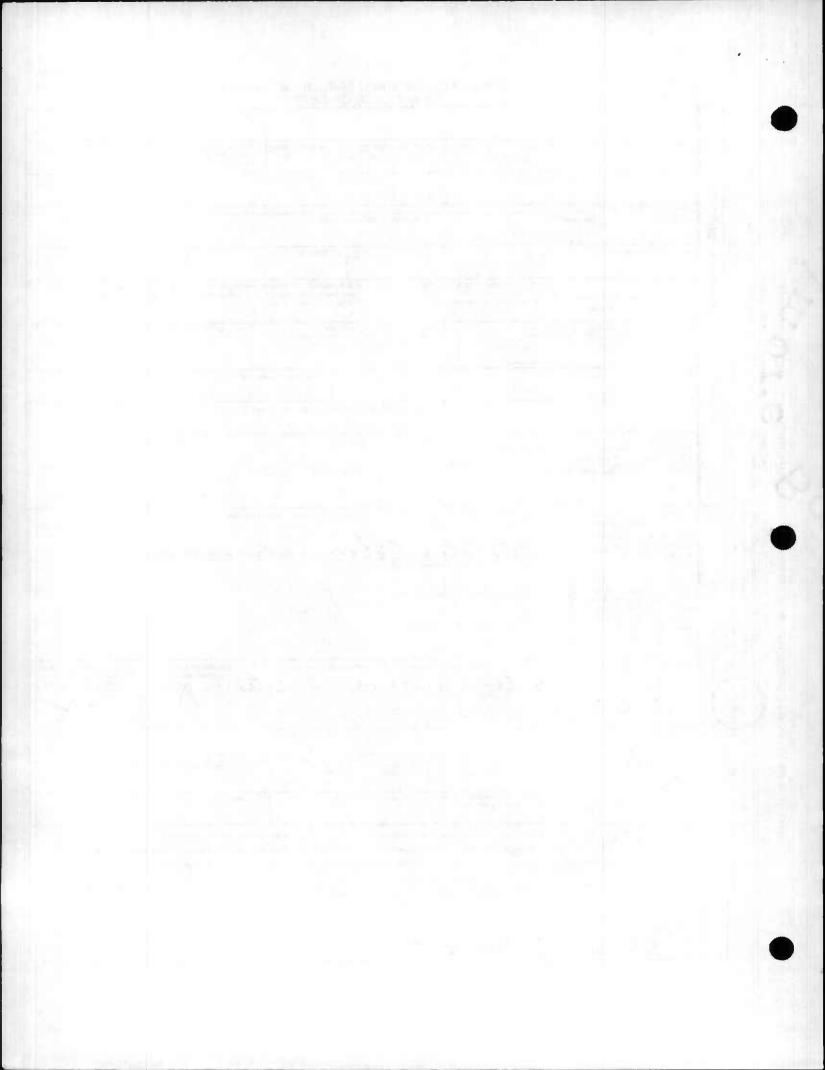
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND N	MENTAL HYGIEN		40000
	1. DECEDENT'S NAME (First, Middle, Last)				JEAN	2. DATE OF DEATH		3. TIME OF DEATH
	Thelma	Loretta	Mar	Hinol	14	MONTH DA	9 2 YEAR	12:30 04
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (n yrs. last birthday) IF	UNDER I YEAR	UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRT	HPLACE (State or Foreign
	577-26-5633 9e. FACILITY NAME (If not institution, give	1 □ M 2 🖄 F 69	YRS.	NTHS DAYS	HOURE MIN.			hington, D.C.
DIRECTOR	St. Mary's	No.Soptal	4	CON	R LOCATION OF DE	WN	St. M	, 1
E C	10a. STATE 10b. COUNT	Y	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland St.	Mary's	Bush	wood				LIMITS?
FUNERAL	Box 1-D			101.	20618		U.S.	WHAT COUNTRY? A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES				C ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian,
BY F	1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DA			cify Cuben, Mexican 2 X NO Specify:		Spe	ck, white, etc. "CHY: White
	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S USE	IAL OCCUPATIO	N.	16b. KIND OF BUS	INESC/INDI ISTOV	MITTE
	(Specify only highest grade Elementary/Secondary (0-12)	completed) Coffege (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mos	st of working	TOUR KIND OF BUS	MESS/INDOSTAT	
COMPLETED	12th Grade		Postal C	lerk		U.S.	Postal S	Service
8	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden :		225
BE	George Her	ry Welt			Lottie		Ada	ams
2	190. INFORMANT'S NAME (Type/Print) Stephen A. Mattir	nalv				oute Number, City or Town Abell, Mar		0606
	20e. METHOD OF DISPOSITION	206	PLACE AND DATE OF D	ISPOSITION (Nat	ne of	DATE 20c, LOC	CATION — City or 1	own. State
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 6 ☐ Other (Specify)	Ar	etery crematory or other Lington N				Arlingto	n, Virginia
	21, SIGNATURE OF PUMERAL SERVICE LI	CENSEE		Matti	D ADDRESS OF FAC	ndiner Fun	eral Hon	ne. P.A.
	/ X Janiel	Ho-felin	omo	P.O. I	30x 270 I	eonardtow	n, Maryl	
	23. PABT. Enter the diseases, Dr shock, Dr heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Scver	ich line.			as cardiac or respir		Approximate Interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A	CONSEQUENCE OF):				De	195
ICAT	cause. Enter UNDERLYING CAUSE (Disease or injury	c						
CERTIFICATION	that initiated events resulting in death) LAST	d.	CONSEQUENCE OF):					
	PART II. Other aignificant condition	na contributing to death be	it not requiting in the	ne underivine	cause siven in E	hant I have been asset		
ICAL		- Contributing to coptil of	it not resulting in th	ie underlying	ceuse given in r	PERFOR	MED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC						1 □ YES 2	200	OF DEATH?
z								
CK	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	on on	26. PL	ACE OF DEATH (Chec	ck only one)		
1YS	1 YES 2 NO	inpetient 2 ER/Outp.	itlent 3 DOA 4 D	Nursing Home	5 - Residence 6			
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIME OF	WOR	IRY AT THE PROPERTY AT THE PRO	28d. DESCRIBE HOW IN	IJURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY building, etc. (Speci	At home, term, stree	t, tectory, office		261, LOCATION (Street or City or Town, State)	nd Number or Rural	Route Number,
3	29e. CERTIFIER (Check only	ICIAN: To the best of my knowl	edge, death occurred at	the time date	and place, and due to	o the cause/s) and more	nor no eletad	
COMPLETED		ER: On the besis of examination						s) and menner as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIE		4		29c, LICENSE NUME		29d. DATE SIGNE	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF ME	TH (ITEM 27) (Turns Prin	1)	1725	230	• //	11/9:
	David C. Allen		nardtown,		and 20650			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNI Julia Davids		4				
	JUL 17 '92	gulia Davids	on-Navianes					

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The IRM ISSUED THE THE CHAIR CHTIFICEN DE ENCUTED WITHIN 24 hours aft

	1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMENT	OF H	EALTH A	ND N		YGIENE				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH			3. TIME OF D	EATH
	MARY ADELAIDE	MAYOR							JULY	3	19	92	5:20	P
	4. SOCIAL SECURITY NUMBER 213-80-4177	1 🗆 M 2 💢 F	8. AGE (In yrs. lest	t birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER 24	HRS.	7. DATE OF E (Month, De OCT. 2		12	8. BIRTHI Country VIRG		r Foreign
OR	9a. FACILITY NAME (If not institution, give 66 LEONARDTOWN P		OUT ROAD			TOWN O	VD	OF DE	ATH			MAR		
DIRECTOR	MARYLAND ST.	MARY'S			Y, TOWN O		TION				011		10d. INSIDE CLIMITS?	
FUNERAL	100. STREET AND NUMBER 66 LEONARDTOWN P		OT ITT. DOM)IIIII	101	20687						HAT COUNTRY	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI	EVER IN U.S. ARI	MED		WAS DEC	ENDENT OF	Mexicer	IIC ORIGIN? (Sen, Puerto Ricar		or No-	14. RACE Black, Specify		ndlen,
ETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)		(GA	ve kind of Do NOT u	se retired.)	during mo	ON est of working		16b. KIN	D OF BUS		WHIT!	<u>. </u>	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) CHARLES EDWARD N	AUMANN			WIFE		MARY	EV	ME (First, Middle MA EDV	VARDS				
2	19a. INFORMANT'S NAME (Type/Print) LOUIS H. MAYOR 20a. METHOD OF DISPOSITION			LEC	NARD	TOW	N POIN		OOKOUT	ROA		COTL		D
	1 Donation 5 Other (Specify)	moval from State	ST. MI	chAF	ther place)	CEME	ETERY		7/7		E, M			
	21. SIGNATURE OF FUNERAL SERVICE L MICHAEL K. B	LANKENSHIP					ID ADDRESS		59 LEC	NARW	ASHI	NGTO! MA	RAL HO V STRE RYLAND	
	23. PART I. Enter the disesses, or shock, or heart failure IMMEDIATE CAUSE (Final disesse or condition resulting in death)	s. Metas	coused the design on each line.	c (Col									imata Between and Deati
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSECUTOR AS A CONSECU	UENCE O	F):									
MEDICAL CE	PART II. Other significant condition Concerns Allotte	A A	eath but not re	esulting	in the un	derlying	Λ		1	WAS AN A PERFORM	ED2		WERE AUTOPSY AMAILABLE PRIN COMPLETION O OF DEATH?	OT RO
YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 VNO 1 Department 2 SEMOntanation 2 DOA 1 Department 2 SEMOntanation 2 DOA 1 Department 2 SEMOntanation 2 DOA 1 Department 2 SEMOntanation 2 DOA 1 Department 2 SEMOntanation 2 DOA 1 Department 2 SEMOntanation 2 DOA 1 Department 2 SEMONtanation 2 DOA 1 Department 2 DO													
ву РНУ	1 PES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 5							5 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED						
ETED	3 Suicide 5 Could not be determined	28e. PLACE OF I building, et	INJURY — At hon c. (Specify)	ne, term, s	street, facto	ory, office			281. LOCATION		d Number	or Rural Ro	ute Number,	
COMPLE		INCIAN: To the best of m											and menner e	e stated.
BE	206. SIGNATURE AND TITLE OF CENTIFIE						29c. LICENS						Month, pay, No.	
2	JAMES C		of DEATH (ITEM			PREF	T, LE	ANC	RDTOWN	, MD	206	50	///	

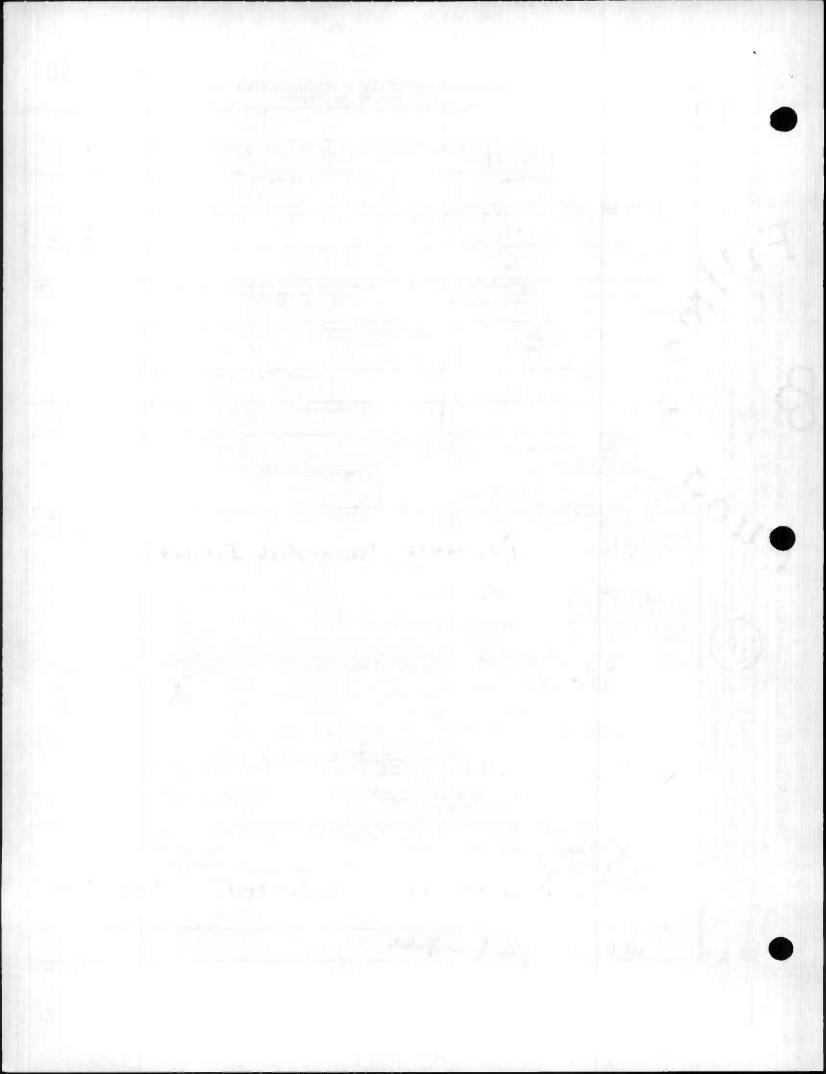
32. REGISTRAR'S SIGNATURE
Julia Davidson-Mandalle



מים יים מידד ומיוסס דם סד	DEDTACIOATION	TO RE COMPLETED BY BHYSICIAN MEDICAL PEDIAGOATION
al examiner must be notified at once.	ury, at other traumatic event, the medic	IMPORTANT: if item 28 is marked, or item 23 shows any injury was the traumatic event, the medical examiner must be notified at once.
be filed within 72 hours after death with the State Digit, of Health and Jernal Inspirate no burief, gremation, or removal.	lental Hydienelprior to burlal, cremation, or rem	be filed within 72 hours after death with the State Dept. of Health and
the funeral director, page 5 should be detached for use as the burial-transit permit. Page	attending toysiclas and completely filled in by	TO THE FUNERAL DIRECTOR: After this certificate has been somed by it
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the draft applicants the measures within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	death conflicate be executed within 24 hours at	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The line requires that the

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H			GIENE G. NO.	- J Inc.	2000
1. DECEDENT'S NAME (First, Middle, Le James	» Virgil	Matt	ingly	Sr.	2. DATE OF DE MONTH JULY 6	, 1992	YEAR	3. TIME OF DEATH 5:55 A
4. SOCIAL SECURITY NUMBER 216-32-8805	1 ⋈ м 2 🗆 ғ 79	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Dey, Sept.	5, 1912	Count	PLACE (State or Foreign or) ryland
St. Mary's Hospi			Leonard	TOWN	EATH	St.		
10a. STATE 10b. COU	Mary's		nardtow	1201				10d. INSIDE CITY LIMITS? 1 YES 2 NO
P.O. Box 665				20650			S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2X NO	If yes, sp	ENDENT OF HISPA city Cuban, Mexic 2 X NO Speci	an, Puerto Rican, e		Spec	E — American Indian, k, White, etc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)			ork done during mo e retired.)	N at of working		OF BUSINESS/INDU	STRY	200
8th Grade 17. FATHER'S NAME (First, Middle, Last) Andrew Johns	on Mattingly		Operator	18. MOTHER'S NA	AME (First, Middle,		wis	9
Andrew Johns 19a. INFORMANT'S NAME (Type/Print) James Virgil Mat		19b. MAILING		nd Number or Rural	Route Number, City	or Town, State, Zip (Code)	22205
20a. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 R 4 Donation 5 Other (Specify)	20b	PLACE AND DATE O	F DISPOSITION (Na	ne of	OATE 2	20c. LOCATION — C	ity or To	
21. SIGNATURE OF FUNERAL SERVICE			22, NAME AN Matti	o Address of Fa	rdiner	Funeral dtown, M	Hom	e, P.A.
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF):				. 0	
PART II. Other algniticent condit	ons contributing to deeth b	h but not resulting in the underlying cause given in Par				NAS AN AUTOPSY PERFORMED? YES 2 NO	24b	WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 \(\text{NO} \) NO	HOSPITAL: 1 Inpetient 2 ER/Outp		OTHER:	ACE OF DEATH (C)				
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	JRY WO	JRY AT		HOW INJURY OCCU	JRED	
2 Accident Investigation 3 Suicide 8 Could not 1 4 Homicide determined	28a PLACE OF INJURY	— At home, farm, st	treet, factory, office		26f. LOCATION (City or Town	(Street and Number o	r Rural f	Route Number,
	/SICIAN: To the best of my knowl) and menner as stated
296. SIGNATURE AND TITLE OF CERTIF	Bon to	no		29c. LICENSE NU				(Month, Day, Year)
William D. Boyd,	II, M.D. I	ith (ITEM 27) (Type, I seonardto	ewn, Mary	land 2	0650			
JUL 07 '92	32. REGISTRAR'S SIGNA	ATURE Pandell					,	

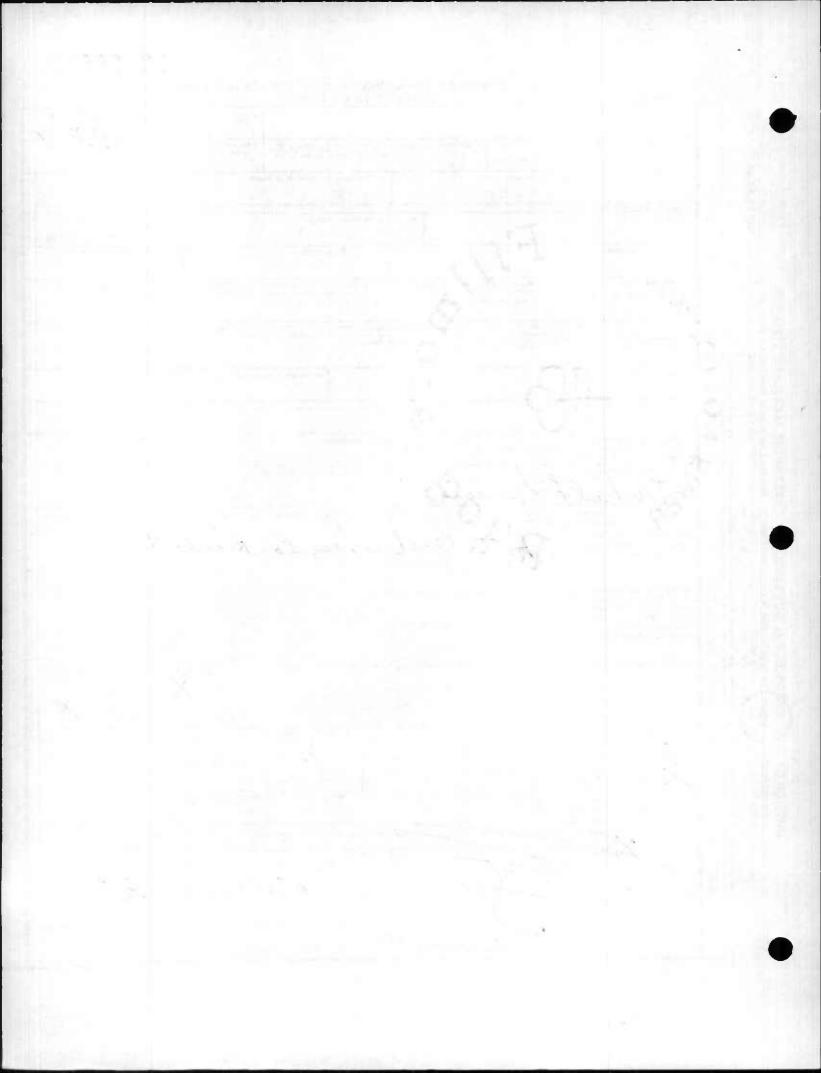


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The institute of the contribute be executed within 24 hours after death. Page 5 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certification is the minding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Same and information of the purial cremation, or removal. IMPORTANT: If item 28 is marked, or liem 23 hours and information that traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENT	AL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

- REGISTRAR		CERTIF	CALE OF	DEATH	REG.	NO.			
1. DECEOENT'S NAME (First, Middle, Last) Natalie	Elizabeth	MacKinz	ie		July 2	DAY	YEAR 2 THE OF DEATH		
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		BIRTHPLACE TSTATE OF FORBOT		
219-05-5636	1 M 2 XF	77 YRS.	MONTHS DAYS	HOURS MIN.	June 1,	ar)	country) Maryland		
Se. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNT	Y OF OEATH		
At Home, Rt. 249), Box 177		Valley	Lee		St.	Mary's		
Maryland St.	Mary's		town or Locate				10d. INSIDE CITY LIMITS?		
10e. STREET AND NUMBER	TIME y 5						1 TES 2 NO		
Rt. 249, Box 177	7		101	20692		U.S.	A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2X NO	If yes, sp		NIC ORIGIN? (Special, Puerto Rican, etc.)	۵.)	4. RACE — American Indian, Black, Whits, atc. Specify: White		
15. OECEOENT'S EO	UCATION	16s. OECEDENT'S			16b. KINO O	F BUSINESS/INOU			
(Specify only highest grad Elementary/Secondary (0-12)	Cotlege (1-4 or 5+)	(Give kind of w	rork done during ma e retired.)	ast of working					
12th Grade	(14 01 3 4)	Clerk 7	Typist		U.S.	Govern	ment		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, M.	eiden Sumame)			
Joseph Neal	Norris,	Sr.		Eva	Sedell		Mayor		
19a. INFORMANT'S NAME (Type/Print)			ADORESS (Street =	and Number or Rural	Route Number, City of				
Joseph Neal Norm	cis. Jr.				Marylan				
20a. METHOD OF DISPOSITION	10, 01.								
1 S Burlel 2 Cremation 3 Rea	moval from State	20b. PLACE AND OATE C cemetery, crematory or of	her place)	ame of	OATE 20	c. LOCATION — CI			
4 Donation 5 Other (Specify) 21. BIOMATMINE OF FUNERAL SERVICE L	reuse /	st. Michae	J.'s Cem	etery 7	10/92	Ridge, l	Maryland		
Muchaela	Land	Ine.	Matti	ngley-Ga	rdiner F		Home, P.A. aryland 20650		
Sequentielly list conditiona, if any, leading to immediate									
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (OF	R AS A CONSEQUENCE OF):						
	d.								
PART II. Other algnificant condition	na contributing to da	eth but not reaulting i	but not resulting in the underlying cause given in Part				24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 YOU		
25. WAS CASE REFERRED TO MEDICAL									
EXAMPLER?	HOSPITAL:	oran en la la la la la la la la la la la la la	OTHER:	ACE OF OEATH (Ch					
1 TYES 2 NO		R/Outpatient 3 DOA	4 Nursing Hom		6 Other (Specify				
27. MANUER OF CEATH Hetural 5 Pending Investigation	28s. DATE OF IN. (Month, Day,		URY WO	URY AT PRK? YES 2 NO	28d. OEŞCRIBE H	OW INJURY OCCU	REO		
3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF IN building, etc.	NJURY — At home, farm, a . (Specify)	treet, factory, offic				treet and Number or Rural Route Number, State)		
Check only Check only 2 BEDICKL EXAMIN		knowledge_death occurre					csuse(s) and manner as atated		
296_SIGNATURE AND TITLE OF CEPTIFE	1			29c. LICENSE NU	MBER	29d. DATE S	SIGNEO (Menth, Day, Year)		
1	+			1199	17	> 7	16/92		
James . Boyd,		OF OEATH (ITEM 27) (Type, Leonardt			20650		7		
				7 -0.10					
JUL 07 '92	2 Julia L	SIGNATURE Mandal	Zo.						



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ND 21	honerital as
BALTIMORE, MARYLAND 21215-0020	or death Dans & may be retained by the hospital or attending she sizing
RE, M	may he ret
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BAL	ar day

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Toy the material physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should and Merical Physician bygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The second control of the conflicate be executed within 24 Yours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate the control of

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 1. DECEDENT'S NAME (First, Middle, Lest) JOSEPHINE T. MCCABE 2. DATE OF DEATH MONTH TO BE COMPLETED BY FUNERAL DIRECTOR

92 20689

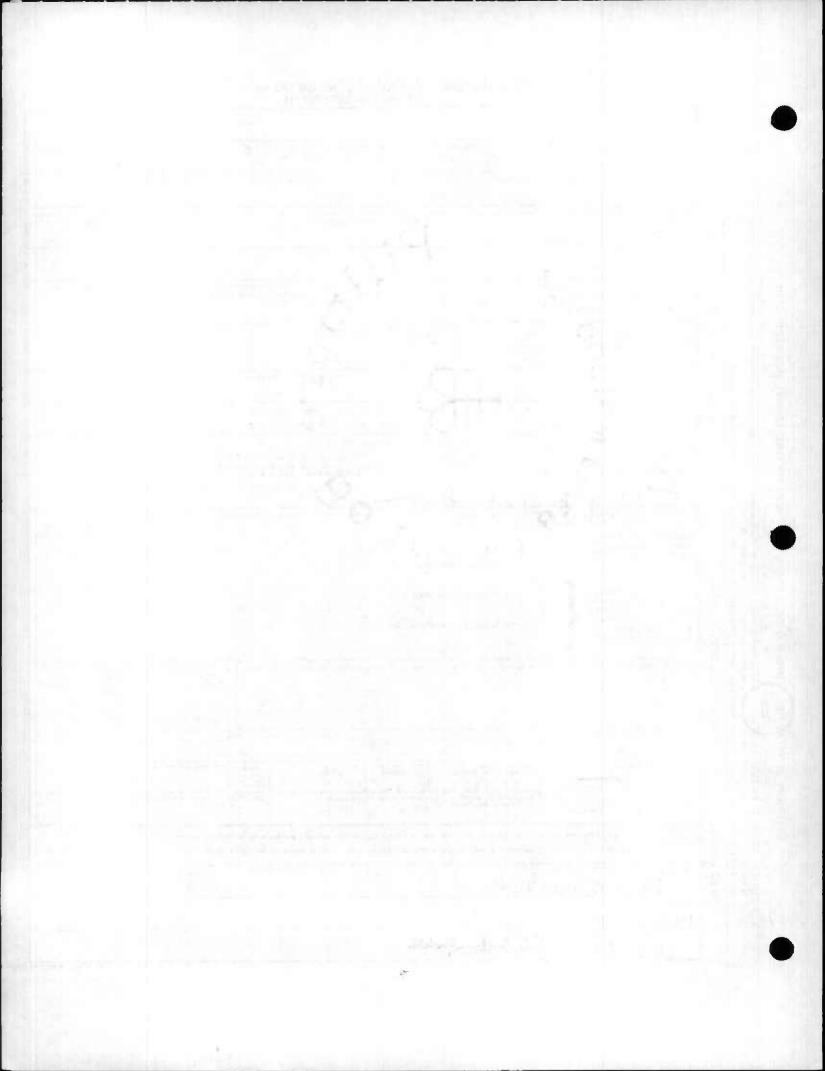
3. TIME OF DEATH

7004	enn	e n	Car.						7	13	3	72	9 11-1
4. SOCIAL SECURITY NUM	7151	5. SEX	8. AGE (In)	yrs. lest birthday) YRS.	IF UNDE	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	TE OF BI	PITH VOICE	2	6. BIRTH	IPLACE (State or Foreign
92. FARILITY NAME (If not institution give street and number) Thereof Care Theuton					9b. CIT	196	R LOCATION OF D	EATH CLY	PL.	,	9c. COU	MON'	TGOMERY
	RESIDENCE OF DECEDENT						0 - 0	POR	UW	tin	me	11014	LOOMERT
MARYLAND	MON'	IGOMERY				PER S	PRING						10d. INSIDE CITY LIMITS? 1 YES 2 NO
10s. STREET AND NUMBER						101	. ZIP CODE				10g. CIT	IZEN OF V	WHAT COUNTRY?
2314 HO	MESTEAL	DRIVE					20902	2			1	USA	
11. MARITAL STATUS 1 Never Married 2 1 3 Widowed 4 Dive	.S. ABMED 2 ZINO ES	13	If yes, sp	ENDENT OF NISPA ecity Cuban, Mexic 24 NO Speci	en, Puerl	GIN? (Sp to Rican,	ecify Yes	or No-	Blaci	E — American Indian, k, White, atc. //y: WHITE			
	CEDENT'S EDUC		10	6a. DECEDENT'S				1	16b. KIND	OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (College (1-4 or 5		IOMEMAK	ise retired.)	at or working						
17. FATNER'S NAME (First, A	fiddle, Last)						18. MOTNER'S N	AME (Firs	t. Middle	Melden	Sumama)		
LOUIS	ZAGRO	OCKA					TEKLA			TRE			
19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	G AODRES	SS (Street a	nd Number or Rural		umber Ci			Code)	
CHRISTINE	DRE	SCHER					ORIVE, C						1
204. METNOD OF DISPOSIT	ION		20h PI	LACE AND DATE				7			CATION —		The second secon
1 N Buriel 2 Cremetic 4 Donation 8 Other	on 3 Remo	oval from State	cemete	ory, cramatory or o	other place	EN C	EMETERY	1					
21. SIGNATURE OF FUNERA		ENSSE A	- J GA	ILL OF									NG, MD
► (Mol)	011)	Cole			FR 50	ANCI:	S J. COL IVERSITY	LINS	S FU	NER.	AL HO	OME,	INC. P., MD 20901
23. PART I. Enter the d	Iseasea, of c	omplications the	t ceused ti	he deeth. Dp									Approximate
iMMEDIATE CAUSE (Fid disease or condition resulting in death)	nal →	CAROUP RO	OVKG	ME A	CCUP OF):	TAN						_	Interval Batween Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ediate ING Iry			ONSEQUENCE O	_								
PART II. Other algorifica	int condition	contributing to	death but	not resulting	In the u	ındariyinç	g cause given in	Part I.		WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:] F0/0-4		отне	R:	ACE OF DEATH (C						
27. MANNER OF DEATH		1 Inpatient 2		28b. Til		28c. INJ	e 5 Residence	_			111111111111111111111111111111111111111		
	Pending Investigation	(Month, D	lay, Year)		JURY M	WO	RK?	280. 0	JESCHIBI	E MOM II	NJURY OC	CURED	
3 Suicide 8 4 Homicide	Could not be determined	26a. PLACE O building,	F INJURY — etc. (Specify)	At home, farm,	At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, Stete)						loute Number,		
one) 2 MED	ICAL EXAMINE) and manner as stated.
296/SHGHIKTURE AND TITLE	OF CERTIFIER	NOWEY					DO2	MBER 8	86	2	29d. OAT	E SIGNED	(Month, Day, Year)
Mark	H-EI	COMPLETED CAUSE	80 /	Meo.	Print)	a A	ve Si	lve	~ 5	501	Tine	m	D20907
JUL 14 92	Year)	Jana Davie	R'S SIGNATI	JRE AND AND AND AND AND AND AND AND AND AND	7					0	7		

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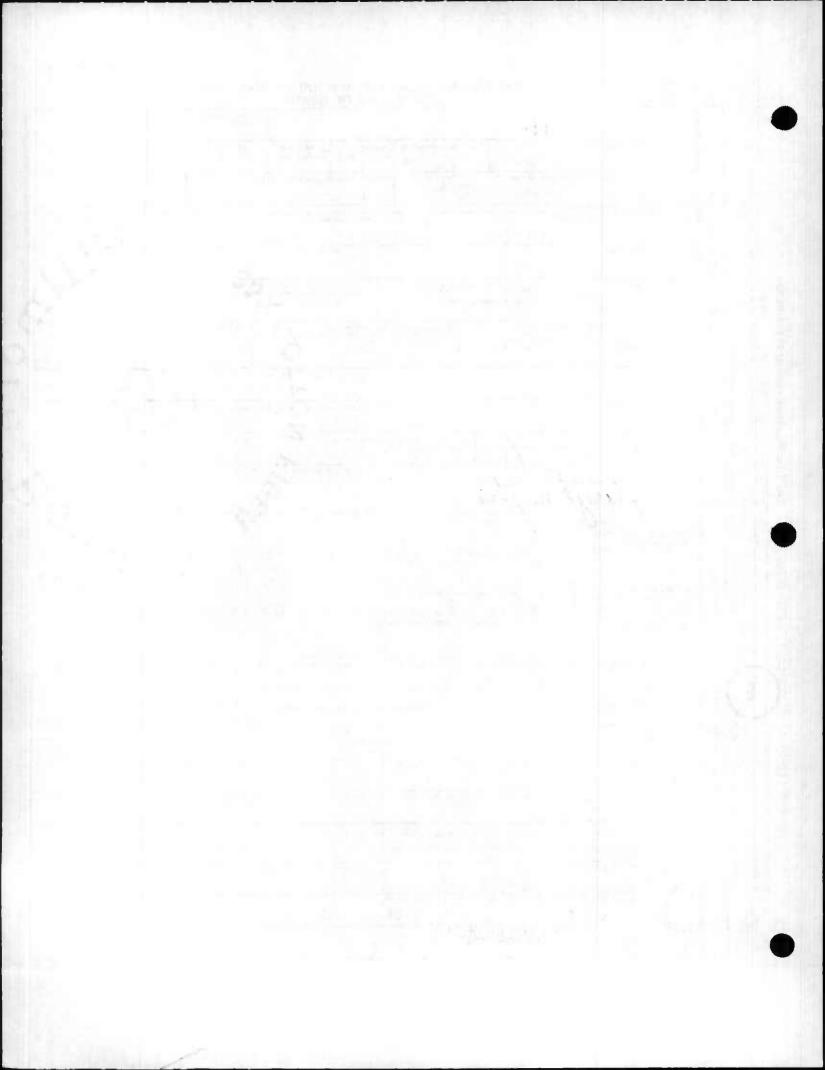
HE HOSPITAL DR ATTENDING PHYSICIAN: The Taw regimes that the death certificate be	HE FUNERAL DIRECTOR: After this certificate the seem con the attending physician ed within 72 hours after death with the State Discuss the seem through the prior to	ORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traur
W	2	1 23 8
PHYSICIAN: Th	this certificate with the State	rked, or item
DR ATTENDING	DIRECTOR: After nours after death	tem 28 is ma
HOSPITAL	HE FUNERAL Pd within 72 h	DRITANT: If I

I tems: 23 FOR STATE 7/29/92 r REGISTRAR			CERTIF						OF DEATH),		3. TIME OF DEATH
MAURICE	Carey		M	OORE		sr.		07		YAY	YEAR	
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.			R 1 YEAR	-	R 24 HRS.	7. DATE	OF BIRTH		74	7:07 HPLACE (State or Fore
213-82-1368	1 🔀 M 2 🗌 F	31	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mon	th, Day, Year)	1061	Count	ryland
De. FACILITY NAME (If not institution, give	street and number)	71	1	9b. CITY	Y, TOWN (OR LOCAT	ION OF D		24,		MTY OF D	
GREATER LAUREL BE	יד ידוניסיידי	ПОСДТИ	דאר			rel						
RESIDENCE OF DECEDENT	TIPATITIE	HUSPII	.AL		паи	itet				PRIN	CE G	EORGES
IOe. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION				-		10d. INSIDE CITY
	nce Geor	rge	I	Laur	cel							1 X YES 2 N
Oe. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY?
13030 Old St	tagecoac	ch Rd,				20	708			U.	S.F	Α.
1. MARITAL STATUS Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.		13.	WAS DEC	ENDENT	OF HISPAI	VIC ORIGI	N? (Specify Ye Rican, etc.)	s or No-	14. RAC	E — American Indian k, White, etc.
☐ Widowed 4 ※ Divorced	IF YES, GIVE Y					2 X NO			ricuit, via.)	- 1	Spec	ally:
15. DECEDENT'S EDI	ICATION	24						-				lack
(Specify only highest grad	e completed)		DECEDENT'S (Give kind of v life. Do NOT us	vork done	during mo		ing	168	. KIND OF BU	ISINESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)										
7. FATHER'S NAME (First, Middle, Lest)	2 Yrs	ICO	mpute	er E	ngi				Nor			
	10000 0	1							Middle, Malder			
9a. INFORMANT'S NAME (Type/Print)	Moore S				2.40				. Woo			2255
	(Sist	er)	19b. MAILING									20773
rs Mary M. Jor	dan		1260)4 W	hit	eho.	Lm I		e, Ur	per	Mar	lboro.
		20h PLAC	F AND DATE (DE DISPOS	SITION /Na	ma of		DAT	E 20c. LC	CATION -	City or To	own, Stata
X Burial 2 Cremation 3 Ran	noval from State	cametary,	crematory or of	ther place!				- 4	- 1			
X Burlai 2 Cremation 3 Ran Donation 5 Other (Specify)		_ cametary,	crematory or of	Nat		al 1			14 La	urel		
X Burial 2 Cremation 3 Ran		_ Mary	crematory or of	Nat 22.	NAME AN	al I	SS OF FA	CILITY			M	Id
23. PART J. Enter tha diseases, or ahook, or heart feliure. MMEDIATE CAUSE (Final	COMplications tha	dary Mary	death. Do noe.	Nat Nat 22. S Rect anter	NAME AND NOW ROCK or the mo	al I	Fun	ситу lera ма	l Hom	ne P.	, M	
Burlai 2 Cremation 3 Ram Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE Uses 23. PART I. Enter the diseases, or shock, or heart feliure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, farry, leading to immediate seuse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events	complications the List only one cau a C O C A DUE TO b OUE TO c.	d caused tha	death. DD n	not anter	NAME AND NOW ROCK or the mo	al I	Fun	ситу lera ма	l Hom	ne P.	, M	20850
23. PART I. Enter tha diseases, or ahock, or heart feliure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	complications the List only one cau a C O C A DUE TO b OUE TO c.	It caused the use on each if	death. DD n	not anter	NAME AND NOW ROCK or the mo	al I	Fun	ситу lera ма	l Hom	ne P.	, M	20850
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Burlai 2 Cremation 3 Ram Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE U 23. PART I. Enter tha diseases, or shock, or heart feliure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate lease. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST	complications the List only Dne cau a C O C A DUE TO b DUE TO c DUE TO d	It caused the use on each if	death. DD none. I T O X I SEDUENCE OF	not anter	NAME AND NORTH THE NAME AND N	al 1 ND ADDRE den vil da of dy	Fun Le.	CLITY LETA Md h as can	1 Hom	DE D.	A,	Approximatinterval Bet Onset and to Onset an
23. PART I. Enter tha diseases, or ahock, or heart feliure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events eaulting in death) PART II. Other significant conditions.	complications the List only Dne cau a C O C A DUE TO b DUE TO c DUE TO d	It caused the use on each if	death. DD n	not anter	NAME AND NOW ROCK The mo	al 1 ND ADDRE den vil da of dy	Fun Le. ling, suc	CLITY IETA Md h ee cen	1 HOM	DE D.	A,	Approximatinterval Bet Onset and to Onset an
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THE MOSPITAL OR ATTENDING PHYSICIAN: The tare fourteen that the death certificate be executed within 24 hours after death. Page 6 may he retained by the hospital or attendant publicities.	TO THE FUNERAL DIRECTOR. After this certificate has the completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Date of Hermit Pages 1, 2, 2 should be filled within 72 hours after death with the State Date of Hermit Pages 1, 2, 2 should be filled within 72 hours after death with the State Date of Hermit Pages 1, 2, 3 should be filled within 72 hours after death with the State Date of Hermit Pages 1, 2, 3 should be filled within 72 hours after death with the State Date of Hermit Pages 1, 2, 3 should be filled within 72 hours after death with the State Date of Hermit Pages 1, 2, 3 should be filled within 72 hours after death with the State Date of Hermit Pages 1, 2, 3 should be filled within 72 hours after death with the State Date of Hermit Pages 1, 2, 3 should be filled within 72 hours after death with the State Date of Hermit Pages 1, 2, 3 should be filled within 72 hours after death with the State Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermit Pages 1, 2, 3 should be detached for the Basic Date of Hermi	MPORTANT: If item 28 is marked, or item 23 mour any or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FUNERAL (IMPORTANT: If I

	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAR					MENTAL	HYGIEN REG. NO	_	4	20091
	1. DECEDENT'S NAME (First, Middle, Last) RICHARD	TZER	CZER					F DEATH		YEAR	3. TIME OF DEATH 12:32 A		
	4. SOCIAL SECURITY NUMBER 166-34-4524 98. FACILITY NAME (If not institution, give in the content of the conte	5. SEX	6. AGE (In yrs. 48	yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				7. DATE O (Month,	8 - 21 - 1943			B. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA	
TOR	THE JOHNS HOPKI		TAL					CITY			BALT		RE CITY
BY FUNERAL DIRECTOR	MARYLAND MO	10a. STATE 10b. COUNTY					TION						10d. INSIDE CITY LIMITS? 1X YES 2 NO
	7201 GRINNELL						208	355			UN		STATES
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Diverced	12. WAS DECEDED FORCES? IF YES, GIVE	NT EVER IN U.S. 1 YES 2 1 WAR OR DATES	ARMED		If yes, sp	ENDENT ecify Cub 2 NO	en, Mexice	NIC ORIGIN? in, Puerto Ri ly:	(Specify Ye can, etc.)	e or No-	14. RACI Blac Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12)			DECEDENT'S (Give kind of life, Do NOT u	work done			ing	16b. I	CIND OF BU	SINESS/IND	USTRY	
OMPL	17. FATHER'S NAME (First, Middle, Last)	5+		MANAG	ER		18 MOT	HED'S NA	ME (First, Mi		AL EL	ECTR	IC
BE C	JULES MELTZER						E	DITH	I BRO	WNSTI	EIN		
2	19a. INFORMANT'S NAME (Type/Print) MARCIA L. MELTZ	ER		7201									55
	20e_METHOD OF 1 SITION 1 City or Town, State 20e_Method of 1 Security												
	21. SIGNATURE/OF PUNEINAL SERVICE L	n. 14	ie		11°	NZAN 70 R	OCKV	ILLE	BERG PIKE	, ROC	CKVILI	LE,	ELS, INC. MD. 20852
CERTIFICATION	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as shock, or hearth sliure. Liet only one ceuse on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								Juna Lisa	Pa nd and	um In Bo	on vel	Approximate interval Between Onesi and Death 3years Years
PHYSICIAN: MEDICAL C	PART II. Other eignificent condition	t resulting	in the un	derlying) ceuse	given in		44. WAS AN PERFOI I YES 2	RMED?	24b	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	t:			eck only one)				
PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF (Month, D	INJURY	28b. TIM		28c. INJ	URY AT			B Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation M 1 YES 2 NO 3 Suicide S Could not be determined See. PLACE OF INJURY — At home, farm, street, factory, office See. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)												
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
TO BE	296. SIGNATURE AND TITLE OF CERTIFIES	Y Bra	net	V,M	D.		29c. LIC	ENSE NUN	ABER		29d. DATE	SIGNED	(Mpnth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	skens	Hosp	TEM 27) (Type,	Print)	1	Bal	ten	mi	110	W		
	31. DATE FILED (Month, Day, Year)	reha Day do	IR'S SIGNATORE	2									



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ENDING PROPERTY AND THE WAY THE OPERIN CERTIFICATE DE EXECUTED WITHIN 24 NOUTS STEF DESCRIP, PAGE & MAY DE TRIZINGED BY THE POSSIVI	THE FUNERAL DIRECTOR And the contract has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, filed within 72 hours that death and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at onc
A TEM	STORY MEN	28 h
5	DIFFE	Item
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PHYSICIAN: MEDICAL

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25. WAS CASE REFERRED TO MEDICAL

92 20692 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 4:53P. m July ENJAMIN NELSON 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) Oct. 24, 6. BIRTHPLACE (State or Foreign Country) 218-36-5071 DAYS 1 M 2 D F HOURS 59 YRS. Oct. 1932 Maryland 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland LIMITS? St. Mary's Clements 10e, STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? General Delivery 20624 U.S.A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf was specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto R
1 ☐ YES 2 ☐ NO Specify: 1 ▼ Never Married 2 Married IF YES, GIVE WAR OR DATES В 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8th Grade Mechanic Automotive 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumeme) Benjamin Nelson Rosalie BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles H. Nelson P.O. Box 162, Great Mills, Maryland 20634 METHOD OF DISPOSITION
Burlel 2 ☐ Cremation 3 ☐ Removal from State
Donation 5 ☐ Other (Specify) _____ 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State cemetery, crematory or other place)
Queen of Peace Cemetery 7/20/92 Helen, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Mattingley-Gardiner Funeral Home, P.A. Box 270, Leonardtown, Maryland 23. PART h Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or haart fallure. List only one cause on each line. Interval Between Onset and Dasth IMMEDIATE CAUSE (Final zrebova enla disease or condition resulting in death) Minas Wisine DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 | YES 2 | NO

The state of the s			20. PLACE OF CEATH (U/	NECK ORBY ORB)	
1 S VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA 4 Nu	R: rsing Home 5 - Residence	8 Other (Specify)	
MANNER OF DEATH 1 DA Natural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED	•
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)	me, lerm, atreet, lec	story, office	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)	

(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner es atated.
one)	2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner.

2 SAMEDICAL EXAMINEN: On the beele of	examination end/or investigation, in my opini	on, death occured at the time, date end place, e	nd due to the cause(a) and manner as stated.
SE AND TITLE OF OFFICE			

296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER	29d. DATE SIGNEO (Month, Day, Year)
D ()	A	mil	De la la la la la la la la la la la la la	29d. DATE SIGNED (MOTHIN, Day, 1987)

Day	(NZ	- mi)	025230	D >//	19/5
The state of the s					

NAME AND ADDRESS O	F PERSON WHO COMPLETED	CAUSE OF OEATH (ITEM 27) (1	inpe. Print)		/ /	
	allen		Leonar	dtains	MADVI AND	206

31 DATE FILED (Month, Day, Year) Sichia Davidson-Randelle 192

DHMH-18 Rev 1/89

FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

							1120:110				
	1. DECEDENT'S NAME (First, Middle, Last)	4	V 0	_		DATE OF DEATH	AY	3. TIME OF DEAT		
	Helen	/ eronica		1011	S		7-12	- 98			
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birth				DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Fo		
	216-40-5323	1 M 2 MF	59 YI	RS. MONTHS C	DAYS HOURS	MIN. Ja	an. 8, 1	923	Maryland		
	9a. FACILITY NAME (If not institution, give	street and number)	1 /	9b. CITY, T	OWN OR LOCATIO	N OF DEATH		9c. COUNT	Y OF DEATH		
	St. Mary	THOSOIT	tal	4	nonce	110	1110	5+	mril		
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	77			7.00				mag		
	The state of the s			CITY, TOWN OR					10d, INSIDE CITY LIMITS?		
		. Mary's		Chaptico					1 🗌 YES 2 🔀		
	10e. STREET AND NUMBER	CO.			10f. ZIP CODE			10g. CITIZE	EN OF WHAT COUNTRY?		
	Star Route Box				20621				U.S.A.		
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEOENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WA	S DECENDENT OF	HISPANIC O	RIGIN? (Specify Ye	s or No 1	4. RACE — American Indi Black, White, etc.		
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		YES 2 NO	Specify:		- 1	Specify:		
	15. DECEDENT'S ED	VICATION	Tata process						White		
	(Specify only highest grad	de completed)	(Give kin	NT'S USUAL OCC: d of work done dur OT use retired.)	ing most of working	7	16b. KIND OF BU	SINESS/INDUS	STRY		
	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)		Master			Postal	Soru	ico		
	17. FATHER'S NAME (First, Middle, Last)		rost	riaster	1		L		ice		
		ר ניהוז					First, Middle, Maiden	,	Diamoraha		
	John Fran 19a. INFORMANT'S NAME (Type/Print)	k Hall	401 4	I NO ADDOCTOR III	He]		Susar		Burroughs		
	James B. Norris	Sr					Number, City or Tow				
	20g, METHOD OF DISPOSITION					Criapt					
	1 25 Burial 2 Cremation 3 Re	movel from State	emetery, cremator	or other place)	ON (Name of	7 7	DATE 20c. LO	CATION — CI	ty or Town, State		
ì	1 & Burial 2 Cremation 3 Ramoval from State Cemetery, crematory or other place Sacred Heart Cemetery July 16/92 Bushwood,								d, Maryland		
ı	Mattingley-Cardiner Funeral Home PA										
	Mound H	y from	(sno			-			cyland 2065		
CERTIFICATION	disease or condition resulting in death) a. Ch rewise Levikone a Due to (or as a consequence of: Due to (or as a consequence of: Due to (or as a consequence of: Due to (or as a consequence of: Due to (or as a consequence of: Due to (or as a consequence of: Due to (or as a consequence of: Due to (or as a consequence of:										
	reaulting in death) LAST	d									
	PART II. Other significent condition	one contributing to death	but not mould	t- at d-							
		The south state of the state of	T Dat Not readit	mg in the unde	arying couse gi	ven in Part	24a, WAS AN PERFOR 1 VES 2	RMED?	24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 1		
1											
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF DE	ATH (Check or	nly one)				
	1 TYES 2 NO	1 Inpatient 2 ER/O	utpatient 3 🗆 DO		Home 5 🗆 Res	Idence 8 🗆	Other (Specify)				
TILI SICILLI	27. MANNER OF DEATH	28s. DATE OF INJUR (Month, Day, Year		INJURY	c. INJURY AT WORK?	28d	I. DESCRIBE HOW I	NJURY OCCU	RED		
	1 Natural 5 Pending 2 scident Investigation			М	1 YES 2	NO					
ı	3 Suicide 8 Could not be	28s. PLACE OF INJU- building, etc. (S)	RY — At home, fa	rm, street, factory	, offica	281.	. LOCATION (Street : City or Town, State)	and Number or	Rural Route Number,		
ı	4 Homicide determined						only or howing ordinary				
	29a. CERTIFIER (Check only 1	SICIAN: To the best of my kno	owledge, death oc	curred at the time	, data and place, a	and due to th	ne cause(s) and mar	vier se stated.			
1		IER: On the basis of examinat									
	296. SIGNATURE AND TITLE OF CERTIFIC	ER)			29c. LICEN	SE NUMBER		29d, DATE S	SIGNED (Month, Day, Year)		
ŀ	1, Mas	1 000	w		In.	147	81	> 7	~/ 7		
- 18		- T									
	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF I	DEATH (ITEM 27)	Type, Print)	, 0	10		,	13-12		
?	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF I	DEATH (ITEM 27)	Type, Print)	100	00	dt.		13-72		
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF I	1	2.D.	Leon	191	dtou	n	13-71		

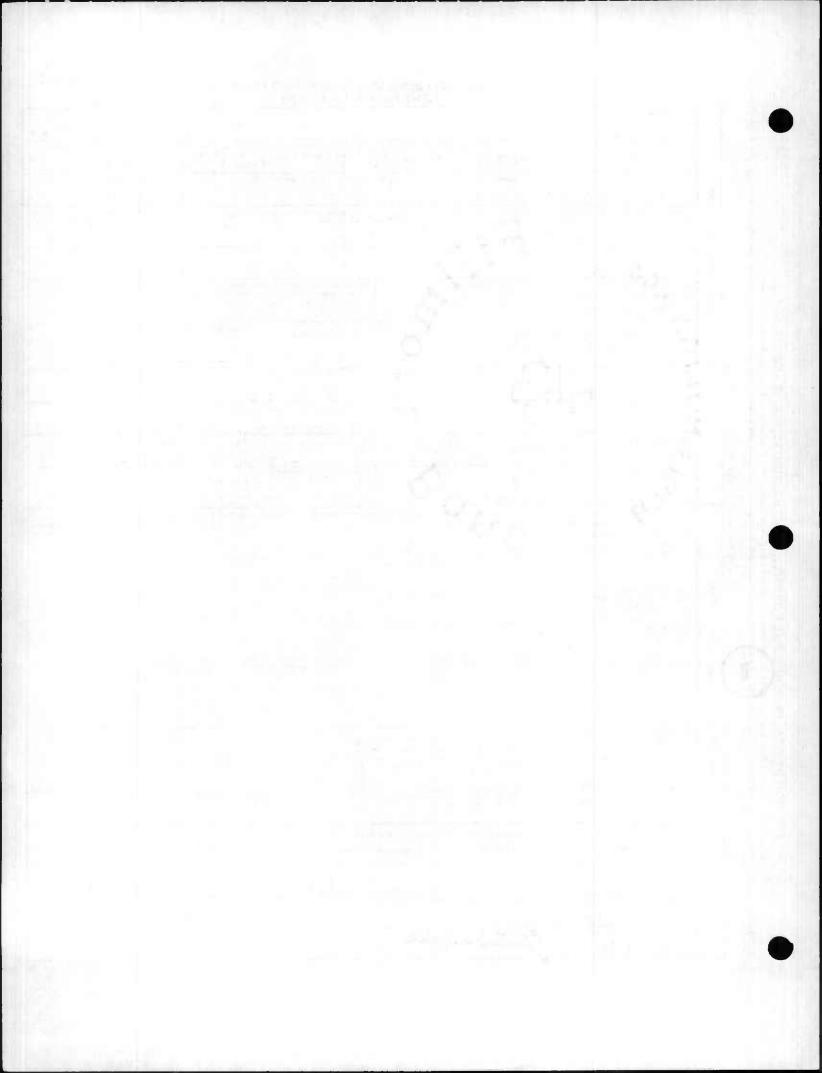
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

was also impered a march

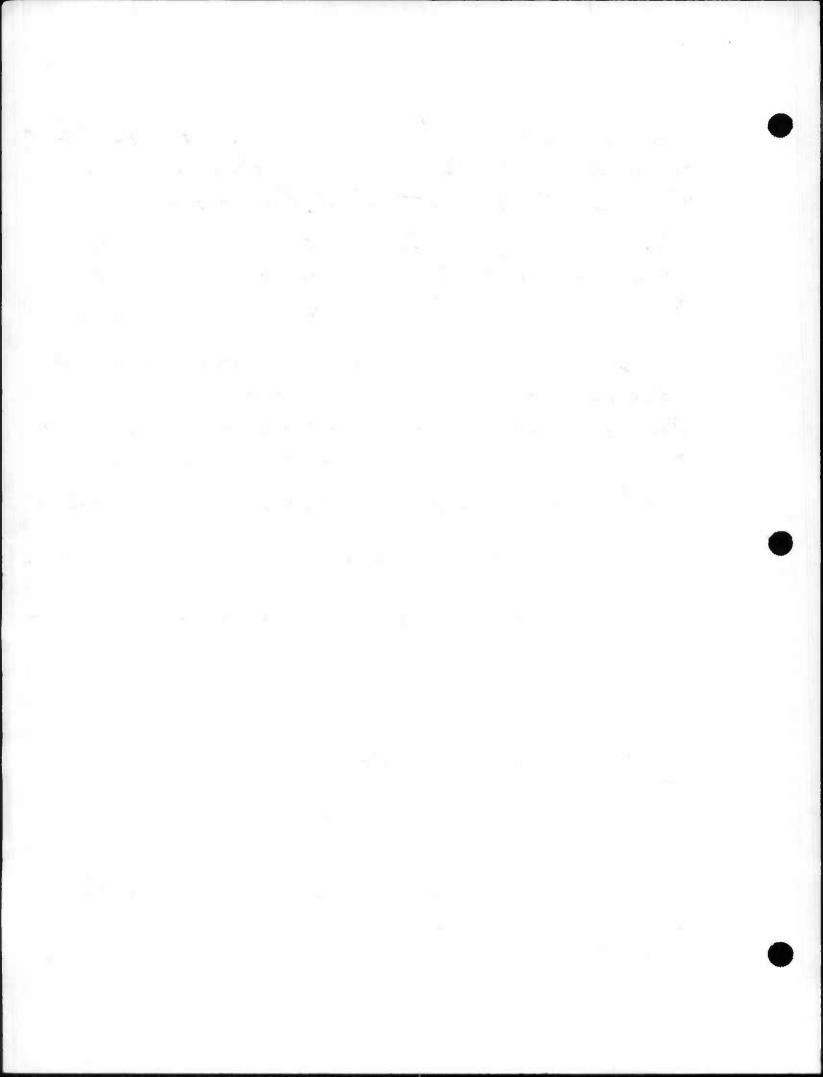
31. DATE FILEO (Month, Day, Year)

82 REGISTRAR'S SIGNAPARE

1. DECEDENT'S NAME (First, Midd		C	ERTIF	ICATE	OF	DEA	ГН	REG. NO).		
Hen	e Lest	5.	4	امد	lo	4		2. DATE OF DEATH	MY C	YEAR 3. TH	ME OF DEATH
4. SOCIAL SECURITY NUMBER 578-03-5693	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE Country)	(State or Foreign
	1 🗆 M 2 💢 F	81	YRS.	MONTHS	DAY8	HOURS	Mire.	Aug 1, 19	10	Washin	gton, D
9a. FACILITY NAME (If not institution				9b. CITY,	TOWN (OR LOCATI	ON OF DE	EATH	9c. COU	INTY OF DEATH	
Hickory Grove	Nursing Ho	me		01	ney				Mon	ntgomer	у
					R LOCAT	ION				10d.	INSIDE CITY
Maryland	Montgomery			01n	ey						LIMITS? YES 2 NO
10e. STREET AND NUMBER					101	. ZIP COD	E		10g. CIT	IZEN OF WHAT	OUNTRY?
1616 Hickory		1. /				20	0832		US	SA	
11. MARITAL STATUS 1 Never Married 2 Marri		NT EVER IN U.S. A	NO					NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No-	14. RACE — Ar Black, White	nerican Indian, a, etc.
3 Wildowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1	☐ YES	2 XNO	Specifi			Specify:	White
15. DECEDEN	T'S EDUCATION	18e. Di	ECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF BU	ISINESS/INI	DUSTRY	***************************************
(Specify only higher (0-12)	est grade completed) College (1-4 or t		Sive kind of a. Do NOT u	work done a se retired.)	luring mo	st of working	ng				
12		S	uper	visor				Trucke	r Ass	sociati	on
17. FATHER'S NAME (First, Middle,	Last)		1			18. MOT	NER'S NA	ME (First, Middle, Maider			
Unobtainable								ainable			
19e. INFORMANT'S NAME (Type/Pr	int)	.19						Route Number, City or Tox			
Mr. Evans Nor							y Ro	oad. Silve			
20a, METNOD OF DISPOSITION 1 M Burlel 2 Cremation 3 4 Donation 5 Other (Special Control of Control	☐ Removal from State	20b. PLACE cametery, or	ematory or o	ther place)						City or Town, St	
21. SIGNATURE OF FUNERAL SER	11	_ Gate	of He	aven	Cer	netei	CY 7-	<u>-13-92 Si</u>	1ver	Spring	MD
110.1	Elles			Hi	nes	Rina	aldi	Funeral H	ome		
23. PART I. Enter the diseas	,	•		11	800	New	Ham	pshire Ave	,Silv	ver Spr	ing, MD
immediate cause (Final disease or condition resulting in death)	allure. List only one ca	O S O O O O O O O O O O O O O O O O O O	e. rote			Ç		oeed '			Approximate interval Betwee Onset and De
Sequentially list conditions, if any, leading to immediate	b. DUE TO	O (OR AS A CONSE	OUENCE O	F):							
CAUSE (Disease or injury	c										
that initiated events resulting in death) LAST	OUE TO	O (OR AS A CONSE	OUENCE O	F):							
	d						-				
PART II. Other algorificant co	nditiona contributing t	o death but not	resulting	in the und	derlying	cause (jiven in	Part I. 24a. WAS AP PERFO	RMED?	COMP OF DE	
								-		10	YES 2 NO
25. WAS CASE DESERBED TO MEGA	MCA1										
25. WAS CASE REFERRED TO MEC	HOSPITAL:		I	OTHER	12			eck only one)			
	HOSPITAL:	☐ ER/Outpetient :		4 Juni	: Ing Hom	o 5 □ Ra		8 Other (Specify)	IN III IBY OC	CHIDED	
EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendir	HOSPITAL: 1 inputient 2 28a. DATE 0 (Month,		28b. TIM	4 Juni	ing Hom 28c. INJI WO	o 5 □ Ra	aldence		INJURY OC	CURED	
EXAMINER? YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 28s. DATE 0 (Month, getton not be 28e. PLACE building	F INJURY	28b. TIM INJ	4 Alura E OF URY M	ing Hom- 28c. INJI WO 1 Y	o 5 - Reury AT RK?	aldence	8 Other (Specify)	and Number		umber,
EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendit 2 Accident 3 Suicide 8 Could 4 Homicide 8 Could determ 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inputar 2 28a. DATE 0 (Month, getton not be building 28e. PLACE building	F INJURY Day, Year) OF INJURY — At he p, etc. (Specify)	28b. TIM INJ	E OF URY M street, facto	Ing Hom 28c. INJ WO 1 1 Y	o 5 Raury AT RK? ES 2 and place,	NO NO	8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Yown, State to the cause(e) and ma	and Number	r or Rural Route N	
EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pendit 2 Accident 3 Suicide 8 Could 4 Homicide 8 Could determ 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpatient 2 28a. DATE 0 (Month, 19 gettion 10 be lined 28e. PLACE building 28e. PLACE building 28e. PLACE building	F INJURY Day, Year) OF INJURY — At he p, etc. (Specify)	28b. TIM INJ	E OF URY M street, facto	Ing Hom 28c. INJ WO 1 1 Y	end place,	NO NO	8 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Yown, State to the cause(a) and ma	and Number	r or Rural Route N	nanner as stated

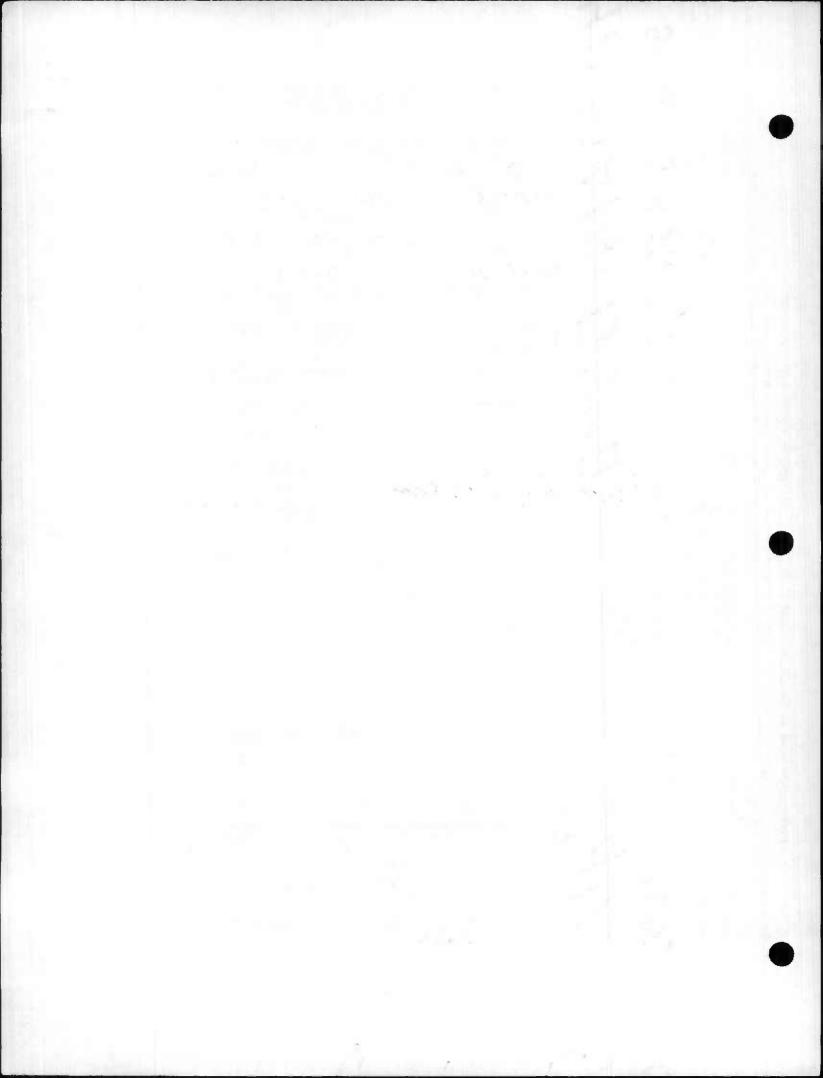


	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC			IENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Mighdle, Lauth	na OK	U			2. DATE OF DEATH	7/ /3	3. TIME OF DEATH
į.	4. SOCIAL SECURITY JUMBER 815-10-8222	5. SEX 6. AGE (1)		UNDER 1 YEAR ITHS DAYS	#F UNDER 24 HRS.	7. DATE OF BIRTH	26	BIRTHPLACE (State or Foreign Country)
œ	ITY NAME (If not institution, give st	rest and number)	18-A-100	CITY TOWN OF	R LOCATION OF DE	212 20	9c. COUNTY	OF DEATH
CTO	AESIDENCE OF DEVEDENT	ENGINE CENT	Centra	Prone	rrun	, crange	1,	
DIRECTOR	10s. STATE # 10s. COUNTY		30c. CITY, TO	TIMO				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	10e. STREET AND NUMBER	1 > 3	1040		ZIP CODE	. 1		OF WHAT COUNTRY?
FUNERAL		ULDIN S	57.		21224	<i>t</i>	0	~ //
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		IC ORIGIN? (Specify Yes, Puerto Ricen, etc.)	a or No — 14.	RACE — American Indian, Black, White, alc. Specify:
딢	15, DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S USL (Give kind of work	done during mos	N t of working	16b. KIND OF BU	ISINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	FACT	DRY		(Roce)	N- CO	PK+SEAL
SOM	17, FATHER'S NAME (First, Middle, Last)	- 11	7 . 7 - 1	,		ME (First, Middle, Maider	Surname)	
BE (GEORGE O	EH				KNOWN		
9	19a. INFORMANT'S NAME (Type/Print), MALLENE, LAT	UGE	403	S. EA	ST AVE	loute Number, City or Tox	vn, State, Zlp Co	D. 21224
- 1)	20n METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remo		PLACE OF DISPOSITIO	ON (Name of cem	setery, crematory or	20c. L(OCATION — City	or Town, State
1	21. SIGNATURE OF FUNERAL SERVICE W	ENSEE / D	RINITY	22. NAME AN	D ADDRESS OF FAC	OF DE	4110.	1910.
020	· Glovar J	· Akordo	h.	Ho FH	- 4440-C	SKARDA I	F.H.3	218 HUDSON
	23. PART I. Enter the diseases of c shock, or heart fellure.	complications that caused Liat only one cause on ea		enter the mod	de of dyling, such	es cardlec or resp	olratory srrest	Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. alzhei	CONSEQUENCE OF:	Disei	se			Onset end Deeth
7		Derinhe	ual 1/0	seul	as all	10010		Sways
VTIO	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO OR AS A	CONSEQUENCE OF):	4	O/A	1		20
CERTIFICATION	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	ajor	y de	enerce	1	or years
ERT	resulting in death) LAST	d						
CAL C	PART II. Other significant condition	6 contributing to death b	ut not resulting in t	he underlying	cause given in		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS -
						1 YES		COMPLETION OF CAUSE OF DEATN?
PHYSICIAN: MED						-		1 🗌 YES: 2 🗍 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	eck only one)		
YSIC	1 TES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	etient 3 DOA		e 5 🗆 Residence			
	27. MANNER OF DEATH DENETURAL 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI WO M 1 7	RK?	28d. DEŞCRIBE NOW	INJURY OCCU!	RED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, streetly)	et, factory, office	-	26f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
ETE	4 Homicide determined							
COMPLET	(Critical Orley	CIAN: To the best of my know R: On the basis of examination						cause(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	3 /			29c. LICENSE NUM	IBER	29d. DATE S	IGNED (Month, Day, Year)
TO BE	Wana X	Simple	run)		D351	70	> 7-	6-92
	DANA S.SI	MPLER M	ATH (ITEM 27) (Type, Pri	-810	5. CON	KLINGS	T BI	ACTO MD
	31. DATE FILED (Month, Day (bar) 09	32. REGISTRAN SIGN	Davidson-Ro	motalle.				21224



STATE	0F	MARYLAND .	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGII	ENE
		C	ERTIFICATE	0	F DEAT	H		REG. N	10.

	FOR STATE REGISTRAR	STATE OF MARYLA		TE OF DEATH	MENTAL HYGIEN REG. NO.	E	
,	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Casidio	061	eus'		MONTH D	- 5 7	2:380 M
			yrs. Inst birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.5	HRTHPLACE (State or Foreign
	242-38-82-82 9a. FACILITY NAME (If not institution, give stre		4 YRS. MONT	THE DAYS HOURS MIN.	(Month, Day, Year) 5/27/2	% COUNTY	North Ca.
E L	HOLY CROSS H	espital	5	Wer Sprin	35	Mont	gomery
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY. TO	WN OR LOCATION			10d. INSIDE CITY
DIRECTOR	D.C.			stington	D-C.		UMITS? 1 → TES 2 □ NO
FUNERAL	6313 7th St	reet NV	V	101. ZIP CODE		10g. CITIZEN USA	OF WHAT COUNTRY?
5		12 WAS DECEDENT EVED IN	II S ADMED	13. WAS DECENDENT OF HISPA		or No.— 14.	RACE - American Indian,
- 48	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2V NO TES	If yes, specify Cuben, Mexic 1 TYES 2 NO Spec			Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ompleted)	16a. DECEDENT'S USUA (Give kind of work of life, Do NOT use reti	NL OCCUPATION fone during most of working red.)	16b. KIND OF BUS		
1 5	Elementary/Secondary (0-12)	College (1-4 or 5+)		d/Book Binder	Convorcement	ont Dr	inting Office
<u> </u>	17. FATHER'S NAME (First, Middle, Lest)		RELLIE		AME (First, Middle, Meiden		menig office
Щ	Haywood Bullock			Viola	Powell		
2	19a. INFORMANT'S NAME (Typoffin) Annette Scarboro	(Daughter)		RESS (Street and Number or Rura Oshur St., Bla			
	20s. METHOD OF DISPOSITION 1 1 Durisl 2 Cremation 3 Remove	cal from State	other place)	N (Name of cemetery, cremetory or		CATION — City	
I.	4 Donation 5 Dother (Specify)	S	elma Memor	rial Gardens/7		lma, No	
1	21. SIGNATURE OF FUNERAL SERVICE LICE	0 0	Di.	22. NAME AND ADDRESS OF F		e. Inc	20012
	July !	7.1000	Des				nington, D.C.
9	shock, or héart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	اله چ		8 Emb	، سعان	*	Interval Between Onset and Death
5	Sequentially list conditions,	DUE TO (OR AS A	CONSEQUENCE OF):				
Ě	If any, leading to immediate						i
HICALI	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):				
	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST		0-200-00-0	e underiving cause given i	Part I. 24e, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
¥ I	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions		ut not resulting in th	e underlying cause given is	Pert I. 24a. WAS AN PERFOI	MED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
¥ I	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions	contributing to death bu	ut not resulting in th	e underlying cause given l	PERFO	MED?	MAILABLE PRIOR TO
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions	contributing to death bu	ut not resulting in th	e underlying cause given i	PERFO	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART H. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	contributing to death bu	ut not resulting in th	28. PLACE OF DEATH (C	PERFOI	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
rsician: Medical Certification	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	contributing to death bu	at not resulting in the		PERFOI 1 YES 2	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART H. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 2 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	contributing to death but	at not resulting in the	26. PLACE OF DEATH (C HER: Nursing Home 5 Residence 28c. INJURY AT WORK?	PERFOI 1 YES 2	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMMEN? 1 VES 2 NO 17. MANNEB OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: Impetent 2 OFROutput	at not resulting in the	28. PLACE OF DEATH (C HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOI 1 YES 2 Check only one)	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST PART H. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Vers 2 No 1 Manual 5 Pending Investigation 3 Suicide 6 Could not be determined	HOSPITAL: Impettent 2 OFRVOutput (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special Control of the Control of	at not resulting in the control of t	26. PLACE OF DEATH (C) HER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO , factory, office	PERFOI 1 YES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Town, State	NJURY OCCUR	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impetent 2 PRVOutput	at not resulting in the control of t	28. PLACE OF DEATH (C HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOI 1 YES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State)	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED Rural Route Number;
COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: Impetent 2 PRVOutput	at not resulting in the control of t	26. PLACE OF DEATH (C HER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO , factory, office	PERFOI 1 YES 2 1 YES 2 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW 1 28f. LOCATION (Street City or Town, State, 1) 10 to the cause(s) and mail in time, date and place, as	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED Rural Route Number;
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART H. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Natural Pending Investigation 3 Suicide G Could not be determined 29a. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER?	HOSPITAL: Impetent 2 PRVOutput	at not resulting in the control of t	28. PLACE OF DEATH (CHER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 VES 2 NO , factory, office the time, date and place, and do my opinion, deeth occured at the	PERFOI 1 YES 2 1 YES 2 1 YES 2 1 YES 2 1 Other (Specify) 28d. DESCRIBE HOW 1 28f. LOCATION (Street City or Town, State, 1) 10 to the cause(s) and mail in time, date and place, as	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO Rural Route Number, Parallel Number,
COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART H. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Natural Pending Investigation 3 Suicide G Could not be determined 29a. CERTIFIER (Chack only one) 2 MEDICAL EXAMINER?	HOSPITAL: Impatient 20 ER/Outpe 28a. DATE OF INJURY (Month, Dey, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the best of my knowlet: On the bests of examination	at not resulting in the control of t	26. PLACE OF DEATH (C HER: Nursing Home 5 Residence 26c. INJURY AT WORK? 1 YES 2 NO , factory, office No opinion, deeth occured at the street of the street occured at the street occ	PERFOI 1 YES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW City or Town, State) 1 to the cause(s) and make time, date and place, as	NJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO Rural Route Number, Parallel Number,



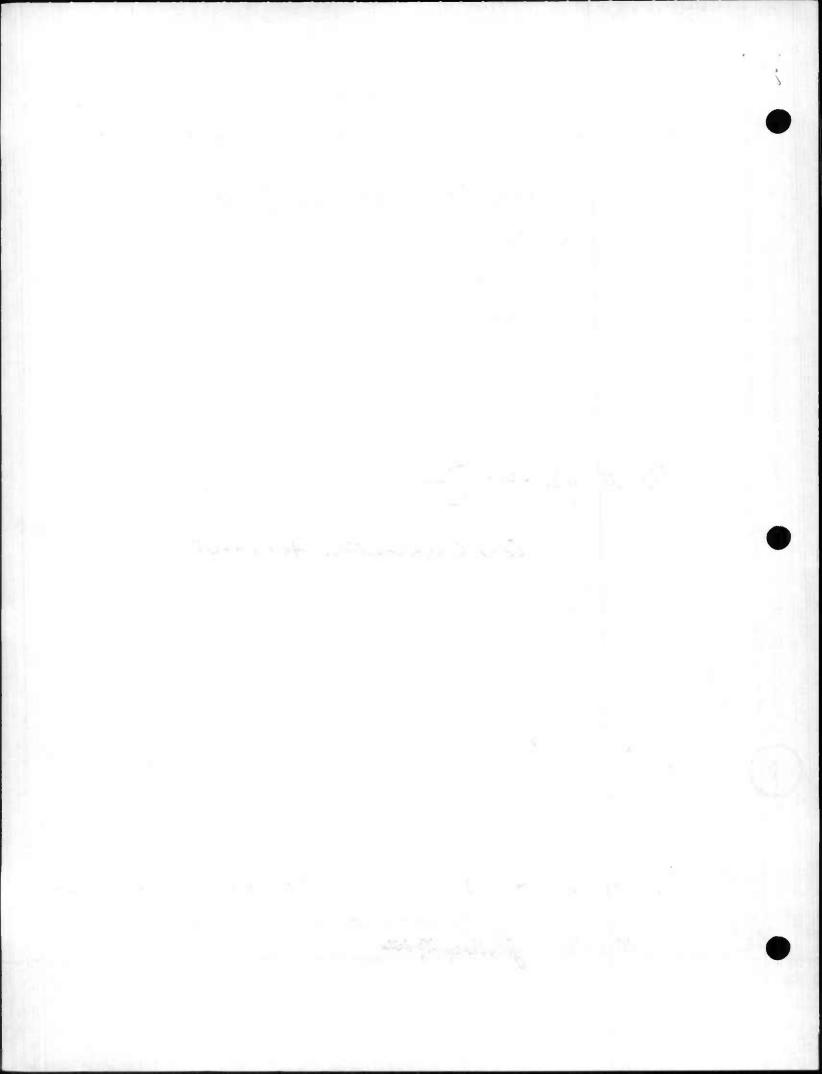
TO THE HOSPITAL OR ATTENDING PRINCIPLY THE Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTIOR: A me the configuration of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

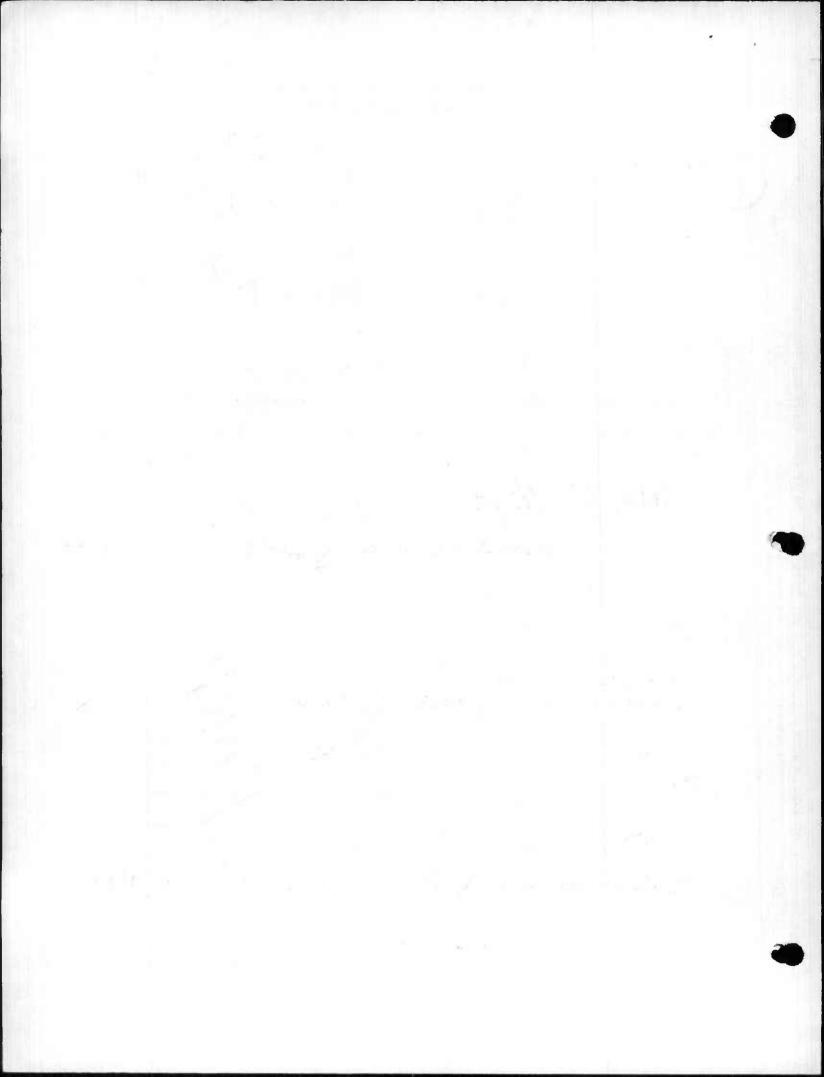
1 - STATE	STATE O	F MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
1. DECEDENT'S NAME (First, Middle, Last)	1	015	2. DATE OF DEATH

	HEGISTRAN CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last)	_	115.			2. DATE OF DEATH	2. DATE OF DEATH DAY YEAR 3. TIME OF				
	Joseph H.		Oliver				July 11	19	92 6:17P		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birt	thday) IF UNDER	I YEAR	UNDER 24 HRS.	7. DATE OF BIRTH	1	8. BIRTHPLACE (State or Foreign		
	577 00 4221 3			YRS. MONTHS		URS MIN.	(Month, Day, Year)		Country)		
	577-09-4321-A		9				AUG 17 19	12	MARYLAND		
	9e. FACILITY NAME (If not institution, give street and number)				TOWN OR LO	CATION OF DE	ATH	9c. COUNTY OF DEATH			
DIRECTOR	St MARII'S	HOSPITI	12/	60	ma	Dal 1	(in)	54	Manui		
15	RESIDENCE OF DECEDENT				0 111	7(0)	owy		1111113		
Ä	10a. STATE 10b. COUNTY	1	10	c. CITY, TOWN	R LOCATION				10d. INSIDE CITY LIMITS?		
	MADVI AND CH MADVIG										
	10e. STREET AND NUMBER	MICE O		DUSTINOC					1 TYES 2 NO		
FUNERAL					101. ZIP	CODE		10g. CITIZ	EN OF WHAT COUNTRY?		
<u> </u>	RT 520 BOX 99				20	618		UNIT	ED STATES		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	1 .4.	WAS DECENDE	ENT OF HISPAN	IC ORIGIN? (Specify Yes		14. RACE — American Indian, Black, White, etc.		
	1 Never Merried 2 Merried	FORCES? 1 YES	DATES X			Cuben, Mexica NO Specifi	n, Puerto Rican, atc.)				
B	3 Widowed 4 Divorced				i i ica z X	NO Specify	<i>γ</i> .		Specify: WHITE		
8	15. DECEDENT'S EDUC	CATION	16a DECED	ENT'S USUAL O	CCUPATION		16b. KIND OF BUS				
E	(Specify only highest grade		(Give k	ind of work done NOT use retired.)		working	TOU. KIND OF BUS	SINESS/INDU	SIRY		
اياا	Elementary/Secondary (0-12)	College (1-4 or 5+)		at a see the see							
Σ	8		CONT	RACTOR			BUILDE	R			
COMPLET	17. FATHER'S NAME (First, Middle, Last)				16.	MOTHER'S NA	ME (First, Middle, Melden	Sumame)			
BE (JOHN WOOD OLIVER				מו	AISY E	TITC				
	19e. INFORMANT'S NAME (Type/Print)		19b M	AIL ING ADDRESS			Route Number, City or Town	- Chata Tie (2-2-1		
일		. OF TIME						n, Stata, Zip C	2006)		
	GERTRUDE E. ZORNER	COLIVER	RT	520 BOX	99 Bi	JSHWOO	D. MD 2061	88			
	20e. METNOD OF DISPOSITION 1 M Buriel 2 Cremetion 3 Remo	avel Imm State	b. PLACE AND	DATE OF DISPOS	ITION (Name of		DATE 20c. LO	CATION - C	ity or Town, State		
8	4 Donation 5 Other (Specify)		ACRED	ry or other place) HEART (EMETER	PV	7/13 BUS	CHUIOO	D. MARYLAND		
	21. SIGNATURE OF FUNERAL SERVICE LO	ERSEE//	-	22.	NAME AND A	DRESS OF FA	GUTYDDTNOUT	STIVICO	J. MARYLAND		
	Sulle W	vecent	72	1			BKTN211	ELD FU	JNERAL HOME		
	MICHAEL K. BI	ANKENSHIP	1				LEONARD	ASHIN IOWN,	ABN SURELL		
	23. PART I. Enter the diseeses, or o		d the deeth.	Do not enter	the mode o	f dylna suc					
	shock, Dr heert fellure. I	Liet only one ceuse on	eech line.			_,,	a condition of toop!	intory arre	Interval Between		
	IMMEDIATE CAUSE (Finel		_						Onset and Death		
	disease or condition resulting in death)	Cerel	MINO	real	2an	Acc	1 devT				
	,	DUE TO (OR AS									
-									- Marie		
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUEN	ICE OF							
FI	if sny, leading to immediate cause. Enter UNDERLYING	302 10 (011 12)	A CONSCOUL	ice or j.							
일	CAUSE (Disease or Injury										
쁘	that Initiated events	DUE TO (OR AS	A CONSEQUEN	ICE OF):							
1	resulting in death) LAST	1									
EDICAL	PART II. Other significant condition	e contributing to deeth	but not recul	iting in the un	derlying ceu	ise given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS		
일							1 12000		AVAILABLE PRIOR TO COMPLETION OF CAUSE		
							1 YES 2	□ NO	OF DEATH?		
Σ									1 TES 2 NO		
PHYSICIAN:											
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					OF DEATN (Che	eck only one)				
S	1 TES 2 NO	HOSPITAL:	patient 3 🗆 🖸	OTHER		Residence	6 Cher (Specify)				
	1 / Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Nome 5 Residence 6 Other (Specify) 28. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
	1 Natural 5 Pending	(Month, Day, Year)		INJURY	WORK?		20d. DESCRIBE HOW II	NONT OCCU	INEU		
BY	* Investigation			777	1 TYES	2 NO					
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, I	ferm, street, fect	ory, office		281. LOCATION (Street e	nd Number o	Rural Route Number,		
1	4 Homicide determined	ounding, etc. (op.	vii)				City or Town, State)				
iu	29e. CERTIFIER	- 1000 1	-					-			
를	200. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
COMPLETED	one) 2 MEDICAL EXAMINE	9: On the besis of examination	on end/or inves	tigation, in my o	pinion, death o	occured at the	time, date end place, end	d due to the	cause(s) end manner es stated.		
200. DATE STORED (MORTIN, Day)											
5	0 1/2-13-92										
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)										
	Wm. D Boud II, M.D. Leon and Town M										
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE	- 41		1000	- V J D . But	-			
	JUL 14 '92	Lulia David		dell							
	001 1 7 32	- Hura wanto	Man-190	as assessment							



TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
sl examiner must be notified at once.	IMPORTANT: if Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached wai.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completer, med in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing urs after death. Page 6 may be retained by the hospi
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	011112 01 1	MARYLAND /				DEATH			EG. NO.					
DECEDENT'S NAME (First, Middle, La. A		ames	Pa	rrish				2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH 8 A.		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1	1 YEAR	IF UNDER 24	HRS.	7. DATE OF	BIRTH		8, BIRTH	IPLACE (State or Foreign		
220 10 0832 A	1 XM 2 - F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	1/40/19	7791	6	Count	est Va.		
9a. FACILITY NAME (If not institution, gir	e street and number)	<u></u>		9b. CITY,	TOWN C	R LOCATION	OF DEA	TH		9c. COU	INTY OF D			
6223 Oakland	6223 Oakland Mill Road					Sykesville, M					id. 1 Carrol			
RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT					VIIIC	, IK					arrorr.		
10h. STATE 10h. COUNTY			10c. CI1	Y, TOWN OF	R LOCAT	ION						10d. INSIDE CITY LIMITS?		
Va.				<u>Rice</u>								1 ☐ YES 2 X NO		
10a. STREET AND NUMBER					101	ZIP CODE			146	10g. CIT	IZEN OF	WHAT COUNTRY?		
P.O.Box 129							966		M_{\odot}		SA			
11. MARITAL STATUS 1 Never Married 2 Married		IT EVER IN U.S. AR				ENDENT OF I				or No—	14. RACI Blac	E — American Indian, k, Whita, etc.		
3 Nidowed 4 Divorced		MAR OR DATES				2 NO					Spec			
15. DECEDENT'S E	DUCATION	10. DE	OFDENITO	USUAL OC	01101710			T 400 100				ite		
(Specify only highest gr	ade completed)	(G		work done di		st of working		160. KJI	OF BUS	HNESS/INI	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+)		,	Des	1			7	,,+	ob d 1			
8th 17. FATHER'S NAME (First, Middle, Last)	0			Car	nea		R'S NASA	E (First, Midd			obil	е		
	. Dans ! - 1									12.00	_ ==== <u>+</u>	al.		
James Arthur	Parrish	10.	h. MAII IN	ADDRESS	(Street -	nd Number or		lla A.				sn		
												24704		
Dale_Parrish		20h PLACE				d M11		bad St				21784 own, State		
1 Buriel 2 Cremetion 3 R	emoval from State	other pl	lace)				ory or				W.V	2007		
21. SIGNATURE OF FUNERAL SERVICE		- Tullega	1-AIL	ha Ce			OF FACI	II (TV						
+ Harry Y	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Haight Funeral Home P.O.Box 195 Syesville, Md. 21784													
										Approximats Interval Betwo				
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhibited experts.) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
that initiated events resulting in death) LAST d														
PART II. Other eignificent conditions contributing to death but not not a death but not not not not not not not not not no				resulting in the underlying ceuse given in				Part I. 24a. WAS AN AUTOPSY PERFORMED?			248	NWERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
	7													
25. WAS CASE REFERREO TO MEDICAL 28. PLACE OF DEATH (Check only one)														
1 YES 2 NO	HOSPITAL:	☐ ER/Outpetlent 3	OTHER: DOA 4 Nursing Homa 5 Residence				dence a	Other /9	pec/fv1					
27. MANNER OF DEATH	26a. DATE O	FINJURY	28b. TIME OF 28c, INJURY AT				28d. DESCR		NJURY OC	CURED				
Natural 5 Pending	- Process	(Month, Day, Year) INJURY M				RK? (ES 2	2 NO							
2 Accident Investigation 3 Suicide S Could not determined	28a. PLACE (ory, offic	office		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
anni	IYSICIAN: To the best of											a) and manner as state		
296- SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM				MBER 29d. DATE SI			TE SIGNE	(MBnth, Day, Year)		
Salph Experienchad			A DOT				M	0114 1 110			4195			
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	ISE OF DEATH OTE	M 27)	e, Philot)										
Y														
31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE	Band	ess										

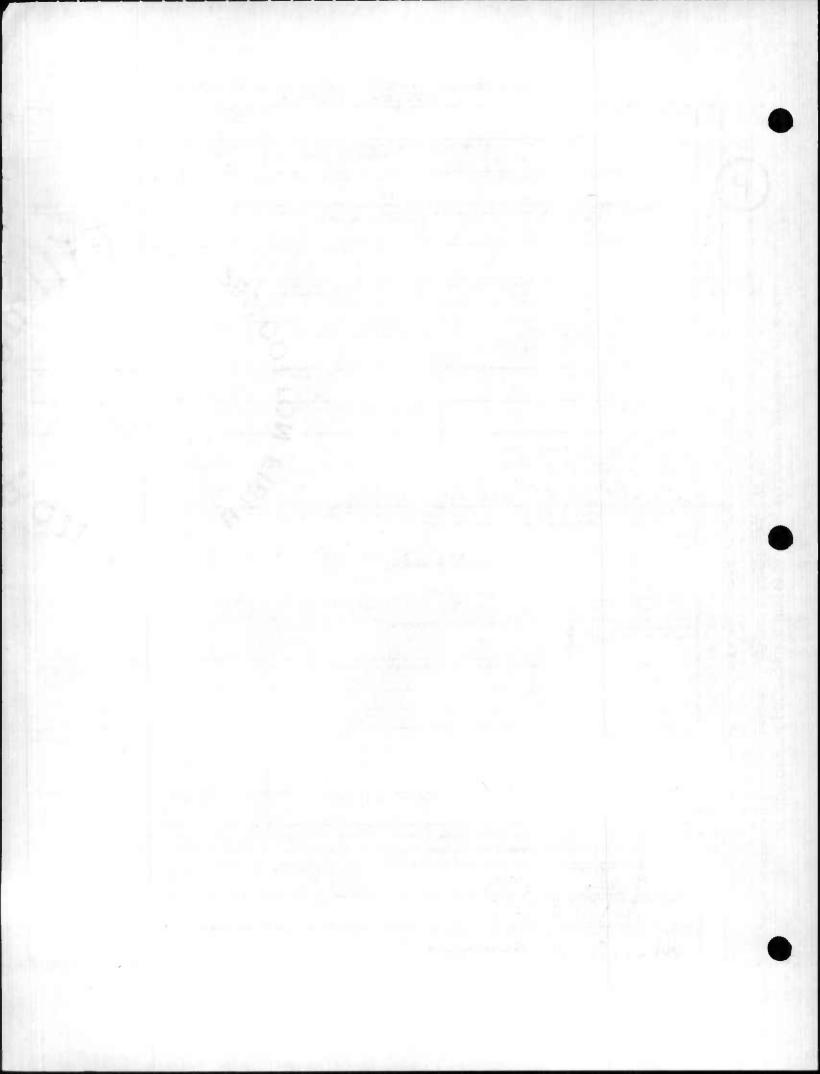


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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and the second of the second o	OR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pages	e C	8 is marked, or item 23 shows any injury, or other traumatic event, the medical axaminer must be notified at once.
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	. At	de	89
,	8	ter	-

	I. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH
L	Jennifer	L	ynn	Fi	nfrock			07	17	1	992	11:15 P.
	1. SOCIAL SECURITY NUMBER 219–66–1322	5. SEX	6. AGE (In yrs. les 22	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS, MIN.	7. DATE	OF BIRTH	1969	8. BIRT Soun SC(HPLACE (State or Foreign or Land
1	De. FACILITY NAME (If not institution, give				9b. CITY, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	NTY OF I	HTA3C
	ROUTE 64 W/O Hag	erstown,	MD		Hage:	rstow	n			Was	shin	gton
	W. Virginia Berk				y, town on Loc Falling		:s					10d. INSIDE CITY LIMITS? 1 YES 2 NO
	304 Potomac Hgts.	Road			1	2541				US		WHAT COUNTRY?
	11. MARITAL STATUS \(\sum_{\text{N}} \) Never Married 2 \(\sum_{\text{M}} \) Married \(\sum_{\text{N}} \) Widowed 4 \(\sum_{\text{D}} \) Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. AR YES 2 NA WAR OR DATES	MED 10	If yes, t	CENDENT Copecify Cuba S 2 NO	n, Mexica	n, Puerto l	I? (Specify Ye Ricen, etc.)	a or No—	14. RAC Blec Spec	E - American Indian, ik, White, atc. White
	(Specify only highest grade Elementary/Secondary (0-12) 12 years	College (1-4 or 5	(Gi	CEDENT'S tve kind of the Do NOT us	USUAL OCCUPAT work done during n se retired.)	TON nost of worldr	ng		KIND OF BU Hospit		DUSTRY	
Ĺ	7. FATHER'S NAME (First, Middle, Last) Dennis Arthur Fi	infrock						ME (First, I	Middle, Melden Stin	HOOV	ver	
ľ	H. Kristin Reyno	olds	30	MAILING 04 Po	tomac H	end Number	or Rural Road	Route Numi	ber, City or Tow lling	vn, State, Zip Wate:	Code)	W. Va. 2541
	Roe. METHOD OF DISPOSITION Buriel 2 Cremation 3 Rem	oval from State			OF DISPOSITION (I			DAT		CATION -		Maryland
	Donation 5 D Other (Specify)	SASSIBILITATIONS.	Rest of	laven	Cenete	Ly		1//	LE LICE	Seran	JWII,	ratyrand
-	1. SHAPURE OF FUNERAL SERVICE LI	Minn	ich		Geral Funer	d N.	Minr me	nich	305 Hag	N. P	o ton	mac Street Maryland
	The state of the s	complications that Liet only one ceu	ich t ceused the de	ath. Do r	22. NAME Geral Funer not enter the m	d N.	Minr me	nich	305 Hag	N. P	o ton	nac Street Maryland Approximata Interval Between
	23. PART I. Enter the diseases, Drehock, or heart fellure.	complications that Liet only one ceu	t ceused the de	ath. Do r	22. NAME Geral Funer not enter the m	d N.	Minr me	nich	305 Hag	N. P	o ton	nac Street Maryland Approximata Interval Between
	23. PART I. Enter the diseases, Drehock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that Liet only one ceu	t coused the dese on each line (OR AS A CONSECTION AS A CONSEC	ath. Do r	22. NAME Geral Funer not enter the m	d N. all Ho	Minrome	ciury nich	305 Hag	N. Persto	oton own, rest,	nac Street Maryland
	23. PART I. Enter the diseases, Drehock, or heart fellure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, farny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions. 5. WAS CASE REFERRED TO MEDICAL EXAMINER?	complications that Liet only Dne ceu a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	(OR AS A CONSECTION AS A CONSE	BUENCE OF	22. NAME Geral Funer Took enter the most enter the	nd Address de N. Cal Ho	Minrome ng, suci	Part I.	305 Hag flec or resp	N. Fersto	Poton Dwn, rest,	Approximata Interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
2 2 2	23. PART I. Enter the diseases, Drehock, or heart fellure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions.	complications that Liet only one ceu a. DUE TO b. DUE TO c. DUE TO d	t coused the de se pn eech line (OR AS A CONSECTION AS A CONSE	DOA 28b. TIM	22. NAME Geral Funer Took enter the most enter the	MD ADDRES d N. Cal Ho code of dyl mg cause g PLACE OF DI me 5 Re DURY AT ORK?	Minrome ng, suci	Part I.	305 Hage liec or resp 24a. WAS AN PERFOI 1 YES 2	N. Fersto	Potonown, rest,	Approximata Interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
	23. PART I. Enter the diseases, Drehock, or heart fellure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions. 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 \$\sumsymbol{\text{YES}} 2 \sumsymbol{\text{UNO}} NO. 7. MANNER OF DEATH 1 \$\sumsymbol{\text{NANNER}} No. 8. Pending	complications that Liet only Dne ceu a. DUE TO b. DUE TO d. DUE TO	t ceused the de se pn eech line (OR AS A CONSECTION OR UENCE OF DOAL TIME IN IN IN IN IN IN IN IN IN IN IN IN IN	22. NAME Geral Funer of the modern of the mo	IND ADDRES ON NO. CALL HOOD OF THE STATE OF DITTORY AT ORK?	Minrome ng, suci	Part I.	305 Hage liec or resp 24s. WAS AN PERFOI 1 (Specily) CRIBE NOW I SCHOOL STORM, State) or Town, State) or Town, State)	N. Fersto erstony and Autropsy maked? 2 \(\) No Roa injury occ in in and Number	24th	Approximate Interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea	
2	23. PART I. Enter the diseases, Drehock, or heart fellure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending Investigation determined 90. CERTIFIER (Check only) 1 CERTIFYING PNYS:	DUE TO b. DUE TO c. DUE TO d	t ceused the de ise on each line (OR AS A CONSECTION AS A CONS	DOA 28b. Time, form, at the occurrent	22. NAME Geral Funer of the modern of the mo	MID ADDRES d N. Cal HC Ode of dyl	Minrome mg, suci	Part I. Cock only on City Rou to the cause	305 Hag liec or resp 24a. WAS AN PERFO! (Specily) CRIBE NOW I SEINGE! ATION (Street or Town, State) te 64	N. Ferstonian Autopsy and Number of No. Perstonian Number of Numbe	24th 24th 24th 24th 24th 24th 24th 24th	Approximata Interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
2	23. PART I. Enter the diseases, Drehock, or heart fellure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, farny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant conditions. 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending Investigation Suicide 6 Could not be determined of control of the determined of control of the control of the determined of control of the control	complications that Liet only one ceu a. Journo b. DUE TO c. DUE TO d	t ceused the de ise on each line (OR AS A CONSECTION AS A CONS	DOA 28b. Time, form, at the occurrent	22. NAME Geral Funer of the modern of the mo	MID ADDRES d N. Cal HC Ode of dyl	Minrome mg, such mg,	Part I. Par	305 Hag liec or resp 24a. WAS AN PERFO! (Specily) CRIBE NOW I SEINGE! ATION (Street or Town, State) te 64	N. Ferstonian Autopsy RMED? Roal Injury occ in Autopsy W/O Inner se state and due to the control of the control of the control occ in Autopsy W/O Inner se state and due to the control occ in the control	24b 24b 24b Adway Current Hage ad.	Approximata Interval Betwee Onset and Dea Dea Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea



BALTIMORE, MARYLAND 21203-3146

the death certificate be executed within 25 mounts after death. Page 6 may be retained by the hospital or attending physician.

The intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within thygiene prior to burial, cremation, or removal. The cleath certificate be executed within 2s QRDS, P.O. BOX 13146,

DIVISION OF VITAL TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTIOR: After this certificate be filed within 72 hours after death with the State LIMPORTANT: If Item 28 is marked, or item

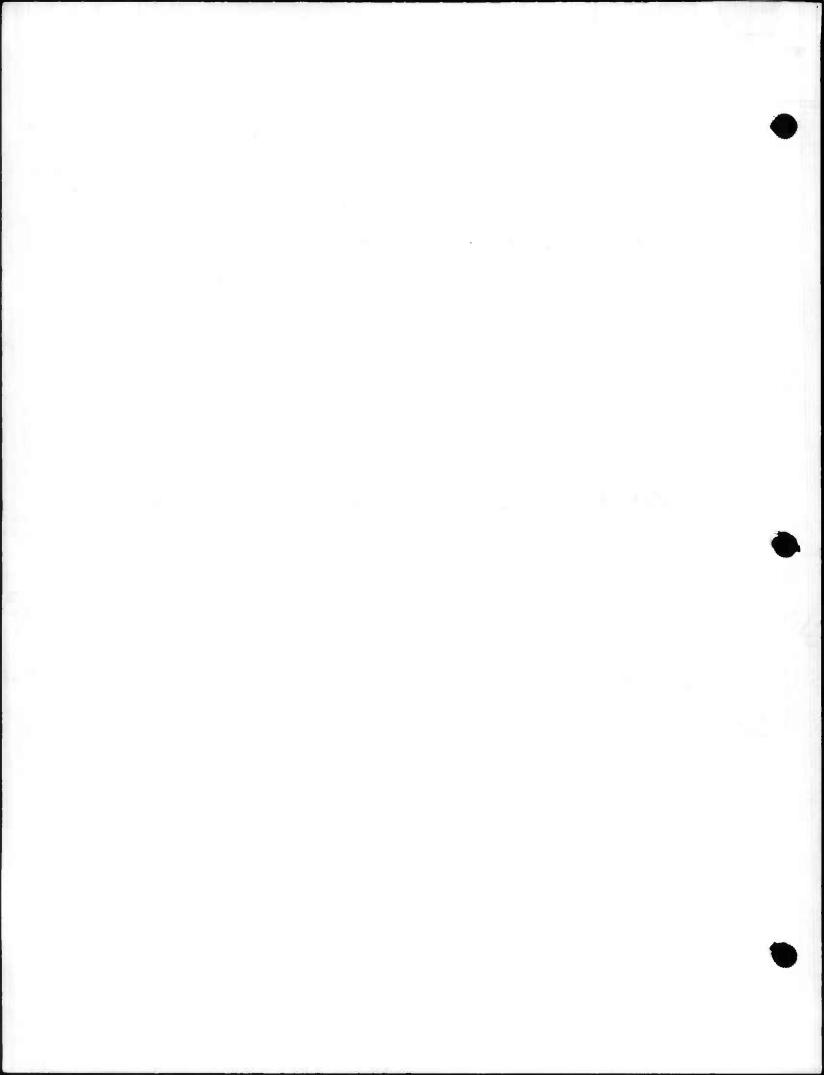
31. DATE FILED (Month, Day, Year)

JUL 1 4 '92

Lilia Davidson-Randall

		FOR 1 - STATE REGISTRAR	STATE OF I	MARYLA			TMENT				MEN	ITAL HYGIENI REG. NO.	E		
Γ		1. DECEDENT'S NAME (First, Middle, Last)										DATE OF DEATH	Y	YEAR	3. TIME OF DEATH
		Ellen Doug	las				I	Pie			J	uly 10,	1992		10:06 P M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (II	n yrs. last		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.		Month, Day, Year)		6. BIRT Coun	HPLACE (State or Foreign (ry)
		214-88-3978	1 M 2 K F	L	73	YRS.						Tune 3, 1			nington, D.C
	_	9a. FACILITY NAME (If not institution, give s		-						ION OF DE	ATH		9c. COU	INTY OF	DEATH
	5	Physicians Memo:	rial Hos	pital			La	P1	ata				C	har1	es
	EG	10a. STATE 10b. COUNT	Y			10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY
	DIRECTOR	Maryland St	. Mary's			Ch	aptic	20							LIMITS? 1 ☐ YES 2 ☑ NO
	. 1	10e. STREET AND NUMBER						7	f. ZIP COD	E	10g. CITIZEN OF			WHAT COUNTRY?	
	FUNERAL	263 Notley Hall R	oad						206	21				U.S.	Α.
	5	11. MARITAL STATUS	12. WAS DECEDE						CENDENT	OF HISPAN		RIGIN? (Specify Yes		14. RAC	E — American Indian, k, White, etc.
	ВУ Е	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?			o				Specify		arto Rican, atc.)		Spec	
								Black							
	TE	15. DECEDENT'S EDU (Specify only highest grade			16a. DEC	EDENT'S	Work done of se retired.)	CCUPATE during me	ON ost of worki	ing		16b. KIND OF BUS	INESS/IN	DUSTRY	
	1	Elementary/Secondary (0-12)	College (1-4 or 5	+)	wro, i		nemak					Home	2		
ce ce	COMPLETED	3rd Grade 17. FATHER'S NAME (First, Middle, Last)							18 MOT	HED'S NA	ME /	First, Middle, Maiden	_		
at o		George Scriber										zabeth P			
Fled	BE	19a. INFORMANT'S NAME (Type/Print)			19b.	MAILING	ADDRESS	(Street				Number, City or Town		p Code)	
not	2	Laura W. Holmes													20621
e e		20g. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State													
Snu		4 Donation 5 Other (Specify) All Saints Cemetery Oakley, Maryland													
Iner		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1).			22.1	NAME A	ND ADDRE			diner Fu		-	
exam		Samil,	16 -t	ren	mo	n	/ F	.0.	Box	270	L	eonardto	wn,	Mary	land 20650
or other traumatic event, the medical examiner must be notified at once.		23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory erreat, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Approximate intervel Between Onset and Deeth													
atic eve	NO	Sequentially list and littles													
r traum	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury the lighted exercise).													
f, or other	CERTIF	that initiated events resulting in death) LAST	Adv	W	CONSED	exp	Wes	00	y	20	X	CODO 8	41	do	112-
See any injury.	MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTO BY PERFORMED 1 YES 2 DO 1 YE													
PIN 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				OTHER		LACE OF	DEATH (Ch	eck o	nly one)			
10	YSI	1 - YES 2 - 10	1 D Inpattent 2		atient 3		4 🗆 Nun		me 5 🗆 F	Realdence	8 🗆	Other (Specify)			
marked, or item	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE O (Month,	F INJURY Day, Year)		28b. TIN	IE OF JURY M		JURY AT ORK? YES 2	□ N U	280	I. DEŞCRIBE HOW I	NJURY O	CCURED	
28 Is	ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY , atc. (Spec	— At hon	ne, farm,	street, fact	tory, offic	ca		28t	. LOCATION (Street a City or Yown, State)	and Number	er or Runal	Route Number,
IMPORTANT: If Item	COMPLE	29a. CERTIFIER 1 CERTIFYING PHYS													(s) and manner as stated.
IMPORTA	O BE	296. LICENSE NUMBER D=23021 296. DATE SIGNED (Month, Day, 16ar)													
	F	Sanjeeb K. Mishr						ad,	Cenr	na Ce	nt	er, Wald	lorf,	MD	20602

DHMH-16 Rev 1/89



any injury, or other traumatic event, the medical examiner must be notified at once,

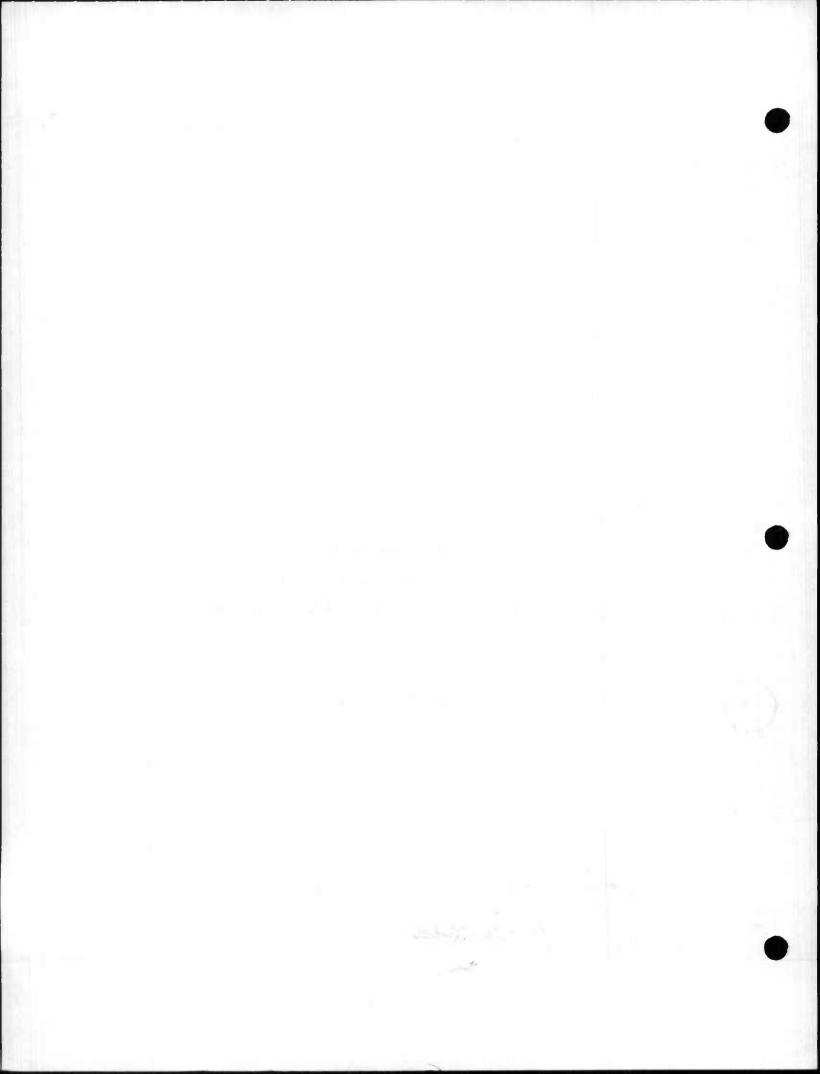
FOR STATE REGISTRAR

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	AME (First, Middle, Lest) GERTRUDE R. PETERSON 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	(7)		rude		PE	HEC	50			7.	-10	2-	92	7.40 PH
	4. SOCIAL SECURITY NUME		5. SEX		rs. last birthday)	MONTHS 1		IF UNDER	24 HRS. MIN.	7. DATE OF I (Month, De			6. BIRTH Countr	IPLACE (State or Foreign
	578-05-7757		1 M 2 XF	92	YRS.	- III		eships:		AUG.1	.189			NSYLVANIA
œ	9a. FACILITY NAME (If not in					9b. CITY, T	-			ATN			NTY OF D	
6	HOLY CROSS		LTAL			SIL	ER	SPR1	LNG			MOI	NTGON	1ERY
DIRECTOR	10a. STATE	10b. COUNTY	Y		10c, CF	Y, TOWN OR	LOCATIO	DN						10d. INSIDE CITY LIMITS?
	MARYLAND	MON'	TGOMERY		SI	LVER S	SPRI	NG					_	1 YES 2 NO
FUNERAL	10e, STREET AND NUMBER						101.	ZIP CODE				10g. CIT	IZEN OF V	VHAT COUNTRY?
N.	9613 SUTHI	ERLAND							901					USA
	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS OECEDEN FORCES? 1	YES 2	NO	If y	res, spec	offy Cuba	F NISPAN n, Maxicar	IC ORIGIN? (S	pecify Yes n, etc.)	or No—	14. RACE Black	E — American Indian, k, White, etc.
B	3 Widowed 4 Divo	rced	IF YES, GIVE V	MAR OR DATES	3	10	YES 2	NO	Specify.				Speci WHIT	
COMPLETED	15. DEC (Specify only	EDENT'S EDU	CATION completed)	164	a. DECEDENT'S	USUAL OCC	UPATION	N of undin		16b. KIN	O OF BUS	SINESS/IN		
9	Elementary/Secondary (0		College (1-4 or 5			work done dur se retired.)	nig mosi	OF WORKE	v					
₩.	12			S	UPERVI	SOR							OFFIC	CE
8	17. FATHER'S NAME (First, M CHARLES		HMEYER						HER'S NAM ARGAE	ME (First, Middl				
8	19a. INFORMANT'S NAME (I		HILIEK		Top MAIL IN	ADDRESS /	Street en	_		oute Number, (AYER	Codel	
2	LINDA L. BRA		(GRANDDAI	UGHTER	1	JONES				RSON,				39
	20a. METNOD OF DISPOSIT	ION		20b. PL	ACE AND DATE	OF DISPOSITI		_	- 1	DATE			City or To	
	1 □ Burlal 2X□ Cremation 4 □ Donation 5 □ Other	(Specify)			y, crematory or o		CREM	ATOF	RY	7/12	ALE	XANDI	RTA.	/IRGINIA
	21. SIGNATURE OF FUNERA	L SERVICE/GO	ENSEE	4		22. NA	ME AND	ADDRES	S OF FAC	HLITY				
	FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W. SIL.SPR., MD. 20901													
	23. PART I. Enter the d	seases, or o	complications the	t caused the	e deeth. Do	not enter th	ne mod	e of dyl	ng, such	as cerdiac	or reepl	ratory ar	reat,	Approximete
	IMMEDIATE CAUSE (Fin	eert fallure.	List only one ceu	use on each	line.									Interval Between Onset and Death
	disease or condition resulting in death)	→	a. ACUT DUE TO	E CH	ARIO!	ULIN	ONF	ARY	F	AILU	RE	ton-		130 MIN
	,													1110
NO	Sequentially list conditi		b. PROF	SA BLE	SEQUENCE C	UTE	my	OCA	RIA	LIN	FAR	CTIC		THK
¥	if any, leading to immed cause. Enter UNDERLY!	NG	ARTE	R10 5	CIFRO	TIC	CAR	2010	VAS	SCULA	PT)ISE	ASF	SYR,
Ĕ	CAUSE (Disease or Inju that Initiated events	,			NSEQUENCE O							,,	1 34	
E	resulting in death) LAS	T L	d		<u>.</u>									
MEDICAL CERTIFICATION	PART II. Other algnifice	nt condition	e contributing to	deeth but n	not reculting	In the unde	rlying	cause o	iven in f	Pert I. 24e	. WAS AN		24b.	WERE AUTOPSY FINDINGS
\$	CARCINO							205			PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE
			ECTOM			3-9	2			_ ''	_ 1E3 Z	Mino		OF DEATH?
- 11				/										
ĕ I	25. WAS CASE REFERRED TO EXAMINER?	D MEDICAL	HORRITAL				26. PLA	CE OF O	EATN (Che	ck only one)				
PHYSICIAN:	1 TYES 2 NO		HOSPITAL:	ER/Outpatier	nt 3 🗆 DOA	OTHER:	g Nome	5 🗆 Res	sidence (Other (Sp	ecily)			
F	27. MANNER OF DEATN 1 Netural 5	Pending	20s, DATE OF (Month, D		26b. TIA	JURY	Bc. INJUI WOR			28d. DESCRIE	BE NOW IN	JURY OC	CURED	
B	2 Accident	investigation	00 - DI 405 0	T IN HIEM				S 2 [NO NO					
		Could not be determined	building,	etc. (Specify)	At home, farm,	street, factory	, office			26f. LOCATIO City or To	N (Street a wn, State)	nd Number	or Runal R	loute Number,
9	29a. CERTIFIER	SEVING BUVOU	O(44). To the best of											
COMPLET			CIAN: To the best of R: On the besis of a) and manner as stated,
	29b. SIGNATURE/AND TITLE						_		NSE NUM					(Month, Day, Year)
H	Haral	13 .	Tidles	M	D		- 1	7) 11	20	7			7-1	
2	30. NAME AND ADDRESS OF	PERSON WHO	O COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type	, Print)		V 11						19
	HAROLD S.				GEORGI	A AVEN	NUE	SII	LVER	SPRIN	G, M	ARYL	AND	20902
	JUL 13 '92	Ybar)	Fiche Davide	IN'S SIMILATION	A. 02									
	JUL 1) JZ	0												





CIANT The Taw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	sician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1 2.3 should	for to burial, cremation, or removal.	injury, or other traumatic event, the medical examiner must be notified at once.
ICIAN: The law requires that the death certificate be execu	ertificate professional by the attending physician and	the State Cept, of Hearth and Mental Hygiene prior to but	r fight 23 allows hay
TO THE HOSPITAL OR ATTENDING PHYSIC	0	be filed within 72 hours after death with t	IMPORTANT: If item 28 is marked, o

	1 - STATE OF M		TMENT OF HEALTH		ITAL HYGIENI REG. NO.	E 9	2 20702	
	1. DECEDENT'S NAME (First, Middle, Last) Max S PE	e'KiN			DATE OF DEATH	199	3. TIME OF DEATH 1:38 0 M	
	4. 90CIAL SECURITY NUMBER 5. SEX 577-10-0931 5. SEX	6. AGE (In yrs. lest birthday) 84 vns.	MONTHS DAYS HOURS	MIN. 1	ATE OF BIRTH Month, Day Year) - 16 -		BIRTHPLACE (State or Foreign Country) WASHINGTON, D.	
TOR	SUBURBAN HOSPITAL RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCAT BETHE			9c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND MONTGOMERY		y, town or location ETHESDA				10d. INSIDE CITY LUMITS? YES 2 NO	
FUNERAL	100. STREET AND NUMBER 10250 WESTLAKE TERRACE		101. ZIP COT 2081			10g. CITIZEN OF WHAT COUNTRY? UNITED STATES		
B≼	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WE	EVER IN U.S. ARMED YES 2 NO IR OR DATES	13. WAS DECENDENT If yes, specify Cub 1 YES 2 NO	en, Maxican, Pur	RIGIN? (Specify Yes erto Rican, etc.)	ify Yes or No- 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5 +	USUAL OCCUPATION work done during most of work to retired.)	ing		196. KIND OF BUSINESS/INDUSTRY FURNITURE			
BE COM	17. FATHER'S NAME (First, Middle, Last) AARON PEIKIN				irst, Middle, Malden S FANAROFF	Sumame)		
TOB	194. INFORMANT'S NAME (Type/Print) DR. ALAN J. PEIKIN		ADDRESS (Street end Number WAXWOOD COU)					
	20s. METHOD OF DISPOSITION 1A Burlel 2 Cremation 3 Removal from State 4 Departon 5 Other Specify 21. SIGNATURE OF PUNERAL SERVICE LICENSEE			ARDEN 7	/12 FALL	S CHU	r or Town, State RCH, VIRGINIA	
	* tare le Hagan		1170 ROCK	-GOLDBE VILLE P	RG MEMOR	KVILL	HAPELS, INC. E,MD. 20852	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Kalemia ORAS A CONSEQUENCE OF ORAS A CONSEQUENCE OF ORAS A CONSEQUENCE OF ORAS A CONSEQUENCE OF	dos teran		cerdiec or respir	atory arrest	Approximate Interval Between Onset and Death 3 Obys 3 Obys 10 years	
PHYSICAN: MPDICAL CI	PART II. Other algorificant conditions contributing to a Corunary Anten Chrenic Asp	Jeeth but not resulting in the second	n the underlying ceuse	given in Pert	24a. WAS AN / PERFORE 1 YES 2	WED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO	
O	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF E	DEATH (Check on	ly one)			
ву РНУ	1 YES 2 NO 1 Impettent 2 C 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	ER/Outpatient 3 DOA NJURY 28b. Tim (7 Year)	4 Nursing Home 5 R	28d.	Other (Specify) DE\$CRIBE HOW IN	JURY OCCUR	ED	
- 8	3 Suicide 280. PLACE OF	INJURY — At home, ferm, a tc. (Specify)	treet, factory, office	281.	LOCATION (Street er City or Town, State)	nd Number or i	Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) end manner as stated.							
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER &	20	P	ense number 0714	7	29d. DATE SI	GNED (Morith, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSI	., N.W.	Washin	ez den	D.C.			
	JUL 13 '92 Such a Davidson	MAN AND AND AND AND AND AND AND AND AND A						

635.1 2664. 21-4 1.5.30 6.

BE COMPLETED

0

	DECEDENT'S NAME (First, Middle, Last) ANNA RA SOCIAL SECURITY NUMBER	bic Ko						09-9	72	3. TIME OF DEATH	
	67 - 24 - 3530	1 M 2 X F	8. AGE (In yrs. les	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH	,1912	Penn	LACE (State or Foreign is ylvania	
G	reater Laurel Beesidence of Decedent	,	Hospita	l	sa city, town i	OR LOCATION OF D	EATH		NTY OF DE	_	
M	a. STATE 106. COUNT aryland Howa				y, town or loca SSUP	TION				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
1	e. STREET AND NUMBER 701 Sharewood Dr	ive			10	20794		10g. CIT	U.S	A COUNTRY?	
1[MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 200	MED	if yes, so	ENDENT OF NISPAL ecify Cuban, Maxico 2 ND Specif	NIC ORIGIN? (Specifin, Puerto Rican, etc.)	y Yes or No—			
	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12) Grade 12	(Give kind of work done during most of working life. Do NOT use retired.) (Give kind of work done during most of working life. Do NOT use retired.)							oustry	Hair Desi	
	FATHER'S NAME (First, Middle, Lest) Thomas George					10. MOTHER'S NA Mary Da	ME (First, Middle, Ma		- 0		
194	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	20e. METHOD OF DISPOSITION 1. Disposition 20b. PLACE AND DATE OF DISPOSITION Name of Carellary, gramatory at other place.										
4 [Donation 6 Other (Specify) SIGNATURE OF FUNERAL SERVICE LI		Medda		Donal	dson Fun		ie. P.A			
IM dis	R. PART I. Enter the diseases, or shock, or heart failure. IMEDIATE CAUSE (Final sease or condition suiting in death)	a. Response to the control of the co	se on asch lina		not anter the mo	da of dying, suc	h as cardiac or r	espiratory an	rest,	Approximate interval Between Onset and Daatt	
		a mela	mane	u	range	ua la	right	· Mu	ig.		
Self: ca	AUSE (Disease or Injury at Initiated events	a HYR	OXEME (OR AS A CONSEC	OUENCE OF							
Self if can Cut the res	AUSE (Disease or Injury at Initiated events	a Dely	Oxeme OR AS A CONSEC drat	OUENCE OF	F):		Part I. 24a. WA. PEI	S AN AUTOPSY REPRIMED?		WERE AUTOPSY FINDINGS WARLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO	
Set If: can CA this re:	Ause. Enter UNDERLYING AUSE (Disease or Injury at Initiated events suiting in death) LAST	a Dely	OYLUNG (OR AS A CONSEC CAAT death but not r	DUENCE OF	In the undariying	g cause given in	Part I. 24a. WA. PEI	S AN AUTOPSY 1FDRMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	

PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 27. MANNER OF DEATH

1 Metural 5
2 Accident 28s. DATE OF BUILDRY (Morth, Day, Year) 28b. TIME OF INJURY 38s. SUJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 | YE6 2 NO 3 🔲 Suicide 28s. PLACE OF INJURY --- At home, farm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29e. CERTIFIER (Check only one)

29c. LICENSE NUMBER D - 1966

29d. DATE SIGNED (Month, Day, Year)

7 - 9 - 92

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
2 E, MD 3 TO Montgomery 30. NAME AND ADDRESS OF PERSON WHO COMPLE G. A. BE LA TORRE, St. Lourel, Md. 20707

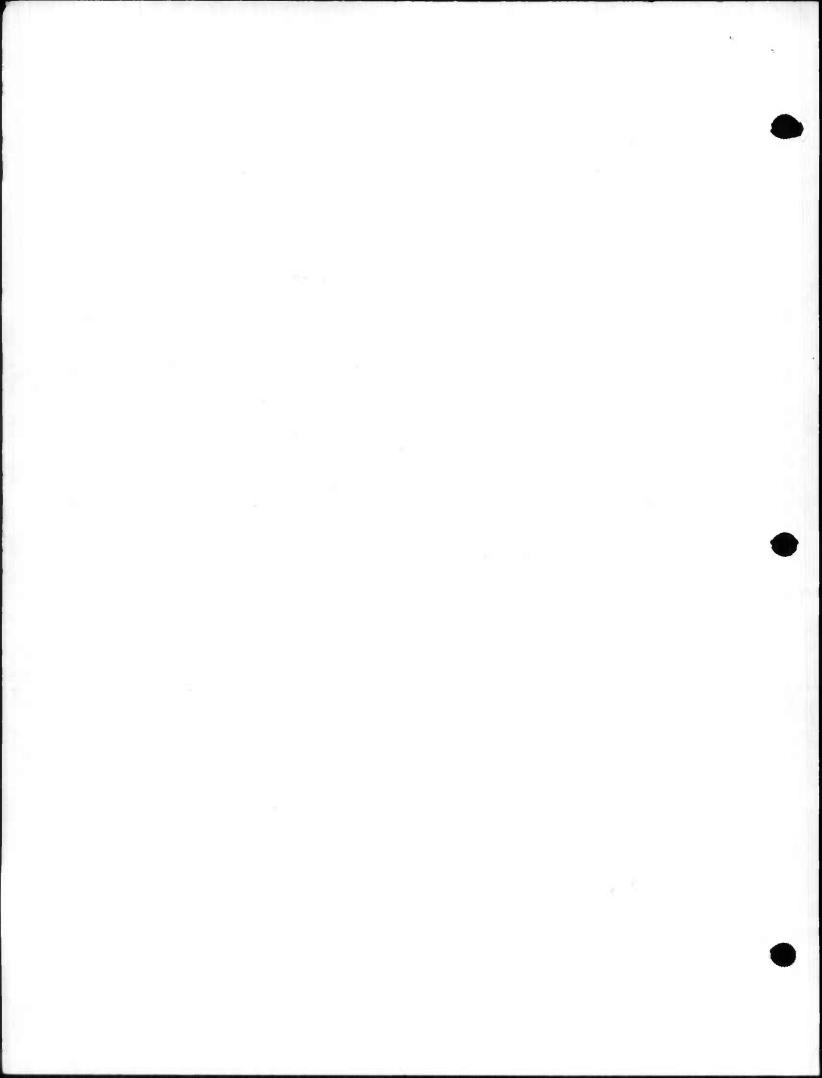
ATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE
.111 1 3 '92	Sulia Karit

2 MEDICAL 296. SIGNATURE AND TITLE OF CERTIFIES

Secretary of Artist

6, BALLIMORE, MARYLAND	within 24 Fours after death. Page 6 may be retained by the h	ppletely filled in by the funeral director, page S should be detar cremation, or removal.	vent, the medical examiner must be notified at onc	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page S should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR				MEN	TAL HYGIENE REG. NO.		- 6.	-010-5	
	1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			. TIME OF DEATH	
	Kenneth J. Ruppe	١-					O	7 08		PEAR 2	9:05P M	
			n yrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. D/	ATE OF BIRTH		BIRTHPI	LACE (State or Foreign	
	214-42-3600	XM2□F 49	YRS.	MONTHS	DAYS	HOURS MIN.		fonth, Day, Year) L1-26-4	2	Country)	S.A.	
1)[9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY,	TOWN O	R LOCATION OF	_	20 1	9c. COUNT			
ě,	Greater Laurel/E	Beltsvill	e Hosp.	La	aure	el			Prin	nce	George's	
- Di	100 STATE 100 COUNTY	laura to d	10c. CIT	Y, TOWN OF	R LOCATI	ON				1	IOd. INSIDE CITY	
DIRECT	Md.	loward	La	urel	L					- 1	LIMITS?	
1 1	10e. STREET AND NUMBER					ZIP CODE			10g. CITIZE	N OF WH	AT COUNTRY?	
FUNERAL	9302 Decatur Roa	ad					2	20723	Ţ	U.S.A.		
3	11, MARITAL STATUS 12	. WAS DECEDENT EVER IN	U.S. ARMED					IGIN? (Specify Yea	or No- 1			
	1 Never Merried 2 Married	FORCES? 1 YES				cify Cuban, Maxi 2 🕡 NO Spec		rto Rican, atc.)		Specify.		
ВУ	3 Widowed 4 Divorced			l		Λ				V	hite	
	15, DECEDENT'S EDUCATI (Specify only highest grade com	ON (pleted)	16a. DECEDENT'S (Give kind of life. Do NOT u	Work done de	CUPATIO	N at of working		16b. KIND OF BUS	INESS/INDU	STRY		
iii		ollege (1-4 or 5+)					- 1	11 24 1 4	24-4-			
M M	Grade 12		Inaust	rial	Spec		_			5 601	vernment	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							rst, Middle, Maiden S	Sumame)			
BE	William C. Ruppel	_	-			Helen						
2	19a. INFORMANT'S NAME (Type/Print)							Number, City or Town				
	Carolyn Ruppel	1	PLACE OF DISPO					iel, Mari	JLANA ATION — CI			
	20g METHOD OF DISPOSITION 1	from Stata	other place) Lvy Hill	Cama	to se	etery, crematory o	r		irel,			
	4 Donation 6 Other (Specify)		vy mac	22. N	VAME AN	D ADDRESS OF	FACILITY	Luc	nec,	MUL	geana	
	6)1/1/1/1	() //						ll Home,				
	Kellitt Jay	south y	7-					Laurel		*******		
	23. PART i. Enter the diseases, or com ahock, or heart failure. List			not enter	the mod	de of dying, st	ich aa	cardiac or reapi	ratory arre	st,	Approximate interval Between	
	IMMEDIATE CAUSE (Finel										Onset and Death	
1	disease or condition resulting in deeth)	Sudden D										
			CONSEQUENCE	•								
NO.	Sequentially list conditions, b	Ischemic	Cardi		pati	ny;					-	
F	if any, leading to immediate ceuse. Enter UNDERLYING	Massive			Tn	farcti	on	1990			į l	
윤	CAUSE (Diseese or injury that initiated events		CONSEQUENCE		2.11.	Laicti	OIII	1000			1	
CERTIFICATION	reaulting in death) LAST										!	
										_		
NA I	PART ii. Other significent conditions c	_		in the und	derlying	ceuse given	in Part	24a. WAS AN PERFOR		- 33	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	Congestive Hea		e;					1 - YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?	
× 1	Diabetes Melli	tus									1 TYES 2 NO	
N												
PHYSICIAN: MEDI		OSPITAL:		OTHER	R:	ACE OF DEATH (
ı⊀S	1 YES 2 NO 1	Inpatient 2X ER/Outp	patient 3 L DOA	-	26c. INJ	e 5 🗆 Residenc	_	Other (Specify) DESCRIBE HOW II	WILLIEN OCCI	IBED		
	1 X Natural 5 Pending	(Month, Day, Year)		JURY	WO	RK?	200.	DESCRIBE NOW II	WONT OCC	MED		
BY	2 Accident Investigation	28e. PLACE OF INJURY	— Al home form	street facts			281	LOCATION (Street a	and Number of	y Brund Br	uda Mumber	
	3 Suicide 6 Could not be 4 Homicide detarmined	building, atc. (Spec	olfy)		.,,			City or Town, State)	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 100 00 7 10	,	
	29a. CERTIFIER											
COMPLET	(Check only one) 1 X CERTIFYING PHYSICIAL (Check only one) 2 MEDICAL EXAMINER: C										and menner as stated.	
				,								
BE	296. SIGNATURE AND TITLE OF CERTIFIER	_ MD				29c. LICENSE N					Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON WHO C		ATH (ITEM 27) (Tyro	e. Print)		D2275	5		. /	/9/9	7 4	
	Christine deLim				1 P	ark Dr	. #	116, т.	aure	1, 1	Md. 20707	
	31. DATE FILED (Month Days Year)	32. REGIST AB'S SIGN	ATURE				- 11	,		_ , `	20,01	
	Mr 7 2 25	grana Do	undson-Agai	rdall_								



FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Las	E. R	1-	10				OF DEATH		YEAR	3. TIME OF DEAT	
	MARGARET						MONT	15	9	2	5.001	
)	4. SOCIAL SECURITY NUMBER 215 16 5152	5. SEX 6. A	GE (In yrs. lesi	birthday) IF 1	THE DAY		014	OF BIRTH	0.	8. BIRTH Country	PLACE (State or Fo	
	9a. FACILITY NAME (If not inatitution, give		10		CITY TOU	N OR LOCATION O	19	102/	21	0	SA	
HO.	Baltimore Cou		Hospi			allstown			9c. COUN		ore Co.	
5	RESIDENCE OF DECEDENT				10110	CII DCOWI			Dai	CHIL	ie w.	
DIRE	10a. STATE 10b. COUN			10c. CITY, TO							10d. INSIDE CITY	
	Md.	Baltimore		<u>Ba</u>	<u>ltim</u>						1 YES 2	
RA	7321 Dogwo	od Bood				101. ZIP CODE					HAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE			13. WAS I	212 DECENDENT OF HIS		17 (Specify Yes	USA or No.		- American India	
	1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 Y		Þ	II yes	, specify Cuban, Ma YES 2 ∑ NO Sp	xican, Puerto	Rican, etc.)		Specif	, White, atc.	
TED	15, DECEDENT'S ED (Specify only highest grad	(UCATION de completed)	(GA	EDENT'S USUA TO KIND OF WORK O DO NOT use reti	lone during	ATION most of working	168	. KIND OF BUS	INESS/IND			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	we.									
5	17. FATHER'S NAME (First, Middle, Last)				sare	sperson	NAME (First	Elele	-	<		
ш	Walter E. POol	e						h Port				
10 B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADD	RESS (Stre	et and Number or Ru	ral Route Num	ber, City or Town	State, Zip	Code)	-	
- 1	Elazabeth Ann P	arham		712	6 Do	owood Ro	ad Ba	ltimor	e. Mc	1. 2	1244	
	20a. METHOD OF DISPOSITION DE Burlal 2 Cremation 3 Re			ND DATE OF DIS	POSITION	(Name of	DAT		ATION — C			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		Mt.	Olive	Ceme		17/	20 Ra	ndall	sto	vn, Md.	
	NY/2. 141	41.11				AND ADDRESS OF		Haigh	t Fur	nera.	1 Home	
	23. PART I. Enter the diseases, or shock for heart failure	Hausht	,			.Box 195		sville			784	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. SEVERE CONGESTIVE HEART FAILURE DUE TO (OR AS A CONSEQUENCE OF): b. CONGESTIVE CARDIO MYO PATHY DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
.a III	readiting in death) EAST	4										
MEDICAL CE	PART II. Other significant condition	d.	h but not re	suiting in the	undariy	ing cause given	in Part i.	24a. WAS AN A PERFORM	AED?		WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N	
MEDICAL CE		d to death	h but not re	suiting in the				PERFORM 1 TES 2	AED?		AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?	
SICIAN: MEDICAL CE	PART II. Other significant condition	HOSPITAL:		отн	28. 1ER:	PLACE OF DEATH ((Check only on	PERFORM 1 YES 2	AED?		AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?	
PHTSICIAN: MEDICAL CE	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending		outpatient 3 [отн	28. HER: Nursing H		(Check only on	PERFORM 1 YES 2	AED?		AVAILABLE PRIOR T COMPLETION OF CA OF DEATH?	
TED BY PHYSICIAN: MEDICAL CE	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: Inpetient 2 ER/O 28e. DATE OF INJUR (Month, Day, Year	outpatient 3 [IY	DOA 4 DOA 4 DOA 1	26. I	PLACE OF DEATH (ome 5 Residence NJURY AT WORK? YES 2 NO	(Check only on the 6 Other 28d. DES	PERFORM 1 YES 2 (JURY OCCU	PRED	MAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N	
MPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetiant 2 = ER/O 28a. DATE OF INJUR (Month, Day, Yea: 28a. PLACE OF INJUR	rutpatient 3 [IY r) IRY — At hompecity)	DOA 4 - 29b. TIME OF INJURY 4 - e, term, street,	28. IER: Nursing H 28c. I	PLACE OF DEATH (ome 5 Residence NJURY AT WORK? YES 2 NO fice	(Check only on the 6 Other 28d. DES 281. LOC. City of the case to	PERFORM 1 YES 2 (9) 7 (Specify) CRIBE HOW IN. ATION (Street and par Town, State)	JURY OCCU	IRED r Rural Ro	AMAILABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TUTLE OF CERTIFIER 29b. SIGNATURE AND TUTLE OF CERTIFIER	HOSPITAL: 1 Inpetient 2 = ER/O 28a. DATE OF INJUR (Month, Day, Yea: 28a. PLACE OF INJUR building, stc. (S) SICIAN: To the best of my km IER: On the best of examina	overland and/or in	DOA OTH DOA 4 OTH 28b. TIME OF INJURY A e, term, street, th occurred at it is restigation, in	28. IER: Nursing H 28c. I	PLACE OF DEATH (ome 5 Residence NJURY AT WORK? YES 2 NO flice site and place, and did death occured at 1 29c. LICENSE N	(Check only on the first of the cauthe time, data	PERFORM 1 YES 2 (9) 1 (Specify) CRIBE HOW IN. ATION (Street arm fown, State) se(a) and mann and place, and	JURY OCCU of Number of	IRED IRED I. cause(a) Signed (i	AMALABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N N Nute Number, and manner as sta Month, Day, Year)	
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 = ER/O 28a. DATE OF INJUR (Month, Day, Yea: 28a. PLACE OF INJUR building, stc. (S) SICIAN: To the best of my km IER: On the best of examina	overland and/or in	DOA OTH DOA 4 OTH 28b. TIME OF INJURY A e, term, street, th occurred at it is restigation, in	28. IER: Nursing H 28c. I	PLACE OF DEATH (ome 5 Residence NJURY AT WORK? YES 2 NO flice site and place, and did death occured at 1 29c. LICENSE N	(Check only on the first of the cauthe time, data	PERFORM 1 YES 2 (9) 1 (Specify) CRIBE HOW IN. ATION (Street arm fown, State) se(a) and mann and place, and	JURY OCCU of Number of	IRED r Rural Ro s. cause(a)	AMALABLE PRIOR T COMPLETION OF CA OF DEATH? 1 YES 2 N N Nute Number, and manner as sta Month, Day, Year)	

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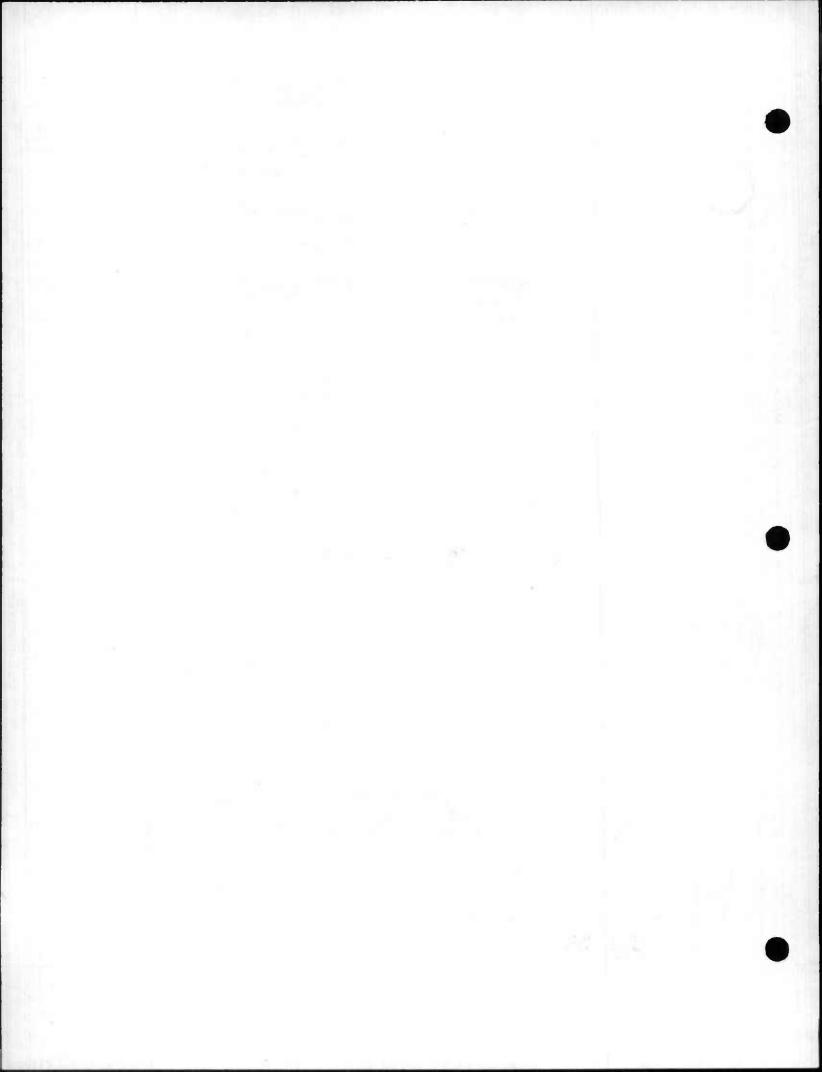
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page		4
director,	h with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and the flatter of the contract of the contrac
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.
	2 DATE O	E DEATH

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT RTIFICATI	T OF H	EALTH AND DEATH	MENTAL	HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Evely			DER		JULY	OF DEATH	w, 19	YEAR	11:20 A M	
	216- 22- 8606	6. AGE (In yrs. last	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	Aug.	Day, Year)	924	Brun	nswick,Md.	
D.	90. FACILITY NAME (If not institution, give stree Md. State Rt. 67 RESIDENCE OF DECEDENT		9b. CIT	onsboro		% COUNTY OF DEATN Washington					
DIREC	Maryland Washi	ngton	10c. CITY, TOWN		ow Sville	-			Od. INSIDE CITY LIMITS? YES 2 X NO		
FUNERAL DIRECTOR	10% STREET AND NUMBER 20722 Violet Rd.			21779		10g. CITIZEN OF WHAT COUNTRY? U. S. A.					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	0	If yes, sp	ENDENT OF NISPA ecify Cuban, Mexic 2 NO Speci	en, Puerto A						
COMPLETED	15. DECEDENT'S EDUCAL (Specify only highest grade co	CEDENT'S USUAL OF RING OF WORK done DO NOT use retired.) HOMEMAKE	during mo	DN st of working		KIND OF BUS		TRY			
BE CON	17. FATHER'S NAME (First, Middle, Lest) Joseph Ward Sa	-			18. MOTHER'S NA EVA IO	la Gr	ams				
5	Judith D. Spielm		MAILING ADDRES					n, Stete, Zip Co arylan		21782	
	20a. METHOD OF DISPOSITION 1\(\subseteq\) Burlet 2 \(\subseteq\) Cremation 3 \(\subseteq\) Remove 4 \(\subseteq\) Denation 5 \(\subseteq\) Other (Specify)	cemetery crem	natory or other place) ZION CE	sition (Na emete	me of Ery 7-13	-92LO	cust 0	cation - ch Srove,	y or Town Mar	ryland	
	21. SIGNATURE OF FUNERAL BERVICE LICEN John H. Bast,	Tribul Bull			FUNERAL					nal Pike 21713	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) S. Major head and neck trauma DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cause. Enter UNDERLYING CAUSE (Disease or injury									Approximate Interval Between Onset and Death Imme d .	
	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d										
PHYSICIAN: MEDICAL	PART II. Other significent conditions of	ontributing to death but not re	sulting in the ur	nderiyin	g ceuse given in	Part i.	I. 244. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		CI	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF GEATH? 1 YES 2 NO	
YSICIA	1 X YES 2 NO 1	IOSPITAL:	DOA 4 Nur	D -	ACE OF DEATN (C)			Route	#67	7	
ВУ РН	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) July 9, 1992 28a. PLACE OF INJURY — At hom	10: 15 A M	1 🗆 1	RK? 'ES 2 X NO	Head o	n colli cle str		asser id on	nger in	
COMPLETED	3 Suicide 6 Could not be detarmined	building, etc. (Specify)	Route #6	7		Nr. E	oonsb	oro, M	lary1		
COMPL	(Check only 1 CERTIFYING PNYSICIA	N: To the best of my knowledge, dear on the basis of examination and/or in	th occurred at the to vestigation, in my o	lime, data opinion, d	and place, and due	a to the cause time, data	e(e) and man	ner as stated.	:ause(e) ai	nd manner as stated,	
TO BE		Fittow ROT			DO 106					fonth, Day, Year)	
	Edward W. Ditto, I 31. DATE FILED (Month, Day, Year)			ning	on Stre	et, H	agerst	own,	Mary	land 21740	
		1.6.	E							DHMH-16 Rev 1/89	

	1 - FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEI	NE	Sin	20101
	1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH			3. TIME OF DEATH
	Melvin Dav	rid Reel J	Jr.		i	July 14,	1992	YEAR	08:001
-	4. SOCIAL SECURITY NUMBER 219-05-0565	1 ☑ M 2 □ F 72	(In yrs. lest birthday) YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 6,		Country)	LACE (State or Foreign
9	9a. FACILITY NAME (If not institution, given Washington Coun				OR LOCATION OF DE	ATH	Wasi		ATH
18	RESIDENCE OF DECEDENT	7		1.0.902	5 co		- masi	11119	
DIRE	Maryland Was	hington		agerstow					IOd. INSIDE CITY LIMITS? YES 2 \(\subseteq \text{NO} \)
AF.	10e. STREET AND NUMBER				I. ZIP CODE		10g. CITIZI	EN OF WH	IAT COUNTRY?
FUNERAL	14115 Fortney C				21742			S.A.	
B	11. MARITAL STATUS 1 Mover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 \(\superset \) YES, GIVE WAR OR	S 2 NO	If yes, s	DECITY Cuban, Mexican 3 2 NO Specify:	, Puerto Rican, etc.)	es or No 1	I4. RACE - Black, Specify:	- American Indian, White, atc. White
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life, Do NOT a	S USUAL OCCUPATE work done during me use retired.)	ON ost of working	16b, KIND OF BI	USINESS/INDU	STRY	
MPL	12 Vrs.	Conege (1-4 or 5+)	Hair St	ylist		Privat)	
_	Melvin David	Roel				NE (First, Middle, Meide	_	-b	
BE	19a. INFORMANT'S NAME (Type/Print)	IIICGT	19h MAH IM	G ADDRESS (Street	Harrie			they	
2	Georgetta Reel	Morgan		Fortney		agerstown			21742
	20a. METHOD OF DISPOSITION	20	Db. PLACE AND DATE				OCATION - CI		
	1 Donation 5 Other (Specify)		alrview	Cemetery	July 17,	1992 Kee	dvsvil	lle.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			ND ADDRESS OF FAC				- Late / Late a
	Douglas A.	Fiery i august	ma Tie	Dougl	as A. Fie	ry 1331	Easter	m Bl	vd. N.
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	4	A CONSEQUENCE O	tas ta	arcine	oma o	f MOU	the	Interval Betwee
· medicae ce	PART II. Other significant conditions	d	but not resulting	in the underlyin	g cause given in P	Part I. 24e. WAS AV PERFO	MMED?	000	ERE AUTOPSY FINDRING NAILABLE PRIOR TO OMPLETION OR CAUSE F DEATHY
HYSICIAN	26. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF BEATH (Chic	ok only one)		_	
Š	1 □ YES 2 ☑ NO	1 Propertient 2 C ER/OV	tpatient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence 6	Other (Specify)			
H	27. MANNER OF DEATH Meturel 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TS	JURY WC	SPIK?	284. DESCRIBE HOW	INJURY OCCU	DIALD	
ED BY	2 Accident Investigatio 3 Stuicide 6 Could not 8 4 Homicide determined	26s. PLACE OF INJUR building, etc. /Sp.	IY — At bome, form,		YES 2 NO	281. LOCATION (Street City or Resn. Street	and Number	Russi Ros	m Numbec
OMPLE		YSICIAN: To the best of my kno							nd mannar as stellad
BEC	296. SHORTUBE AND TITLE DE CERTIF	Met m	P		29c. LICENSE NUME	BER		SIGNED (A	fonth, Day, Year)
5	Hugeston	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	o, Print)					
	31. DATE FILED (Month, Day, Year) JUL 15 1992	32 BEGISTRAR'S SIG	NATURE						

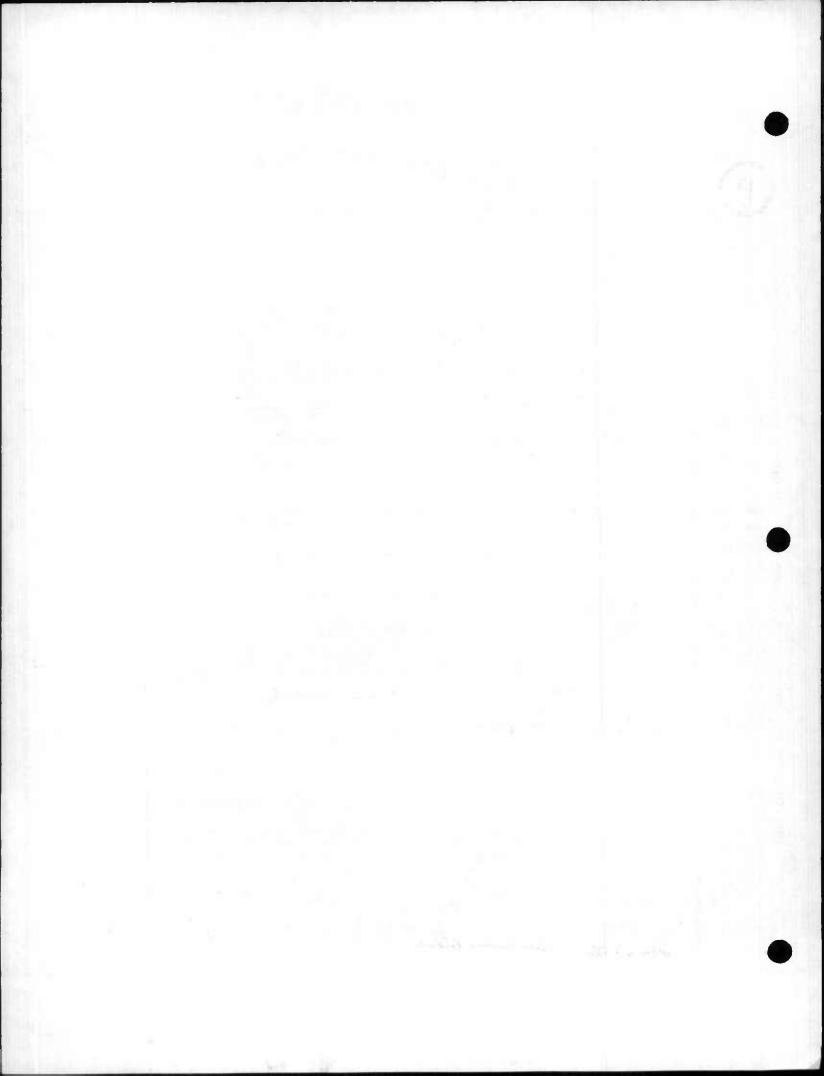


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNESTOR After this confidence has been signed by the attending physician and completely filled in by the funestal director, page 5 should be detached for use as the burial-trans	De med with it into a state beath with the State Debt to heart and welliar hydrene princip burial, cremination, or removal.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIENE	92 20708					
	1. DECEDENT'S NAME (First, Métolle, Last)	CONTINUOY		ine	REG. NO. 2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH JEAN LINK LICHTI					
	4. SOCIAL SECURITY NUMBER / 220-18-2356	1 🗆 M 2 😾 F		F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-2.8-1926	8. BIRTHPLACE (State or Foreign Country) Maryland					
) gg	98. FACILITY NAME (If not institution, give str 510 East Washing	gton Street		L CITY, TOWN DR LOCATION OF Hagerstown	DEATH	e. county of DEATH Washington					
DIRECTOR	100. STATE 10b. COUNTY Maryland Washin	ngton	erstown		10d. INSIDE CITY LIMITS? 1 1 YES 2 □ NO						
FUNERAL	100. STREET AND NUMBER 510 East Washing			10f. ZIP CODE 21740		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 ANO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1 YES 2 NO Spec	can, Puarto Rican, etc.)	r No- 14. RACE — American Indian, Black, White, atc. Specify:					
TO BE COMPLETED	15. DECEDENT'S EDUCI (Specify only highest grade of Elamentary/Secondary (0-12)	NESS/INDUSTRY									
	10 Vrs. 17. FATHER'S NAME (First, Middle, Leat) William F. Ric	mame) gler									
	190. INFORMANT'S NAME (Type/Print) Raymond E. Ricket	State, Zip Code) rstown, Maryland									
IOT MUST O	206. PLACE AND DATE OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION Name of 206. LOCATION - City or Town, State 4 Donation 8 Donation 9 Donation										
	Douglas A. Fiery Manual Manual Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that gaused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
event, the medical	ahock, or heert failure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	at only one cause on es	roint	enter the mode of dying, au	Cel	7 Approximata Interval Between Onset and Death					
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
m m	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	COMBEQUENCE OF:								
IN: MEDICAL CI	PART II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN ALTOPSY PROPRIED? 1 VES 2 NO 1 VES 2 NO 1 VES 2 NO										
PHYSICIAN:	1 ☐ YES 2 ☐ NO	HOSPITAL:		26. PLACE OF DEATH (C THER: Mursing Home 5 (1) Residence	- CONTRACTOR - CON						
B	27. MANNEP OF DEATH 1 Natural 6 Punding 2 Accident Investigation	28a. DATE OF INJURY (Month, Dej. Year)	28b, TIME O	M 1 YES 2 NO	284. DESCRIBE HOW INJU						
COMPLETED	3 Suicide 8 Could not be determined	28e, PLACE OF INJURY building, etc. (Speci	N/	1911 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	City or Issen, State)	Number or Rural Route Number					
E COMP	(Check only Department one) 2 MEDICAL EXAMINER:	M: To the best of my knowle On the basis of examination	edge, death occurred a and/or investigation, i	t the time, date and place, and du n my opinion, death occured at th	e to the cause(s) and manner a time, data and place, and d	r as stated. fue to the cause(s) and manner as stated.					
O BE	296. SIGNATURE AND TITLE OF CHITCHES	1		DS C	F66 1	M. DATE SIGNED (Mover, Day, Year)					

32, REGISTRAR'S SIGNATURE

ST. DATE FILED (Month, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this certificate has bibe filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 is 18 marked.

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The state of the s	the first consistent and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit near		VT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	VERAL DIRECTOR: After this certificate has been some by II	hin 72 hours after death with the State Dept. or Hearth	0
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CERTIFICATION

MEDICAL

PHYSICIAN:

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Pages 1, 2, 3 should

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92 20709 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH HAMD AM PS モフカリしりい CUV 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 214-07-6914 M 2 F 82 04-14-1910 MD 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN 517 HILLTOP DRIVE DIRECTOR **CUMBERLAND** ALLEGANY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Allegany Cumberland. 1 N YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 517 Hilltop Drive USA 21502 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1F YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) ret. supervisor unknown Textile 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Katie Duckworth Harry L. Reynolds BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mr. James H. Reynolds, Jr. P.O. Box 301 Ironia, NJ 07845 20s, METNOD OF DISPOSITION
1 November 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE "Sunset" Membrial Park 07 - 164 Donation 5 Other (Specify) Cumberland, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Scarpelli Funeral Home ares Cumberland, MD 21502 23. PART | Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximata Intarvai Between IMMEDIATE CAUSE (Final Onset and Death disease or condition DUE TO (OR AS A CONSCOUENCE OF): reaulting in death) CLEROTIC CARDIOVASCULAR DIS DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initieted eventa recuiting in death) LAST PART II. Other significant conditions contributing to death but not recuiting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS +htemsocytopene +anom PERFORMEO? AVAILABLE PRIOR TO pto) letat y COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO DEATH? dispract t TYES 2 NO

25. WAS CASE REFERED TO MEDICAL EXAMINER?

5 Pending Investigation

27. MANNER OF DEATH

1 Netural

29h SIGNATUR

2 Accident

HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF

28. PLACE OF DEATH (Check only one) OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK?

28d. OESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 6 Could not be 4 Nomicide 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

2 DECICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

E AND TITLE OF CERTIFIED	e-
Per /	

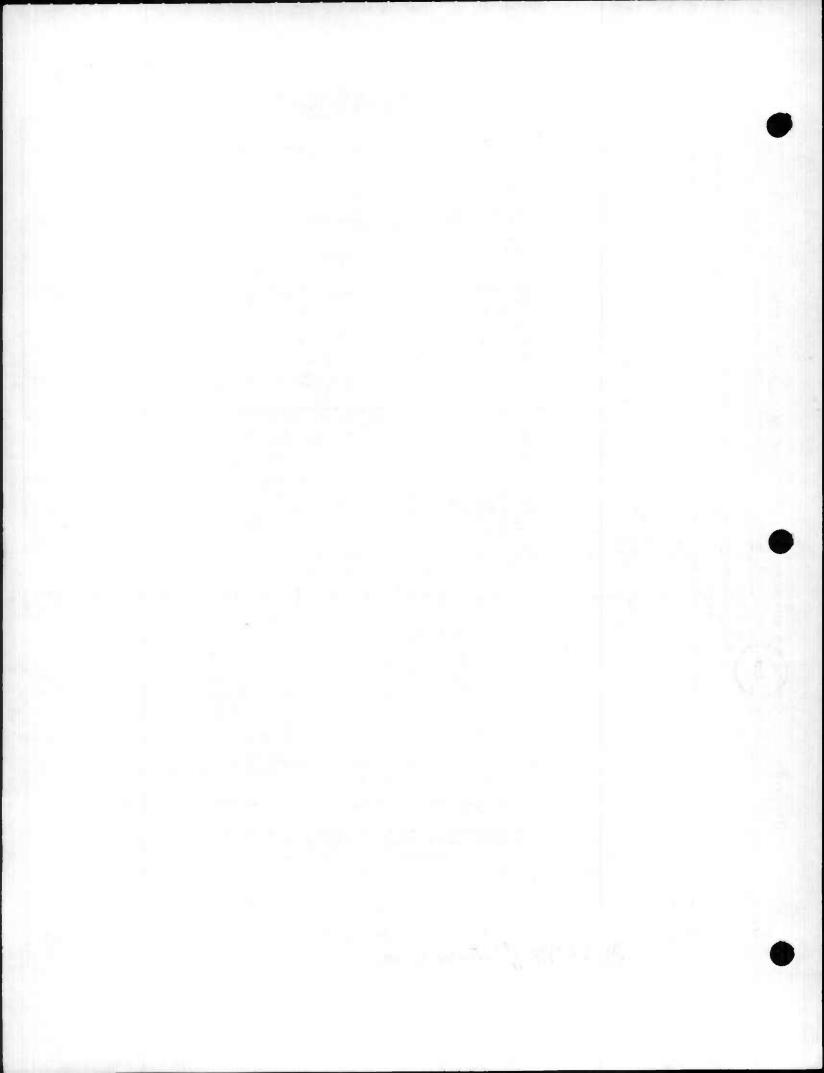
29c. LICENSE NUMBER 9731 0

29d, DATE SIGNEO (Month, Day Year)

10. NAME AND AODRESS OF PERSON WN ETED CAUSE OF DEATH (ITEM 27) (Type, Pri 100 31. DATE FILEO (M

32. REGISTRAR'S SIGNATURE

Julia Navidson Randose

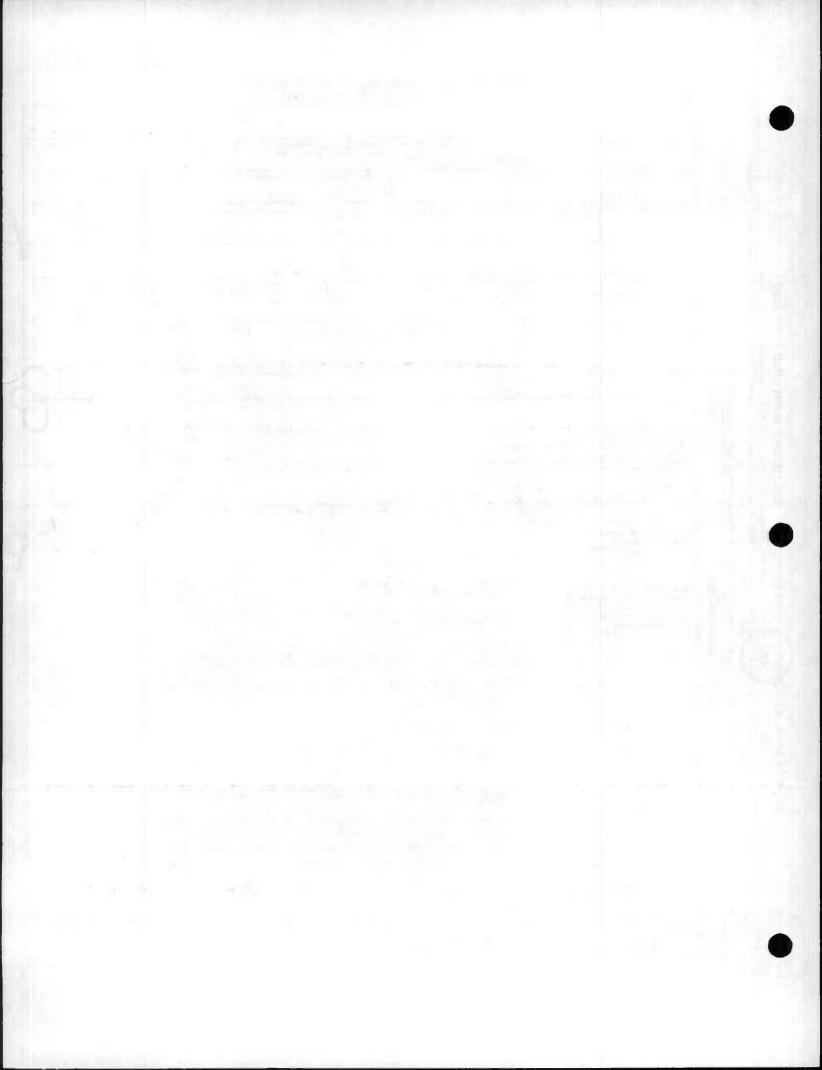


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the table continues a second within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed, the analysis permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Hearn and the process of the permit of the process of the permit of th

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

HEGISTHAN		OLIT	HIFICALI	_ 01			REG.	NO.			
1. DECEDENT'S NAME (First, Middle							2. DATE OF DEATH MONTH 07-	DAY	YEAR	3. TIME OF DEATH	
URSUI 4. SOCIAL SECURITY NUMBER		RICHARDS						13-19		2:41 A. M	
	5. SEX	8. AGE (In yrs, lest birt	MONTHR	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHI	PLACE (State or Foreign	
217-10-6315	1 M 2 KF	76	rrs.		NYS HOURS MIN. (Month, Day, Year) 10-18-1915 WV						
9s. FACILITY NAME (If not institution			9b. CITY	r, TOWN	OR LOCATI	ON OF DE	EATH	9c. COUNTY OF DEATH			
	County Hosp	pital	1	Hagerstown					Wash	ington	
RESIDENCE OF DECEDE	COUNTY	10	c. CITY, TOWN	OR LOCA	LION					40.4 MIGUAL OUTS	
MD MD	The state of the s									10d. INSIDE CITY LIMITS?	
	Allegany	Cumb		LICL ZIP COD	-		I 40 - 00		1 YES 2 NO		
107 77 1	7 01			"		_			USA	HAT COUNTRY?	
10. STREET AND NUMBER 107 Humbire 11. Marital Status		IT EVER IN U.S. ARMED				502					
	FORCES?	YES 2 NO		If yes, sp	ecity Cubi	m, Mexica	HC ORIGIN? (Specity n, Puarto Rican, etc.	Yes or No-	14. RACE Black,	— American Indian, White, etc.	
3	IF YES, GIVE	MAR OR OATES		1 TYES	2 □χιο	Specify	<i>f</i> :		Specif	white	
15. DECEDEN	T'S EDUCATION	16e, DECED	ENT'S USUAL O	CCUPATI	ON.		16b. KIND OF	BIISINESS/IN	DUSTRY	WILLEC	
(15. DECEDEN (Specify only higher (Specify only higher December 12) Linknown 17. FATHER'S NAME (First, Middle, in the control of the contro	college (1-4 or 5	(Give k	ind of work done NOT use retired.)	during mo	st of worki	ng	Total Killer Of	DOSINESSAN	DOSINI		
unknown	College (1-4 or 5		ormer e	lame	ovee		Te	extile			
17. FATHER'S NAME (First, Middle,	.ast)			-1-	_	HER'S NA	ME (First, Middle, Mai				
	arr						garet (n				
TO INFORMATIO MANE CO.		19b. M	AILING ADDRES	S (Street)	nd Numbe		Route Number, City or		in Code)		
Mrs. Janet	Crossland	- 1								740	
20a. METHOD OF DISPOSITION		20b. PLACE AND				noac	Hagerst	LOCATION -			
1 Souriel 2 Cremation 3 4 Donation 5 Other (Speci		cemetery, cremeto	ary or other piece)				7-16				
21. SIGNATURE OF FUNERAL SER		- I Sunse	t Memor		Park ND ADDRE			Culib	eriar	nd, MD	
1 () 2 - 2	71		11.				Tuneral H	omo			
23. PART Enter the disease		arpu	u	CIT	nheri	land	MD 2150	2			
immediate Cause (Final disease or condition resulting in death)	allure. List only ona ca	OR AS A CONSEQUE								Approximate interval Between Onset and Daeth	
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evanta resulting in death) LAST PART II. Other significant co	Fullure ICE OF):	•					2 m.				
cause. Enter UNDERLYING CAUSE (Disease or injury	2 Pac	ed amabour	uneous colitis						2months		
that initiated evanta	OUE TO	(OR AS A CONSEQUEN	ICE OF):	OF):							
reauiting in death) LAST	d. Fru	chred (-jeft	Ten	ント					3months	
PART li. Other significant co	nditions contributing to	death but not recui	Iting in the us	dorluin		alican In	Dord I at 1995				
D \				dellyni	g cause :	Aisail III	PERI	AN AUTOPSY	337	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
71840910	- mahilit	1 10 AMT.	(law)				1 YES	2 000		COMPLETION OF CAUSE OF DEATH?	
-ancie	line sex	1500					_	•		1 TES 2 NO	
25. WAS CASE REFERRED TO MED		-100									
EXAMINER?	HOSPITAL:		OTHE		ACE OF O	EATH (Che	eck only one)				
1 TES 2 NO		☐ ER/Outpatient 3 ☐ C			• 5 🗆 Re	aldence	8 Cother (Specify)				
25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturn 5 Pendir 2 Accident Investi	gation	lay, Year)	b. TIME OF INJURY M	1 🗆 '	RK? (ES 2] NO	26d. DESCRIBE HO	W INJURY OC	CURED		
2 Culate	pullding.	F INJURY — At home, etc. (Specify)	farm, street, fact	lory, offic			281. LOCATION (Stre City or Town, St	et and Numbe ate)	r or Rural Ro	oute Number,	
	PHYSICIAN: To the best of XAMINER: On the best of a									and manner as stated.	
296. SIGNATURE AND TITLE OF CI	RTIFIER				-	ENSE NUM		29d. DAT	E SIGNED	Month, Day, Year)	
30. NAME AND ADDRESS OF PERS			(Type, Print)			101	70		7/17	/12	
KALL 31. DATE FILED (Month, Day, Year)	P. 21661	e wo		١ ،	1. 20) o u c	· 54 ·	Hage-	2	mo 21740	
JUL 1 6 199	32 Asha David	AR'S SIGNATURE									



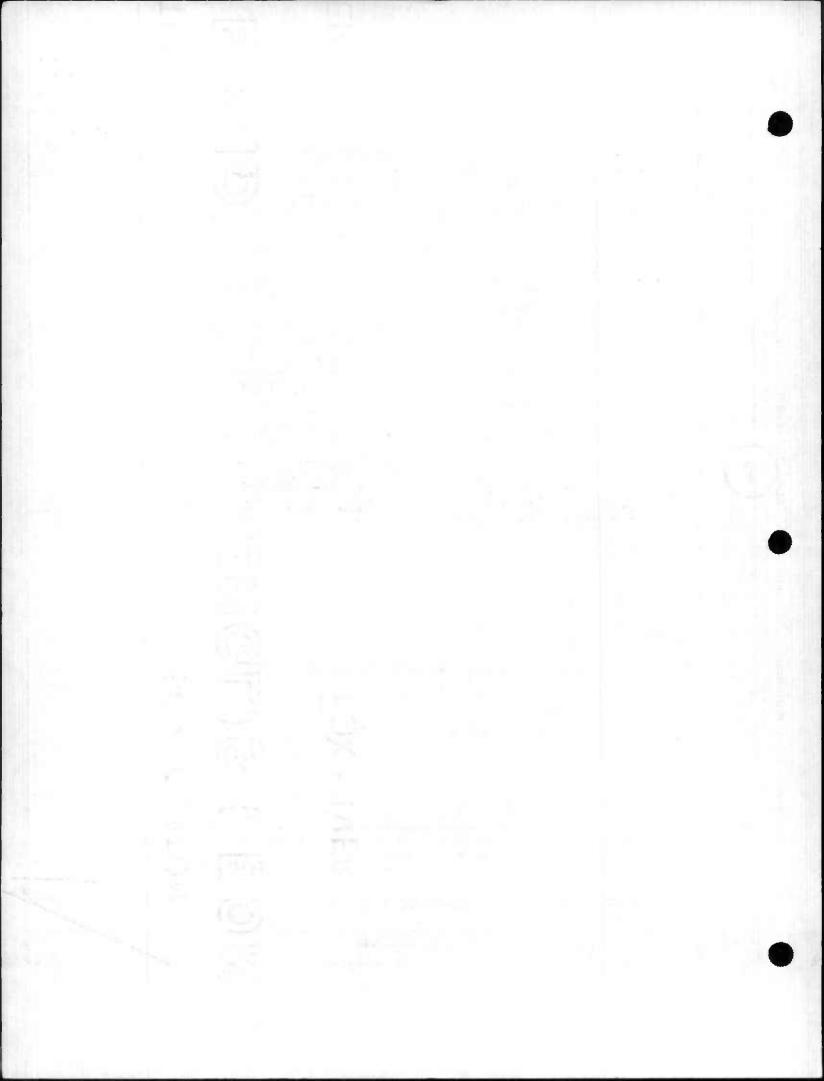
in. Page 6 may be retained by the hospital or attending physician.	and the formula of the state of the formula of the second	ther much be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after earlier in the retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fleven be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal,	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical eran mark he notified

31. DATE FILED (Month, Day, Year)

'92

	REGISTRAR		CE	RIIF	ICATE	OF	DEA	I H	REG. NO	·		
	1. OECEOENT'S NAME (First, Middle, Lest)								2. DATE OF OEATH MONTH 5	AY	92	3. TIME OF OEATH
	Rose Blanche R	ogers 5. SEX		h fat at								1:30 p M
1		1 M 2 JF	6. AGE (In yrs. lest	YRS.	MONTHS DAYS HOURS MIN (M				(Month, Dey, Year)	7. OATE OF BIRTH (Month, Dey, Year) C. H. 1000		
	261-16-9641 9a. FACILITY NAME (If not institution, give s		9b. CITY.	TOWN (OR LOCATI	ON OF O	16-4-1898 EATH	9c. COUNT				
E E	Corsica Nursin			evil					Anne			
5	RESIDENCE OF DECEDENT											
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY				Y, TOWN O							10d. INSIDE CITY LIMITS?
۵	MD Queer	Anne			entre	_	LE COD	· F		T 400 CITIZ	EN OF I	1 YES 2 XNO
RA	111111111111111111111111111111111111111		-	2161			US		WHAI COUNTRY?			
NE I	P.O. Bx 50	13. 1				NIC ORIGIN? (Specify Ya			E American Indian,			
	1 Never Married 2 Married	FORCES?	NT EVER IN U.S. ARI 1 YES 2 X WAR OR DATES	10	1	f yes, sp		en, Maxica	in, Puarto Rican, etc.)		Blac	k, White, atc.
BY	3 Nidowed 4 Divorced							Оросп	,	1	W	hite
윤	15. OECEDENT'S EOU (Specify only highest grade		(Gr	ve kind of	Work done of	CUPATIO	ON ast of work	ing	16b. KINO OF BU	SINESS/INDU	ISTRY	
H	Elementary/Secondary (0-12)	College (1-4 or 5	+) #fe.	77.	nome	mak	or		n/	/2		
COMPLETED	12 17, FATHER'S NAME (First, Middle, Last)		nome	illak		UEDIO NA			_			
BE CC	17. FATHER'S NAME (First, Middle, Lest) Joseph Tisdelle 16. MOTHER'S NAME (First, Middle, Melden Surryame) Mary Lemioux Tisdelle											
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Margaret Murphy Rd. 2 Box 18 Frederica, Del 19946											
-	Margaret Murp	hy						Fred				
	20a METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Ram 4 Donation 5 Other (Specify)	ovel from State	20b. PLACE of cemetary.	oremeter	or other o	lecel		,	7-8 Gre	ensbo		
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	1		22,1	NAME A	NO AODRE	SS OF FA	CILITY			
	Fleegle-Helfenbein Funeral Home P.O. Box 160 Greensboro, Md 21639											
	23. PART I. Enter the diseeses, or											Approximete
	shock, or heart feilure. List only one cause on each line. Interval Between Onset end Deatl											
	disease or condition resulting in death)	· Ces	Overto (or as a consequence of): arterio-clerosis									
		OUE TO	O (OR AS A CONSEC	QUENCE O	F):							
N	Sequentially list conditions,											
ATIC	Sequentistry list conditions, if any, leading to immediate cause. Enter UNDERLYING											
FIC	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	resulting in deeth) LAST	d										
	DADT II Other circultinent condition	o and the stant	- de sale leva e sa e		f. Ab	4-4-7	1 -2500				L	
CAL	PART ii. Other significent condition	Round &	Date of the	equiting	in the un	ideriyin	g cause	given in		RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDIC	Per V M	rassine	CIA	ne					1 □ YES	2 NO		OF DEATH?
2	Alvansed	Dist		_	71	1	*					1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	reger	response	a	un	26. P	LACE OF	DEATH (C)	heck only one)	-		
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER	B):			6 Other (Specify)			
PHYSICIAN: MEDICA	27. MANNER OF OEATH	28a. DATE O	FINJURY	28b. TII	ME OF	28c. IN	JURY AT	ioal control	28d. DESCRIBE HOW	INJURY OCC	UREO	
ВУ Р	1 Netural 5 Pending 2 Accident investigation	(Month,	Dey, Year)	IN IN	JURY		YES 2	□ NO				
	3 Suicide 8 Could not be	28e. PLACE building	OF INJURY — At ho	me, tarm,	atreet, fact	lory, offic	ca		28f. LOCATION (Street City or Town, State		or Rural	Route Number,
COMPLETED	no convicion						-					
MPL	(Check only								e to the cause(a) and m			
0			examination and/or (veetigati	voi, iii my c	диноп,						(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER (((C)) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print) (N) (N) (N) (N) (N) (N) (N) (NUMBER 29d. DATE SIGNED (Month, Day, Year)			
TO BE C	16.16 (Max.		. D.					2/	3/3	▶ 7	1/7	192

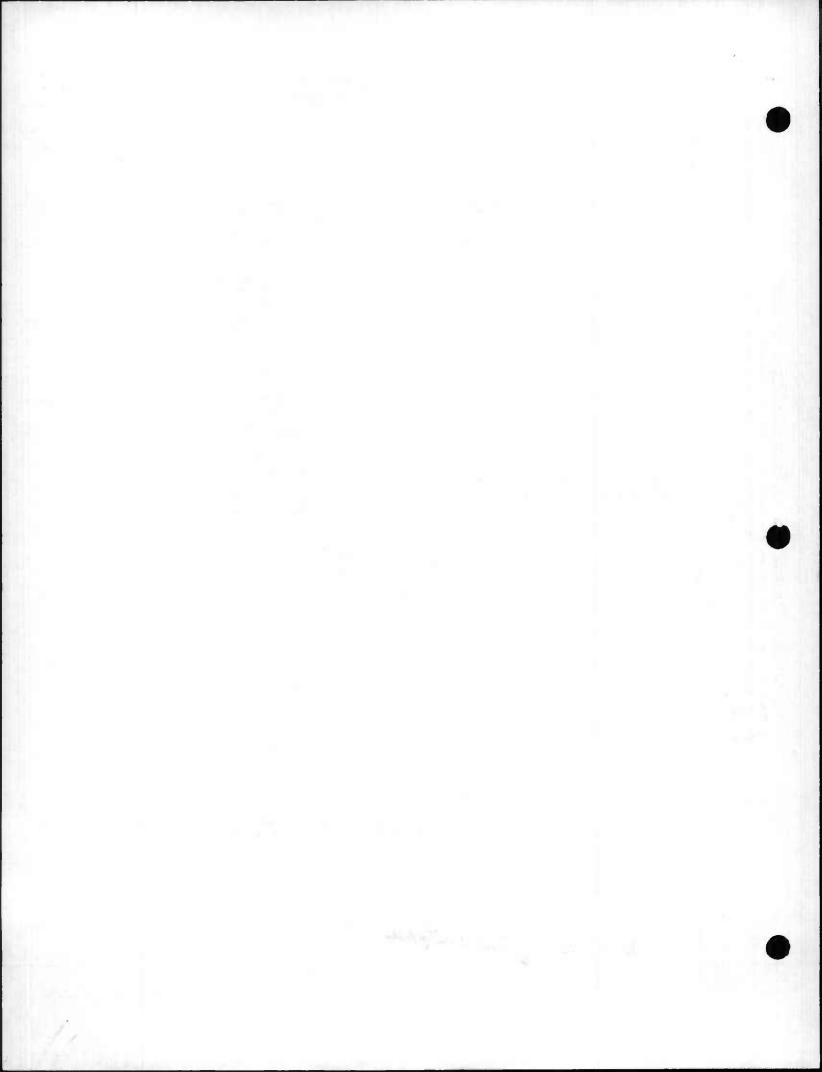
32. REGISTRAT'S SIGNATURE SON - Amilelle



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		Pages
		permit.
70	is that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	and by the approximation and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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on set Mercal Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The FIRE TO THE FUNEFAL DIRECTION. After this certifical has been by fleed within 72 hours after cleath with the Serie Direct of IMPORTANT: If Nem 28 is marked, or fiftin 23 she

	TIEGISTION													
	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	OEATH			3. TIME OF DEATH
	MITT	TAM '-T	PAINTENICC	DUCCE	гт					MONTH	DA		YEAR	
	4. SOCIAL SECURITY NUM		5. SEX	RUSSE	rs. last birthday)						05	, 19		
	The second second second		12.0	e. AGE (III y		MONTHS	DAYS	HOURS	24 HRS.	7. DATE OF I (Month, De	BIRTH ly, Ybar)		Counti	HPLACE (State or Foreign
	212-32-054		1 № 2 □ F	56	YRS.					(Month, De Feb.	7, 19	936	Maı	ryland
	9e. FACILITY NAME (If not if	nstitution, give s	street and number)			9b. CITY,	TOWN O	R LOCATI	ON OF DE				NTY OF D	EATH
E	CALAGOM M	EMOD T A	T HOCDIE	N.T.		DD ***								
DIRECTOR	CALVERT M	CEDENT	L HUSPITA	Ale		L PR IIV	JCE:	FRED	ERIC	K			ALVE	RT
Ä	10a. STATE	10b. COUNT	Y		10c, CI1	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
5	Maryland	St	Mary's		Gn	eat M	1111	5						LIMITS?
	10e. STREET AND NUMBER	DC.	ricity 5		1 01	out 1.	-	ZIP COD	-		_			
FUNERAL							101	206	_					WHAT COUNTRY?
뿔	104 NancyL	ane											.S.A	•
5	11. MARITAL STATUS	Gerrana.	12. WAS DECEDEN FORCES? 1	T EVER IN U.	S. ARMED	13. V	WAS DEC	ENDENT C	F HISPAN	IC ORIOIN? (S	pecify Yee	or No-	14. RACI	E — American Indian, k. White, etc.
ВУ	1 Never Married 2 3 Widowed 4 X Divo		IF YES, OIVE W						Specify		n, arc.j		Spec	44
	2 ☐ Middwed 4 €3 DIAC	жева												White
COMPLETED		EDENT'S EDU		16	a. DECEDENT'S	USUAL OC	CUPATIO	N		18b, KIR	D OF BUS	INESS/IN	DUSTRY	
ᆸ	Elementary/Secondary (College (1-4 or 5+)	(Give kind of life, Do NOT u	work done d se retired.)	lunng mos	st of worki	ng					
리	9th Grade				Carpent	er				C	onstr	ructi	ion	
∑	17. FATHER'S NAME (First, M	liddle Leet)						40.000						
	The state of the s		100011							ME (First, Midd erine			an	
BE	John Phil	-	resett		,									
2	190. INFORMANT'S NAME (loute Number, (
-	Bessie B. 7	willy			Rt.	3 Box	56	HOT.	Lywoo	od, MA	RYLAN	ND 2	20636	
	20a. METHOD OF DISPOSIT			20b. PL	ACE AND DATE	OF DISPOSI	TION /Na	me of		DATE	20c. LOC	ATION —	City or To	own. State
	1 № Buriel 2 Cremetic 4 Donation 5 D Other		oval from State	Semeter	John :	ther place)	eter	~77	7/8	3/1992			,	Maryland
	21. SIGNATURE OF FUNERA		ENSEF	DC.	OOIHI .					-				-
	he D	- 40) /			M	att	ingle	ey-Ga	irdine:	r Fur	neral	L Hon	ne, P.A.
	Wicha	elt,	Garden	rev				_	_					Land 20650
	23. PART I. Enter the d	Isessea, or o	complications the	t ceused th	e deeth. Do									Approximata
	ahock, or h	eert feilure.	List only one cau	se on eech	ilne.						0. 1000	atory or	001,	interval Between
- 1	IMMEDIATE CAUSE (Fig		11						N		/	0,		Onset and Death
	disease or condition resulting in death)	→	Haem	ocan e	cinoma of colon with metastanis									
	11377		DUE TO	(OR AS A CO	NSEQUENCE O	Fi L								
z			h				/							
의	Sequentisity list conditions, If any, leading to immediate													
2 1	cause. Enter UNDERLY					/								
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TIFIC	that initiated eventa resulting in death) LAS	iry	DUE TO											
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	that initiated eventa resulting in death) LAS	T	d	deeth but	not resulting	In the unc	derlying	Couse	viven in I	Part I. 24	WASAN	VZGOTIN	24h	WERE ALTTORY ENDINGS
	that initiated eventa	T	d	deeth but	not resulting	In the unc	derlying	Ceuse	given in I	Part I. 24	. WAS AN A		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
	that initiated eventa resulting in death) LAS	T	d	deeth but	not resulting	In the unc	derlying	ceuse (given in I	-		WEO?	24b.	
EDICAL	that initiated eventa resulting in death) LAS	T	d	deeth but (not resulting	In the unc	derlying	l cense	given in I	-	PERFORI	WEO?	24b.	AVAILABLE PRIOR TO COMPLETION DF CAUSE
N: MEDICAL CERTIFICATION	that initiated eventa resulting in death) LAS	T	d	deeth but (not resulting	In the und	derlying	J ceuse	given in I	-	PERFORI	WEO?	24b.	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
EDICA	that Initiated eventa resulting in death) LAS PART II. Other significa 25. WAS CASE REFERRED T	T condition	d	deeth but (not recuiting	In the unc				1	PERFORI	WEO?	246	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
EDICA	that initiated eventa resulting in death) LAS PART II. Other signification. 25. WAS CASE REFERRED TEXAMINER?	T condition	d to contributing to			OTHER	26. PL.	ACE OF O	EATH (Che	1 [PERFORI	WEO?	24b.	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
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2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENES NAME (First, Middle, Last)

LINDENAUER

1 -

BALTIMORE, MARYLAND 21215-0020	ITAL OR ATTENDING PHYSICIAN: The law requires that the description we wearted within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	AAL DIRECTOR: After this certificate has been storned by the annument promoter and completely filled in by the funeral director, page 5 should be detached for use as the burial-te
	24 1	y fille
30X 68760,	the executed within	prican and completely
RECORDS, P.O. I	requires that the deap certific	been signed by the anending pr
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law	L DIRECTOR: After this certificate has t
	E	31

	1	4. SOCIAL SECORITY NUMBER	R	5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 Y	EAR IF UNI	DER 24 HRS.	7. DATE OF		10	BIRTHPLACE	(State or Foreign
	BY FUNERAL DIRECTOR	068-14-7636		1 M 2 F	80	YRS.	MONTHS D	AYS HOUR	S MIN.	2/27/	1912		NEW YOL	
pinous		9a. FACILITY NAME (If not insti	tution, give s	treet and number)			9b. CITY, TO	WN OR LOCA	ATION OF D				Y OF DEATH	ut, mi
1, 2, 3 sh		SHADY G	ROV.		UTIST /	HOSPIA		kville					COMERY	
permit. Pages		MARYLAND	MONT	GOMERY			TY, TOWN OR				-		Li	ISIDE CITY MITS? (ES 2 X NO
ii.		10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COL												
ian. transit p		19310 CLUB HOUSE ROAD 10. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No. — Life									ED STA			
refained by the hospital or attending physician. 5 should be detached for use as the burlal-transit notified at once.		1 Never Married 2 M 3 Wildowed 4 Divorce		FORCES? 1	YES 2	2 XNO II yes, specify Cuban, Maxican, Puerto Rican, etc.) Black, White, e 1 YES 2 X NO Specify: Specify:								orican Indian, otc.
use a	9	15. DECED (Specify only h	DENT'S EDU	CATION completed)	16	e. DECEDENT'	work done duri	PATION or most of wo	rkina	16b. KI	ND OF BUSIN	ESS/INOUS	STRY	
the hospital or detached for u	LET	Elementary/Secondary (0-1)	2)	College (1-4 or 5	+)	IIIa. Do NOT I	use retired.)							
	COMPL			4		HOMEMA	KER				DOMES			
d by the	BE CO	N. H. LINDE	NAUER						OTHER'S NA ETTY	ME (First, Midd	lle, Maiden Su EICH	meme)		
5 should by notified at	OT OT	19a. INFORMANT'S NAME (Type SUZY REINGOLI		HCHTED\	,		G ADDRESS (S							
page page		20a METHOD OF DEPOSITION	м		// 1 000 01		EST 86		KEET,				L0024	
irs after death. Page 6 may be n by the funeral director, page removal.		1 XBurial 2 Cremation 4 Donation 5 Other (S	3 X Rem		cemeter UNI	ACE AND DATE TY, cremetory or TED HE	ther place! BREW (EMETE	RY	7/9			y or Town, Stat	
		21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSILE	1 .		DAN	TANCE	RESS OF FA	DREDC				S, INC.
hours after death. ed in by the funers or removal. medical exami		Ma	wi	7.	Inc								LE, MD	
d in by the or remove		23. PART I. Enter the dise	ases or c	complications the	t caused th	e deeth. Do	not enter the	mode of	dylng, suc	h aa cerdled	or reapiral	ory erres	t, A	pproximate
3 o g		IMMEDIATE CAUSE (Finel	rt uniore.	List only one cet	ise on eech	i line.							To To	nterval Betweenset end Dea
		disease or condition resulting in death)		KIGH	H	EART	FA	LURI	= ,	END	STA	GE	İ	
completely completely ial, cremat event, 1				OUE 10	(OR AS A CO	MSEONENCE (DF):							
at pri	NO	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
90	CATION	If any, leeding to immediate cause. Enter UNDERLYING												
De Bo		CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
of the second	CERTIFI	resulting in death) LAST												
The a		PART II. Other algorificent	condition	s contributing to	death but i	not resulting	In the unde	lying ceus	e given in	Part I. 24	. WAS AN AU	TOPSY	24h WERE A	UTOPSY FINDING
any any	EDICAL	congested		ver							PERFORME	D?	AVAILAS	MLE PRIOR TO
S S S		ascites								11	YES 2 X	NO	OF DEA	TH?
has been so to Dept. of Nea n 23 shows	. M	hyponatro	emia							_			1 1 1	ES 2 NO
e has to the Dept.	MAI:	25. WAS CASE REFERRED TO						6. PLACE OF	DEATH (Ch	eck only one)				
# P P	SIC	1 YES 2 NO		HOSFITAL:	ER/Outpetla	nt 3 🗆 DOA	OTHER:	Home 5 🗆	Realdenca	8 Other (S)	pecify)			
this cer with th	PHYSIC	27. MANNER OF DEATH		28a. OATE OF (Month, D		26b. TIII		. INJURY AT WORK?			BE HOW INJU	JRY OCCUP	RED	1.7
After this death with smarked,	ВУ	2 Accident Inv	noing restigation	00 - PL 405 0				YES 2	□ NO					
after after	ETED	3 Suicide 8 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number. City or Town, State)									mber,			
DIRE Hours	MPLE	29a. CERTIFIER (Check only	YING PHYSI	CIAN: To the best of	my knowledg	e, death occur	red at the time,	date end pla	ce, end due	to the causels) end menne	r as stated.		
FUNERAL Within 72 I	COM			R: On the basis of e									ause(s) and me	nner as stated.
TO THE FUNER TO THE FUNER De filed within	ш	29b. SIGNATURE AND TITLE OF	F CERTIFIER	16.10	100			29c. L	CENSE NUM	ABER	25	9d. DATE S	IGNED (Month,	Day, Year)
2 6 8 E	TO B	30 NAME AND ADDRESS OF P	PV	V W V	VV)				138	3589		Jul	Y 8, 1	992
6		JONAMAN	PLOT	TSKY MI	DE OF DEATH	0.0		EDITAL	(6	NTER	DRIVE	, K	OCKUL	LE
		JUL 13 '92	9	11 2 DESTA	he should	196				<u>-</u>		1		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

INGOLD

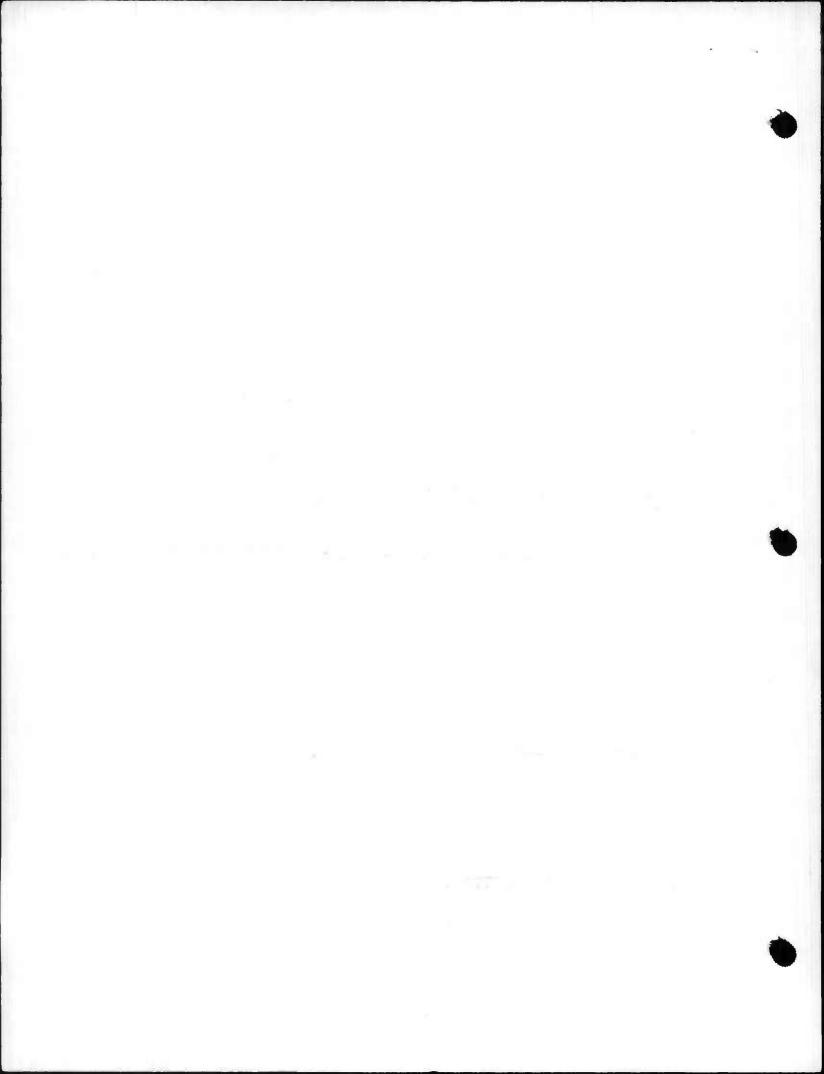
Rose THE HALL ENGINEERS NAMED HOLDER FOR

42.		ges 1,		
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- and after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTO

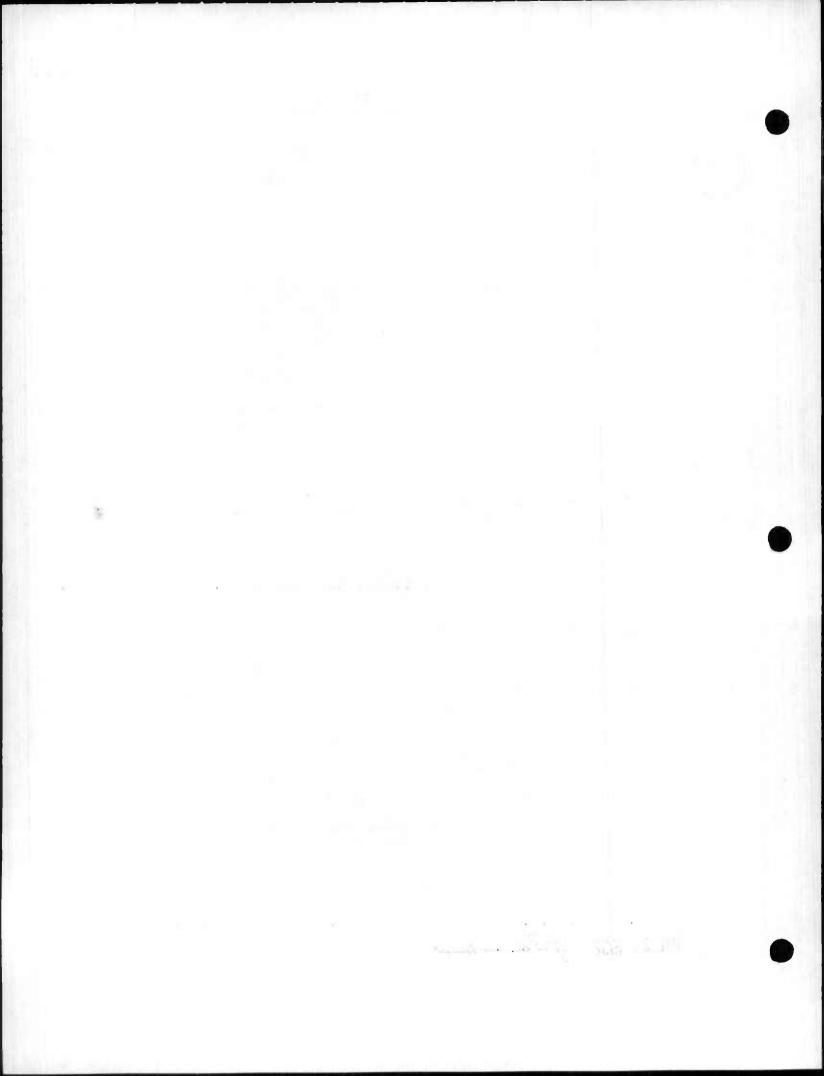
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF MARYL				HEALTH AND I	MENTA	L HYGIENE				
1. DECEDENT'S NAME (First,	, Middle, Last)							OF DEATH			TIME OF DEAT	Н
Raymond	1			Sm	ith		MONT			2	06:30	Ам
4. SOCIAL SECURITY NUME		S. SEX 6. AGE	In yrs. last birt	thday) IF U	NOER 1 YEAR		7. DATE	OF BIRTH	6.	BIRTHPLA	CE (State or Fo	
215-18-0468		1 XX M 2 □ F 67	,	YRS. MONT		HOURS MIN.	OCT.	h, Dey, Year) . 4, 19	- 1	Country) MARY1		
ROUTE #425/							EATH				н	
RESIDENCE OF DEC		POINT ROAD			PISGA	AH			CHAR	LES		
10a. STATE	10b. COUNTY		10	Oc. CITY, TO	WN OR LOC	ATION				100	d. INSIDE CITY	
Md.	CHARL	ES		Indi	an He	ead				1[YES 2 X	NO
10e. STREET AND NUMBER					1	IOF. ZIP CODE			10g. CITIZER	OF WHA	T COUNTRY?	
Rt.#1 Box	77 D N	elsons Point	Rd.			20640			UNIT	ED ST	CATES	
11. MARITAL STATUS	THE SALES	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	· I		ECENDENT OF HISPAI			or No- 14	. RACE Black, W	American India	in,
1 Never Married 2 3 XWidowed 4 Divo		IF YES, GIVE WAR OR D				ES 2 X NO Specifi		Pricari, arc.)		Specify:		
				l			-				BLACK	
15. DEC (Specify onl Elamentary/Secondary (I	EDENT'S EDUC y highest grade (ATION completed) College (1-4 or 5 +)	(Give k	DENT'S USUA and of work of NOT use retir	lone during i	TION Trost of working	181	o. KIND OF BUS	INESS/INDUS	TRY		
9TH GRADE		NONE	BUIL	DER				PRIVAT	E			
17. FATHER'S NAME (First, M						18. MOTHER'S NA			Surname)			
PEARL SMITH						NELLIE						
19a. INFORMANT'S NAME (0.00011	t and Number or Rural						640
JOAN BARBOU						77D NELSO	N PC					ID.
20a, METHOD OF DISPOSIT	ION on 3 ☐ Remo	val from State	other place)	DISPOSITION	N (Name of o	cemetery, crematory or		20c. LOC	ATION — City	y or Town,	Stata	
4 Donation 5 Other	(Specify)		T. JO:	SEPH'		RCH CEMET		POM	FRET,	MARY	LAND	
21. SIGNATURE OF FUNERA	Ci	hourts NTON JOHNSON	phi	200	-	AND ADDRESS OF FA			200			
		pmpilications that cause		Do not e		NTON'S FU					Approxim	
		lat only one ceuse on e		50 1101 0		nous or cynng, sus		area or reapri	atory office	**	Interval B	etween
iMMEDIATE CAUSE (Fig disease or condition	nal			^		-5 0	00	CTA.	TE		Unset end	Deeth
resulting in death)	→	DUE TO (OR AS	100	MA	. 1	of I	70	2 (17	(173	
		DUE TO (OR AS	A CONSCOUE	ince or):							İ	
Sequentially liet condit		DUE TO (OR AS	A CONSEQUE	NCE OF):	<u> </u>	_					 	
if any, leading to imme cause. Enter UNDERLY				est los.								
CAUSE (Disease or injuthet initieted events	ary 🥈 '	DUE TO (OR AS	A CONSEQUE	NCE OF):								
recuiting in deeth) LAS	T .	i.										- 1
PART II. Other significa	ent condition	e contributing to death i	out not resu	uiting in th	e underly	ing ceuse given in	Pert I.	24a. WAS AN PERFOR		AM	RE AUTOPSY F AILABLE PRIOR	TO
<u> </u>								1 [] YES 2	□ NO		DEATH?	LAUSE
										1	YES 2	NO
										<u> </u>		
25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:		0.7	26. HER:	PLACE OF DEATH (C/	neck only o	nne)				
1 TES 2 HO		1 Impatient 2 ER/Out	patient 3 🗌			ome 5 Residence						
27. MANNER OF DEATH		28a. DATE OF INJURY (Month, Day, Year)	2	8b. TIME OF	1	NJURY AT WORK?	28d. DE	SCRIBE HOW II	JURY OCCU	RED		
1	Pending Investigation				M 1 [YES 2 NO						
3 Suicida 8	Could not be	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, ocify)	, farm, street	, factory, ol	fice	28t. LO	CATION (Street a	nd Number or	Rural Rout	n Number,	
4 Homicide	determined											
29a. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the best of my know	viedge, death	occurred at	the time, d	ate and place, and du	to the ca	ause(a) and mar	ner as stated			
One)	DICAL EXAMINE	R: On the basis of examinetic	on and/or inve	atigation, in	my opinion	, death occured at the	time, dat	a and place, an	d due to the	cause(a) ar	nd manner as	stated.
29b. SIGNATURE AND TITLE	E OF CERTIFIER					29c. LICENSE NU			29d. DATE S	SIGNED (M	onth, Day, Year)	
Koregh	- 1	7. Math	~			D-28	352		> 7	-11	-92	
30. NAME AND ADDRESS O	F PERSON WH	COMPLETED CAUSE OF DE	EATH (ITEM 2	7) (Type, Prin	t)							4
Krishan N	Math	ur MD. Pem	brooke	Squa	are #	213 Highw	ay 3	01 So.	Waldo	orf,	Md 206	03
31. DATE FILED (Month, Day,		32. MEGISTRAB'S SIG	NATURE	1.60		<u> </u>						



31. 945 FILED MONTH, Day Man? 1992

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND /	DEPA	TMENT	OF HEALTH A	ND MEN	ITAL HYGIEN	E	92	20713	
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	WOODRO			ICATE	OF DEATH	2.1	PATE OF OEATH INTH DISTRICT		992	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 146-05-0168	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. las 78		IF UNDER 1 1		HRS. 7. 0	MATE OF BIRTH Month, Day, Year) EB. 16, 19		8. BIRTHPL. Country)	ACE (State or Foreign	
TOP	9a. FACILITY NAME (If not institution, give s 939 VIEW STR								9c. COUNTY OF DEATH WASHINGTON			
DIRECTO	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION HAGERSTOWN										Id. INSIDE CITY LIMITS? XYES 2 NO	
FUNERAL	939 VIEW STRE					101. ZIP CODE 21740	21740 U.S.A.					
BY	1 Never Merried 2X Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N	MED O	13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Maxicen, Puerto Rican, etc.) 1 YES 2 NO Specify:					Specify:	American Indian, /hita, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 1	CATION completed) College (1-4 or 5+	(Gr life.	Do NOT us	USUAL OCCUPATION work done during most of working PIPE NIST ORGAN MA					ANUFACTURER		
BE CON	17. FATHER'S NAME (First, Middle, Last) MARTIN LUTH	IER SM	/ITH			18. MOTHER		rst, Middle, Maiden	,	CUN	NINGHAM	
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 939 VIEW STREET, HAGERSTOWN, MD. 21740											
:	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		20b.PLACE A	ND DATE	PEDISPOSITION NET PROPERTY PRO	Name of RIAL PARK	7-2	1-92 HAG	ERST(OWN, V	State VASH., MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	e Bra	dy		ANDI	REW K. CO	FACILITY FAM S	N FUNERA	L HOI	ME, IN	IC.	
	23. PART I. Entar the diseases, or c shock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	omplications that List only one caus	baused the decise on each lina.	eth. Do r	ot anter the	mode of dying,	auch as	cardiec or reepi	retory srn	est,	Approximata Intervsi Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Metastatic testicular Ca. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL CE	DECUDITUS UICETS 1 VES 2 NO COMPLETION OF OF DEATH?										MILABLE PRIOR TO MPLETION OF CAUSE	
IYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		DOA	OTHER:	6. PLACE DF DEATH						
2 Accident Investigation M 1 YES 2 NO												
COMPLETED	4 Homicide detarmined	oullding, a	rtc. (Specify)					City or Town, Stata)			Number,	
COMP	(Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	: On the basis of ex	my knowledge, deal	th occurre	d at the time,	data and piece, and on, death occured a	due to the	cause(s) and menr lets and place, and	ner as state	d. cause(s) and	d manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	to W	11/6			29c. LICENSE	1027		≥ 7/	20/9	nth. Day, Year)	
	Wun B. Kang, N	I.D. 175	Vir	gin:	Print) La Av	e., Hag	gers	town,Md	.217	740		



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAN	CLITTI	ICALE	F DEALH	REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last) Melvin	Howard Shad	ckelfor	d	2. DATE OF DEATH DA	DATE OF DEATH DAY YEAR 3. TIME OF MONTH 7 DAY 8 92 14					
		AGE (In yrs. last birthday) 74. YRS.	IF UNDER 1 YEA				BIRTHPLACE (State or Foreign Country)				
	9e. FACILITY NAME (If not institution, give street and number) Washington County Hospita	1		N OR LOCATION OF DE	9c. COUNT	y of DEATH nington					
F	RESIDENCE OF DECEDENT										
DIRECT	Maryland Washington		y, TOWN OR LO			10d. INSIDE CITY LIMITS? 1 ☐ YES 2\$ NO					
FUNERAL	366 Daycotah Avenue			21740		10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES? 1 WIND FORCES.	YES 2 NO OR DATES	If yes	BECENDENT OF HISPANI specify Cuban, Maxican ES 2 140 Specify:	, Puerto Rican, etc.)	a or No- 14. RACE — American Indian, Black, Whita, etc. Specify: White					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 0-11 College (1-4 or 5+)	(Give kind of a life. Do NOT us	usual occup work done during the retired.)	USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ork done during most of working entired.)							
BE COM	17. FATHER'S NAME (First, Middle, Lest) Samuel M. Shackelfor	ď			ME (First, Middle, Maiden ary Eyler	Surname)					
TO B	19a. INFORMANT'S NAME (Type/Print) Mrs. Geraldine Bartles			at and Number or Rural R							
	20s. METHOD DF DISPOSITION 1 💢 Burist 2 🗆 Cremation 3 🗆 Removal from Stata 4 🗆 Donation 5 🗀 Other (Specify)	20b. PLACE AND DATE (cemetery, crematory or of Rest Ha	of Disposition	DISPOSITION (Name of place) Place) DATE 20c. LOCATION — City or Town, State 7-21 Hagerstown, Maryland							
İ	21. SIGNATURE OF JUNERAL SERVICE LICENSEE	7 .		AND ADDRESS OF FAC	wy Minnich	Funer					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Batween										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	oine dory	Failu				Onset and Death				
CERTIFICATION	disease or condition resulting in death) a. Respina dery failure DUE TO (OR AS A CONSEDUENCE OF): Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d. CONSEDUENCE OF):										
	PART ii. Other aignificant conditions contributing to de		n the undarly	Ing cause given in F	Part i. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS				
MEDICAL	Arril Ronali	-	-	1			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one)										
S	I HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER: 4 Nursing H	ome 5 - Residence 6	Other (Specify)						
ВУ РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 28d. DESCRIBE HOW INJURY OCCURED										
	2 Accident Investigation 3 Suicide 6 Could not be determined 26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t, LOCATION (Street and Number or Rural Route Number, City or Town, Stete)										
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYIND PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basis of exam						ause(s) and manner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Michael J. McLaner	L		29c. LICENSE NUME		29d. DATE SI	IGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PENSON WHO COMPLETED CAUSE O					, how	MO. 2174				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S	SIGNATURE			-	, , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

The second of the second

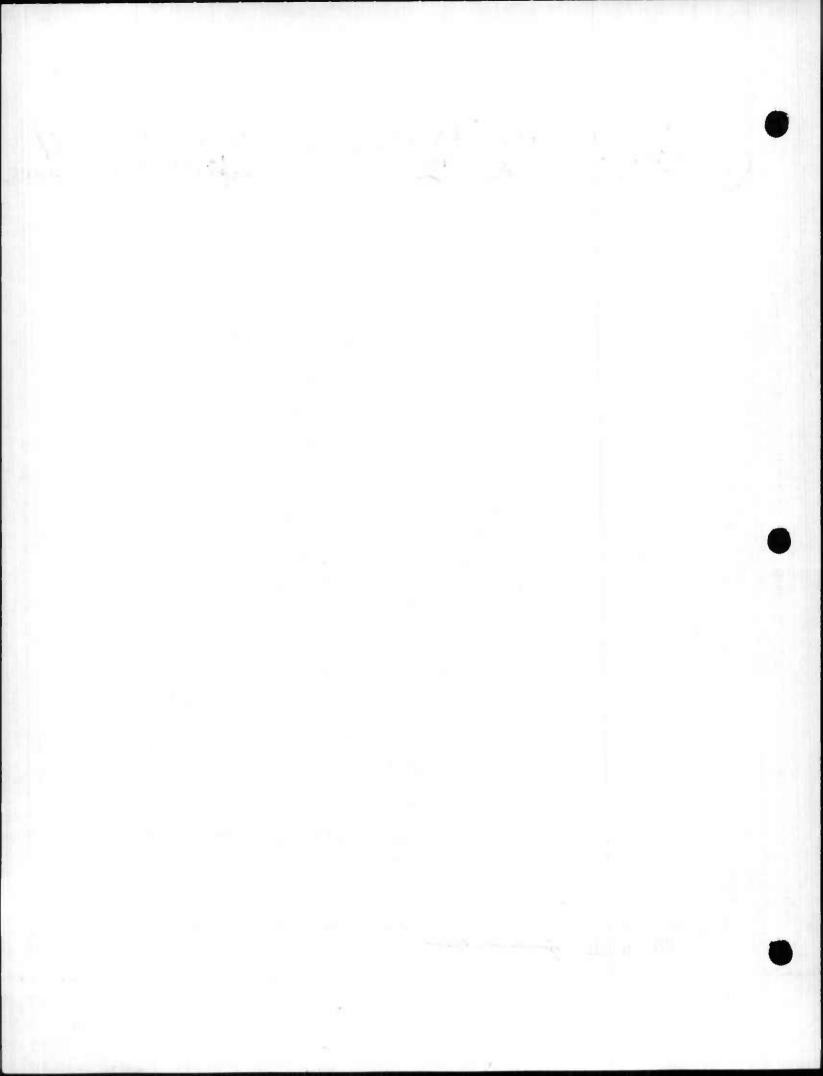
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

							(92 207	1.
	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR	RTMENT OF	HEALTH AND I	MENTAL HYGIEN	łE		1
	1. DECEOENT'S NAME (First, Middle, Last) Virginia	Gertrude		CDIET	NANAT	2. DATE OF DEATH		3. TIME OF DEATH	4
				SPIEL	MAIN	July 17,1		3:05 A	м
1	4. SOCIAL SECURITY NUMBER		rs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Fort	eign
≀)	9a. FACILITY NAME (If not institution, give str	¹ □ M ² X F 84	YRS.			Nov. 16,		Hagerstown,	, Md
0	19730 Cool Hol				or Location of DE		9c. COUNTY Was	of DEATH hington	
E S	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c CIT	Y. TOWN OR LOCA	TION				
DIRECTO		ington		agerstow				10d. INSIDE CITY LIMITS? 1 YES 2 X	10
FUNERAL	19730 Cool Hol	low Rd.		10	21740			S. A.	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	S. ARMED	13. WAS DE	CENDENT OF HISPAN	HIC ORIGIN? (Specify Yes	or No- 14.	RACE — American Indian	1,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	XNO	1 Tyee, s	pecify Cuban, Maxica S 2 XNO Specify	n, Puerto Rican, etc.)		Specify: White	
COMPLETED	15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION 164 completed) College (1-4 or 5 +)	Give kind of ville. Do NOT us	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUST	RY	
MP		2	Homema	aker		Ow	n Home		
BE CO	17. FATHER'S NAME (First, Middle, Linst) Cleveland Watt	s White				ME (First, Middle, Meiden Pauline F	Surname)		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AOORESS (Street	and Number or Rural F	Route Number, City or Tow	m, State, Zip Coc	ie)	
F	Russell C. Spie		1973	30 Cool	Hollow Ro	d., Hagers	town, I	Md. 21740	
	2qs. METHOD OF DISPOSITION 1 A Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		y, crematory or of			1	CATION — City		
	21. SIGNATURE OF FUNERAL SERVICE LICE	St. St.	Matth		etery 9-2			eek, Md.	
	John H. Ba	The state	Ho		FUNERAL	/6		National F	
	23. PART I. Enter the diseases, or co	omplications that caused the ist only one cause on each	deeth. Do r	ot enter the mo	ode of dying, auch	h as cerdiec or respi	iratory arreet,		
	IMMEDIATE CAUSE (Finei	4.7	trition Delydrotton SEQUENCE OF:						
	disease or condition resulting in death)	Malnu	tritio	n.	Delydra	action			
		DUE TO (OR AS A CO	NSEQUENCE OF	7):					
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A CON	NSFOLIENCE OF	n.					
SAT	If any, leading to immediate ceuse. Enter UNDERLYING		TO DESIGN OF	<i>p</i> -					
Ē	CAUSE (Disease or Injury that initieted evente	OUE TO (OR AS A COM	NSEQUENCE OF	ŋ:				<u> </u>	
E	reaulting in deeth) LAST								
- 1	PART II. Other aignificent conditione	contributing to death but n	ot resulting I	n the underlyin	a source above to 1	P			
PHYSICIAN: MEDICAL	Chronic Obs	tour bis Pu	la m	A A A A K	g ceuse given in i	Part I. 24a, WAS AN PERFOR		24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO)
			2	4	rouse	1 🗍 YES 2	₩ NO	OF DEATH?	
2						_	1	1 TYES 2 NO	•
Ž.	25. WAS CASE REFERRED TO MEDICAL			26. PI	LACE OF DEATH (Che	ck only one)			
Sic		HOSPITAL: 1 Inpatient 2 ER/Outpatien	1 3 DOA	OTHER:	e 5 Residence 8				-
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	IURY AT	28d. DESCRIBE HOW II	NJURY OCCURE	D	
BY	1 Natural 5 Pending 2 Accident Investigation	(monn, bay, roal)	INJ		YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY — A building, stc. (Specify)	t home, term, s	freet, factory, offic		28t. LOCATION (Street a City or Town, State)	and Number or Re	ural Route Number,	
H									
COMPLETED	(Check only	AN: To the best of my knowledge On the basis of examination and	, death occurre	d at the time, data n, in my opinion, d	and place, and due t	to the cause(a) and man	ner as stated.	use(s) and manner as state	ed.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUM				
3 BE	fatina . M.	. mohuddw			D380	47	MATE SIG	NED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print)	2 209	16	4	1174	
	tatimam.	Mbhiudd	1						

dillies

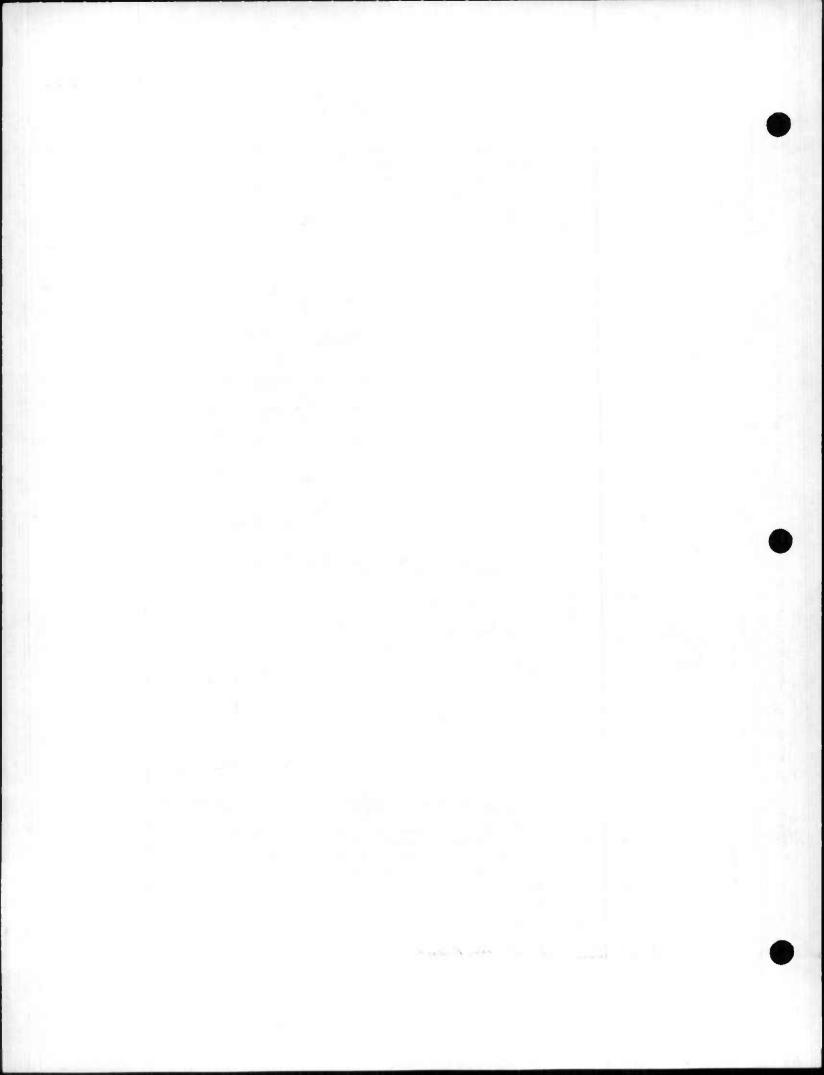
		FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND /	DEPARTMEN RTIFICAT	T OF I	EALTH AND	MENT	AL HYGIEN				
	14	1. DECEDENT'S NAME (First, Middle, Last	11/ 24	21	1ROS	5		2. DAT	E OF OEATH	1 0	1.	TIME OF DEATH /	
(F)	4. SOCIAL SECURITY NUMBER 90. FACILITY NAME (If not institution, give	1 - M 2 X F (92)	1 3 last	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN.	10	E OF BIRTH	99	8. BIRTHPLA Spuntny)	Hes. From	
2, 3 sh	CTOR	Colton Villa Nur			96. CI		or Location of D erstown	EATH			TY OF DEAT		
permit. Pages	DIREC	10a, STATE 10b, COUN	hington		10c. CITY, TOWN	on Local						d. INSIDE CITY LIMITS? X YES 2 NO	
50	FUNERAL	100. STREET AND NUMBER 55 E. Washingto	n Street				21740			10g. CITIZ	EN OF WHA	T COUNTRY?	
21215-0020 I or attending physician. For use as the burial-transit	8	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES	2 XNO	ED 13	It yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 20 NO Specia	en, Puerto	IN? (Specify Yea Pican, etc.)	or No-	Black, W	American Indian, hite, etc. Vhite	
21 or u	COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) UNKNOWN	UCATION le completed) Collège (1-4 or 5+)	(Give	e kind of work done NOT use retired. OWNER	during mo	ON st of working	16	Bakery		STRY		
2 5 5 Z	BE CO	17. FATHER'S NAME (First, Middle, Last) UNKNOWN					18. MOTHER'S NA Louise		Pillard	1			
	5	Roger E. Pembert	on	19b. 9	MAILING ADDRES	st Di	nd Number or Rural		nber, City or Town town, N				
ALTIMORE, r leath. Page 6 may be 1 funeral director, page 5 xaminer must be n		20b. PLACE AND DATE OF DISPOSITION (Name of Cremation 3 Removal from State Green Lawn Memorial Park Date 20c. Location - City or Town, State Date 20c. Location - City or Town, State Cremation 5 Other (Specify) Creen Lawn Memorial Park 7/17 Williamsport, Maryland 22. NAME AND ADDRESS OF FACILITY 2005 N. P											
- 0 = 0	22. NAME AND ADDRESS OF FACILITY Gerald N. Minnich 305 N. Potom Fineral Home												
760, of within 24 hours ompletely filled in b. I. cremation, or rel event, the medi	2	23. PART I. Enter tha diseases, or ahock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Much Br	CONSEQU	te ~	eta.	stable ~		rdiec or reepi	ratory erre	st,	Approximate interval Batween Onset and Death	
or be o	CATIO	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	a y o sercoma of left thigh									
DS, P.O. BOX the death certificate be a the attending physician is Mental Hygiene prior to injury, or other traum	CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEOU	ENCE OF):								
RECORDS v requires that the been signed by the t, of Health and M ishows any inju	MEDICAL	PART II. Other significent condition	ne contributing to deeth bu	it not ree	pulting in the u	nderlying	j ceuse given in	Part I.	24a. WAS AN PERFORE	MED?	COA OF I	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
E ste te	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 70	HOSPITAL: 1 □ Inpatient 2 □ ER/Outpa	dient 3	OTHE	R:	ACE OF DEATH (Ch						
PHY This PHY O	ву рну	27. MANNER OF DEATH Naturel 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	_	28b. TIME OF INJURY	28c. INJI	JRY AT RK?		SCRIBE HOW IN	JURY OCCU	RED		
SIC TENDI TOR: A lifter of	ETED 8	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Special	At home	o, tarm, atreet, fac	tory, office		281. LOI City	CATION (Street as or Town, State)	nd Number of	Rural Route	Number,	
4 4 2 E	COMPLI	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the beat of my knowle ER: On the basis of examination	dge, death	occurred at the	time, date	end place, and due eath occured at the	to the ca	use(a) end mani e and place, and	ner en stated	l. cause(a) and	manner as stated.	
TO THE HOSPIT TO THE FUNERA De filed within 7	O BE C	296. SIGNATURE AND TITLE OF CERTIFIE	m De	5.			29c. LICENSE NUN	ABER 42 (-2	29d. DATE 5	SIGNED (Mon	oth, Day, Year)	
		30. NAME AND ADDRESS OF PERSON WITH	m. 13	38	(Type, Print)	e Jon	St. 40	-qa	sdow	·m	5, 2	פאדע	
		31. DATE THED HAOGEN, Ren Hans	4 30. PEGISTBAR'S SURVA	TURE. A			,						



(by the host	d he detache		at once.	
	e retained	e 5 shoul		notifie	
	е 6 тау с	ector, pag		must be	
	Jeath. Pag	funeral di		xaminer	
	ours after	in by the	r removal.	nedical e	
	ITMIN 24 PK	etely filled	emation, o	nt, the n	
	ecuted w	апо сотр	burial, cr	natic eve	
	ncate be	physician	ne prior to	ner traun	
denote and	death cert	attending	ental Hygie	Iry, or of	
a short short	s mar me	ned by the	Ith and M	any inju	
	aw reduire	been sig	pt. of Hea	3 shows	
ABL. The L	AN. IIIE I	tificate has	e State De	r Hem 2	
POLOVICE O	DICTEL S	er this cert	th with the	arked, o	
ATTENDIAL	AI IENDIN	CTOR: Aft	after dea	28 is m	
OC INDI	LIME DR	ERAL DIRE	n 72 hours	T: If item	
TO THE UNE	TO THE MOST INTENDITY OF MISSISSIONS THE NAME OF THE NAME OF THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFIC	MENT OF I	EALTH AND		HYGIENE REG. NO.) (m	20112
	lice Smit				2. DATE OF MONTH		YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 203-01-7846 99. FACILITY NAME (# not institution, gi	1 □ M 2 🏋 F	73 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D. 6 - 26 -	BIRTH ay, Ybar) -1919	a. BIRTHE Country Penn	sylvania
	norial Hosp	erick	DEATN		eder:			
Maryland Fre	An expert the summer							10d. INSIDE CITY LIMITS? 1 YES 2 NO
10814 Baltimo	re Nationa	l Pike	10	2177	3	10g. CITI		AT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 XNO	13. WAS DEC	ecify Cuban, Mexic	an, Puerto Rica	Specify Yes or No— n, etc.)	14. RACE Black,	-American Indian, White, atc. White
15. DECEOENT'S E (Specify only highest gr Elementary/Secondary (0-12) 17. FATNER'S NAME (First, Middle, Last) TOSEDH Thomas	DUCATION ade completed) College (1-4 or 5+)	18a. DECEOENT'S US (Give kind of wor life. Do NOT use i Secreta	k done during mo retired.)	IN st of working		no of Business/ind		nment
17. FATNER'S NAME (First, Middle, Lest) Joseph Thomas	Smith				AME (First, Midd	le, Maiden Surname) Murray	.0 (02	· IIIICIIC
Thomas Smith						City or Town, State, Zip		21773 ersville
20a. METNOD OF DISPOSITION 1	71667 -	20b. PLACE AND DATE OF	disposition (Ne r place) G CICI	me of natory7	0ATE	20c. LOCATION —	City or Tow	n, Stata
21. SIGNATURE OF FÜNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Signature of Füneral Service Licensee 22. NAME AND AODRESS OF FACILITY Signature of Füneral Home Myersvill							in St.	
23. PART I. Enter the diseases, canock, or heart failured in the second terms of the s	a. Termer DUE TO (OR A	S A CONSEQUENCE OF):					eut,	Approximeta Interval Betwee Onset and Deat
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	cDUE TO (OR A	S A CONSEQUENCE OF):						
PART II. Other significant condition	ions contributing to deat	a but not resulting in t	the underlying	causa given in		PERFORMED? YES 2 NO	0	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)			
1 YES 2 NO 27. MANNER OF DEATN	1 Ninpetient 2 ER/O	utpatient 3 DOA 4	F 28c, INJU	5 Reeldence		ecity) BE NOW INJURY OCC	UBED	
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a PLACE OF IN II.	r) INJURY	M 1 Y	ES 2 NO				
4 Nomicide determined	building, atc. (S	pecify)	at, factory, office		City or To	N (Street and Number own, State)	or Rural Rou	ite Number,
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my kn NER: On the basis of axamina	owledge, death occurred a tion and/or investigation, i	n my opinion, de	and place, and due	to the cause(s)) and manner es state place, and due to the	d. cause(s) s	nd menner as stated,
29b. SIGNATURE AND TITLE OF CERTIF	ER knows	· · · · · ·		29c. LICENSE NUI	ABER	29d. DATE		fonth, Day, Yeer)
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Type, Pri	Long	John	m 10 '			2/202
31. DATE FILED (Month, Day, Year) JUL 17 1992	32. REGISTRAR'S SI	GNATURE						



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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Edward W. Ditto 31. DATE FILED (Month, Day, Year) JUL 17 1992

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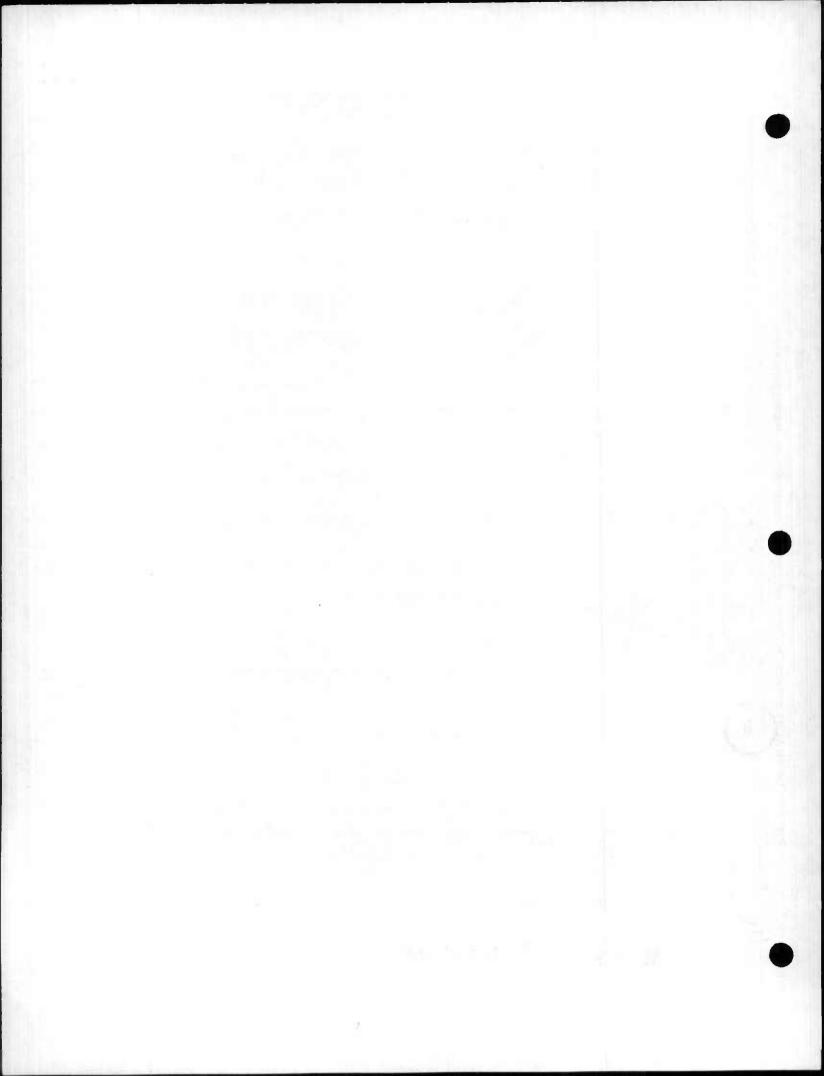
REGISTRAR 1. DECEDENT'S NAME (First, Mid	ide (eet)		CERTI	FICATE OF	DEATH	REG.							
						2. DATE OF DEAT MONTH	DAY	YEAR	3. TIME OF DEATH				
JACOB FERDI	5. SEX		in yrs. last birthday			July 1			App. 7:30				
203-10-8012	1 🔀 M 2 □] F	74 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 8/4/17	r)	8. BIRTH Count	PA PA				
9a. FACILITY NAME (If not institut	tion, give street and number	1)		96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	NTY OF D	PEATH				
11759 Snug	Harbor Land	e		Willia	amsport	21795	Wa	shin	gton				
dia.	. COUNTY			TY, TOWN OR LOCA					10d. INSIDE CITY LIMITS?				
PA	Franklin			Washingt	on Towns	hip			1 TYES 2 TO NO				
10e. STREET AND NUMBER				3	01. ZIP CODE		10g. CITI	IZEN OF Y	WHAT COUNTRY?				
12976 Old	Pen Mar Ro					7268		USA					
12976 01d 11. MARITAL STATUS 1 Never Married 2 Marriad 3 Widowed 4 Divorced	FORCES?	EDENT EVER IN 1 TYES IVE WAR OR DA	2 TNO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica S 2 XX NO Specifi	in, Puerto Rican, etc.	Yes or No—		E — American Indian, k, White, etc. My: White				
15. DECEDE	NT'S EDUCATION heat grade completed)		16a. DECEDENT	S USUAL OCCUPAT	ION	16b. KIND OF	BUSINESS/INC	DUSTRY					
15. DECEDEI (Specify only high Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle,	College (1-4	or 5 +)	ille. Do NOT	work done during muse retired.)	rust of working								
8			Plur	nber		USG	overnm	ent					
17. FATHER'S NAME (First, Middle,	Last)				18. MOTHER'S NA	ME (First, Middle, Ma							
	F. Socks.	Ι.			Mary F.	Preston							
19a. INFORMANT'S NAME (Type/F	Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zip	Code)					
Goldie M. So			12970	01d Pe	n Mar RD,	Waynesb	oro, P	A 17	268				
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of completery, crematory or other place)								DATE 20c. LOCATION — City or Town, Steta					
4 Donation 5 Other (Spe	cify)	Pa	arklawn	Memoria	1 Gardens	7/18	Chambo	rehi	D3				
21. SIGNATURE OF FUNERAL SE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Parklawn Memorial Gardens 7/18 Chambersburg, PA 22. NAME AND ADDRESS OF FACILITY Grove Funeral Home, Inc												
) ()			22. NAME A	AND ADDRESS OF FA								
James G	DR 1	DA/.		22. NAME /	AND ADDRESS OF FA	Grove	Funer	al H	lome, Inc				
23. PART I. Enter the disea	Bowler Bowler	that caused	I tha death. Do	22. NAME /	S. Broad	Grove ST, Wayn	Funer esboro	al H	lome, Inc 17268				
23. PART I. Enter the disea ahock, or heart	P. Bowler	that caused	I the death. Do	22. NAME /	S. Broad	Grove ST, Wayn	Funer esboro	al H	ome, Inc 17268				
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West Washington Street Hagerstown,

AUL 17 (992 - 3 Sept. - 1 Aut.)

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	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAN	ID / DEPAR	RTMENT	OF H	EALTH	AND	MEN	ITAL H	YGIEN	E .	-	20121
	DECEDENT'S NAME (First, Middle, Last)			CERTIF	ICALE	OF	DEAT	ГН			EG. NO.			
	EUNICE MAE	SHEA							M	OATE OF D	DA	W	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	R 405 (1-						_		, 19	92		11:30 A M
				rrs. lest birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. 0	Month, Day	(HTH (, Year)		8. BIRT	HPLACE (State or Foreign
	213-48-9375	1 ☐ M 2 🛣 F	97	YRS.					JA		, 18	95	VIR	GINIA
~	9e. FACILITY NAME (If not institution, give s				9b. CITY,	TOWN (R LOCATIO	ON OF DE	EATH			9c. COU	NTY OF I	DEATH
0	10000 GEORGIA AV	ENUE			SIL	VER	SPR	ING				MON	TGOM	ERY
Di Di	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c CIT	Y, TOWN O	B LOCAT	2041							
DIRECTOR	MARYLAND MO	MTCOMPDY												10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	NTGOMERY		S	ILVE									1 YES 2 NO
A A		11117				101	. ZIP CODE					10g, CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	10000 GEORGIA AVE						209						USA	
	1 Never Merried 2 Married	12. WAS DECEDENT FORCES?	YES :	NO	11	yes, sp	ENDENT O	n, Mexica	in, Pue	HGIN? (Sporto Rican	ecify Yee , stc.)	or No-	14. RAC Blac	E — American Indian, k, White, stc.
₩	3 🕅 Widowed 4 🗌 Divorced	IF YES, GIVE Y	MAR OR DATE	S	1	☐ YES	2 Å NO	Specify	у.				Spec	ify:
	15. DECEDENT'S EDUC	CATION	10	e. DECEDENT'S	IISHAL OC	CURATIO	MM			401 1/101			WHI	TE
E	(Specify only highest grade Elementary/Secondery (0-12)			(Give kind of life. Do NOT us	work done d	luring mo	st of working	g		100. KIN	OF BUS	INESS/INC	OUSTRY	
4	6	College (1-4 or 5	*)	HOM	EMAKE	TD.								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			HOP	LITARI	, K	18 MOTH	IED'S NA	ME /E/	- Adiotette	, Maiden :			
	CHARLES STE	T.F					10. MOTH							
8 8	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street e	ad Mumbau				DEM			
TO B	CHARLES N. SHEA	(5)	ON)											
B	20s, METHOD OF DISPOSITION			14015				UE K						
	1 A Burtal 2 □ Cremation 3 □ Remo	wal from State	cemeter	v. cromatory or o	ther place)				-	DATE		ATION —		.,
B	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEL /	194.	MARYS	CEME	ILER	O ADDRES	S OF EA	CH ITY	8	ALEX	ANDR	IA, V	IRGINIA
examiner must	111				FR	ANC	IS J.	. CO	LLI	INS I	FUNE:	RAL 1	HOME	, INC.
	8 1111111	me	//		50	00 U	NIVER	RSIT	YE	BLVD	. W.	SIL	SPR	.,MD.20901
	PART I. Enter the diseases, or of ahock or heart failure.	omplications the	caused th	e death. Do r	ot anter	the mo	de of dyle	ng, suci	h aa c	cardiac (or reapir	atory arr	est,	Approximata
K	IMMEDIATE CAUSE (Final	and only one car	ou daci	IIII III										Interval Between Onset and Death
-	disease or condition resulting in death)	1.	Cordo	Voisin	ling		ans	1	-					A. T.
		DUE TO	(OR AS A CO	NSEQUENCE OF	F): (-		1
Z	Sequentially list conditions,		Atter	ordono	5									200
	if any, leading to immediate	DUE TO	(OR AS A CO	NSEQUENCE OF	F):									0000
0	CAUSE (Disease or injury													
E	that initiated events resulting in death) LAST	DUE TO	(OR AS A CO	NSEQUENCE OF	9:									
CERTIFICATION														
-	PART II, Other significant conditions	contributing to	death but i	not resulting i	n the unc	ierlying	cauae gi	iven in l	Part I	. 24n.	WAS AN A	WTOPSY	246	WERE AUTOPSY FINDINGS
MEDICA	Marita 1	Wallist.									PERFOR		1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
		de trace	7							1 -	YES 2	MO		OF DEATH?
											Ì			1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL													
S	EXAMINER?	HOSPITAL:			OTHER		ACE OF DE							
. ¥	27. MANNER OF DEATH	1 inpatient 2 28e. DATE OF		nt 3 ☐ DOA ☐	4 Nursi			Idence	_					
	1 Natural 5 Pending	(Month, D			URY	WOF	RK?		28d.	DESCRIB	E HOW IN	JURY OCC	URED	
BY	2 Accident Investigation 3 Suicide 8 Could and be	28a PLACE O	F IN HIDY	At home, farm, a	trans to tast		ES 2 _	NO	427					
COMPLETED	4 Homicide 8 Could not be	building,	stc. (Specify)	a rome, tarm, a	treet, ractor	ry, ornice		- 1	281. L	City or Tow	n, State)	id Number	or Rural F	loute Number,
	29e. CERTIFIER				-				_					
₽ E	(Check only one)	IAN: To the best of	my knowledg	e, death occurre	d at the tin	ne, date	end place,	end due t	to the	cause(s)	end menr	er ee state	ed.	
8	2 MEDICAL EXAMINER	. On the basis of a	tamination en	d/or investigation	n, in my op	inion, de	ath occure	d at the t	time, d	late end p	lace, end	due to the	e ceuse(s	end menner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			\			29c. LICEN	NSE NUM	BER	.0		29d. DATE	SIGNED	(Month, Day, Year)
0	Theyon 6 Con	ani	- 0	10			00	8	12	88		D 7-	-6-	-12
-	30. NAME AND PODRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH	(ITEM 27) (Type, 7/7	Print)	Hin	-	DA		S.	S.	M	0	20910
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	R'S SIGNATUI	Carlett.						_		_		



notified at once.

BALTIMORE, MARYLAND 21215-0020

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	THE HO	포	filed	
	2	2	96	
4	7	L	1	

30. NAME AND ADDRESS OF PERSON WHO COM

31. DATE FILED (Month, Day,

	FOR 1 - STATE	STATE OF MA	ARYLANI) / DEPAI	RTMEN	T OF I	HEALTH A	ND MENT	AL HYGIEN	9	2 2	20722
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	MADW			ICAT	E OF	DEATH		REG. NO).		
		MARY	A. SI	TONE				2. DA'	TE OF DEATH	MY	YEAR 3.	TIME OF DEATH
	MARY ADA 4. SOCIAL SECURITY NUMBER		10F //-	1-1-1-1-1					7-	1 - 9	YEAR	7.30 P.
		1 M 2 TF		. last birthday) YRS.	MONTHS	DAYS	HOURS &	(Mo	TE OF BIRTH		Country)	CE (State or Foreign
	217-20-2609 9•. FACILITY NAME (If not institution, give str	22	89	YHS.				_	G. 26,	1902	WASHI	NGTON, DC
œ							OR LOCATION			9c. COUNT	Y OF DEATH	1
5	HOLY CROSS H	HOSPITAL			SIL	VER	SPRING	7		MOI	NTGOM	ERY
DIRECTOR	10a. STATE 10b. COUNTY			10c. CI1	Y, TOWN	OR LOCA	TION				10d	I. INSIDE CITY
ä	MARYLAND MONT	FGOMERY			SIL	VER	SPRIN	īG				LIMITS?
AL	10e. STREET AND NUMBER					10	f. ZIP CODE			10a, CITIZE	EN OF WHAT	
ER	706 HANKIN S	STREET					20910)			SA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S.	ARMED	13.	WAS DEC	CENDENT OF H	ISPANIC ORIG	IN? (Specify Ye	s or No — 1%	A BACE -	American Indian
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR	YES 2	NO		If yes, sp	ecity Cuben, N	lexican, Puert	Ricen, atc.)	1,522	Black, Wh	American Indian, life, etc.
	3 Middwed 4 Divorced		WWI					apaciny.		<i>)-</i>	specify:	WILLE
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16e.	DECEDENT'S	USUAL O	CCUPATIO	ON of working	.10	Sb. KIND OF BU	SINESS/INDU	STRY	
H	Elementary/Secondery (0-12)	College (1-4 or 5+)		(Give kind of life. Do NOT u		ourng me	or or working	1				
MP	11		1	IOMEMA	KER							
	17. FATHER'S NAME (First, Middle, Last)								, Middle, Maiden	Surneme)		
B	CHARLES NILES	SAXTON						LIE	RA			
2	19e. INFORMANT'S NAME (Type/Print)	47 mm							mber, City or Tow			
ELIZABETH S. SMITH /00 HANKIN STREET, SILVER												
	20b. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from Stata 20b. PLACE AND DATE OF DISPOSITION (Name of comments											
	TOTAL OF HEAVEN CEMETERS 79 TO STEVER SPRING, MD											
	FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD., W., SIL. SP., MD 20901											
	1184118	_			500	0 UN	IVERSI	TY BL	/D., W.	, SIL.	. SP.	, MD 2090
	23. PART I Enset the diseases of co shock or heart sellurs. Li	omplications that c	aused tha	daath. Do i	not entar	the mo	da of dylng,	such as ca	rdiac or resp	iratory arres	it,	Approximata
	IMMEDIATE CAUSE (Final	ist only one cause	On aach i	iria.	-						i	Interval Between Onset and Dasth
	disease or condition resulting in death)	4	PM	Lum	ON	DI					j	
		DUE TO (OF	AS A CON	SEQUENCE O	Pi:							
Z	Sequentially list conditions, b.		Com	C25	,+1	S	Ha	art	2	ruler	9	
ERTIFICATION	if any, leading to immediate	DUE TO (OF	AS A CON	SEOUENCE O	F):							
2	CAUSE (Disease or Injury										1.3	
Ē	that initiated events resulting in death) LAST	DUE TO (OF	AS A CONS	SEOUENCE OF	7):						-573	
CEF	d.											
	PART II. Other algorificant conditions	contributing to da	ath but no	t rasuiting	n the un	derlying	cause giva	n In Part I.	24a. WAS AN	AUTOPSY	24b. WER	E AUTOPSY FINDINGS
MEDICAL									PERFOR			LABLE PRIOR TO PLETION OF CAUSE
빌									1 🗌 YES 2	□ NO	OF D	EATH?
=	A.										1 10	YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH	1 (Check only o	ngel		<u> </u>	
	EXAMINER?	HOSPITAL:	VOutpatient	3 DOA	OTHER 4 Num	₹:	e 5 🗆 Reside					
SIC	1 XYES 2 NO			26b. TIM	E OF	28c. INJI	URY AT		SCRIBE HOW II	ATHRY OCCUR	aen.	
HYSIC	1 XYES 2 NO 1	26e. DATE OF INJ	oni				D140		. CONTRACTION I	NONI OCCO	AE 2	
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJ (Month, Day, 1	Ybar)	INJ	M	1 Y						
B≼	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	(Month, Day, 1	Vear)		M	1 🗌 Y	ES 2 NO	-	CATION (Street o	and Number or	Purel Boute I	Missohna
ED BY	27. MANNER OF DEATH 1 Retural 5 Pending 2 Accident Investigation	26e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN- building, etc.	Vear)		M	1 🗌 Y	ES 2 NO	28f. LO	CATION (Street of or Town, State)	and Number or	Rural Route I	Number,
ED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	28e, PLACE OF IN building, etc.	iJURY At (Specify)	home, farm, a	M treet, facto	1 🔲 Y	ES 2 NO	281. LO City	or Town, State)		Rural Route I	Number,
ED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFVING PHYSICI.	(Month, Day, 1) 28e, PLACE OF IN building, etc.	IJURY At . (Specify)	home, farm, a	M freet, facto	1 Y	end place, end	281. LO C/t)	r or Town, State)	ner es stated.		
COMPLETED BY	27. MANNER OF DEATH 1	28e, PLACE OF IN building, etc.	IJURY At . (Specify)	home, farm, a	M freet, facto	1 Y	end place, end	28f. LO City	r or Town, State)	ner es atated.	euse(s) end	manner es atated,
ED BY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only) 1 CERTIFVING PHYSICI.	(Month, Day, 1) 28e, PLACE OF IN building, etc.	IJURY At . (Specify)	home, farm, a	M freet, facto	1 Y	end place, end	due to the cut the time, det	r or Town, State)	ner es stated.	euse(s) end	manner es atated,

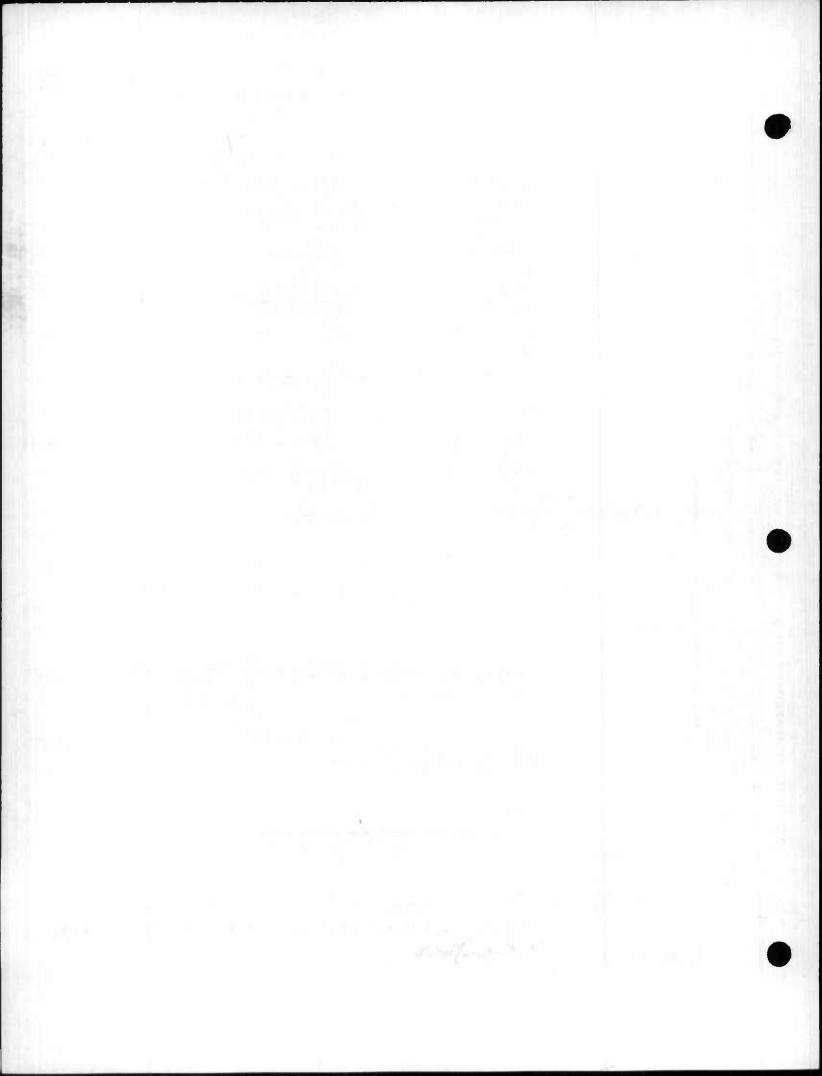
LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

B

218 WIS CONSIN

Betholo



request and the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician DR ATTENDING PHYSICIAN: The DIRECTOR: Aft hours after dea ltem 28 is n TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTL DE filed within 72 hours at IMPORTANT: If Item 2!

TO BE COMPLETED BY EINERAL DIDE	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
al examiner must be notified at once.	ANT: It Item 28 is marked, or Item 23 shown my injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages oval.	UNERAL DIRECTOR: After this cartificate has been writed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages rithin 72 hours after death with the Same theorem Health and Mental Hygiene prior to burial, cremation, or removal.

CERTIFICATION

PHYSICIAN: MEDICAL

BE

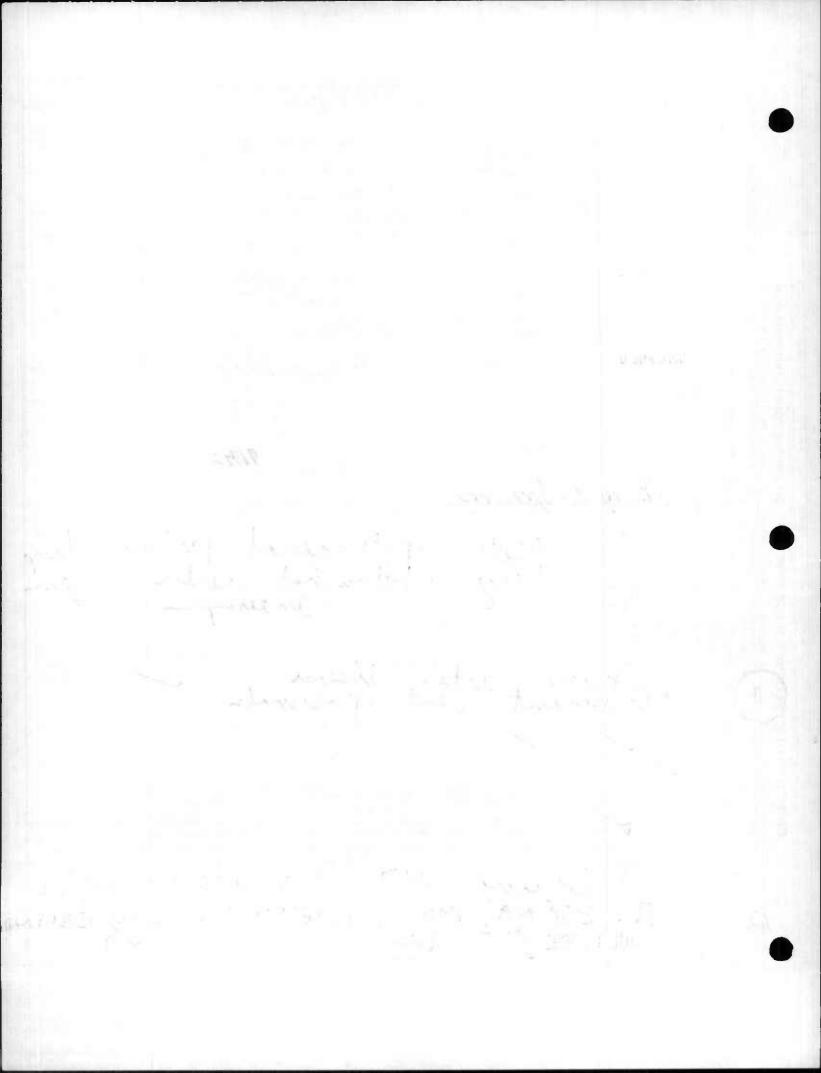
2

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ALEXANDER RAYMOND STRUNTZ JULY 14, 1992 10:00 Am 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
July 29, 1896 IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 XM 2 F MARYLAND 214 07 3064 YRS 95 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL **CUMBERLAND** ALLEGANY RESIDENCE OF DECEDENT 10e. STATE 10b COUNTY 16c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MARYLAND ALLEGANY CUMBERLAND 1 YES 2 X NO FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? OLD CRESAPTOWN ROAD, 21502 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 X Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complex) 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) CELANESE CORPORATION Elementary/Secondary (0-12) College (1-4 or 5+) SUPERVISOR CARPENTRY/SHEET METAL UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ANTONE STRUNTZ MARY TANSER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARY FISHER ROUTE 2, BOX 164-A, CUMBERLAND, MD 21502 20a. METHOD OF DISPOSITION
1 XBurial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State MICHAEL'S CEMETERY HPPS 4 Donation 8 Other (Specify) FROSTBURG, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY GEORGE-UPCHURCH FUNERAL HOME, P.A. 202 GREENE ST., CUMBERLAND, MD 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart fallure. List only one ceuse on aach,lina. Interval Between IMMEDIATE CAUSE /Finel Onset and Death disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUE E OF Sequentially list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other-eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 700 OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED DO MEDICAL 26. PLACE OF DEATH (Check only one) HOSTITAL: OTHER: 1 - YES 2 - NO atlent 2 - ER/Outpatient 3 - DOA ng Home 8 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation М 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicid 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as attend. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF GERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED/Month, Day,

30. NAME AND ADDRESS OF PERSO DEATH (ITEM 27) (Type, Print) CUSTRADOS SIGNATURE 31. DATE FILED

n



		1. DESCRIPTION THANK (First, Micola, Last)
		4. SOCIAL SECURITY NUMBER
ą		232-26-1072
permit. Pages 1, 2, 3 should	œ	9a. FACILITY NAME (If not institution, give s Memorial Hosp:
1, 2,	DIRECTOR	RESIDENCE OF DECEDENT
Pages	HE	10a, STATE 10b, COUNT
Ĭ.	LD	W. Va. HAN
usit .	ERA	GEN. DEZ.
020 physician. burial-transit	N)	11. MARITAL STATUS
Ing phy	BY F	1 Never Married 2 Married 3 Widowed 4 Divorced
215- attendi	BE COMPLETED BY FUNERAL	16. DECEDENT'S EDU
212 tal or	LET	(Specify only highest grade Elementary/Secondary (0-12)
ND hospi	MP	17. FATHER'S NAME (First, Middle, Lest)
YLA by the be dei	S	WESTER.
AR ained should	TO BE	194 MPORMANT'S NAME (Type/Print)
E, R be ret	7	KONOLD SEE
ORE 6 may rtor, pa		20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem
Page al direc		4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC
BALTIMORE, MARYLAND 21215-0020 ler death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial examiner must be notified at once.		· 0 10
RECORDS PO BOX 68760, requires the line of the process of the property of the property of the property of the process of the		23. PART I. Enter the diseases, pro
t hour		ahock, or heart failure. IMMEDIATE CAUSE (Final
thin 2.		disease or condition reaulting in death)
RECORDS PO BOX 68760, requires the time of the complete been signed to the complete prior to burial, crema shows any injury, or other traumatic event,	_	
X 6.1	MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate
BO atte be by sicial prior	3	cause. Enter UNDERLYING CAUSE (Disease or Injury
other	THE	that initiated events resulting in death) LAST
0 1 0 i	CEF	
0 4 5 E	AL	PART II. Other algnificant condition
ECORI	OG	JY16-R
RECO requires th been signed t. of Health shows an		- FAILURG.
AL has been been been been been been been bee	IAN	25. WAS CASE REFERRED TO MEDICAL
VIT AN: Th Sificate State	SIC	EXAMINER?
HYSICI is cer ith th	PH	27. MANNER OF DEATH
NG Pt fter th mark	BY	1 Natural 5 Pending 2 Accident Investigation
DIVISION OF VITAL TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this centificate has be filed within 72 hours after death with the State Dept. MPORTANT: If them 28 is marked, or item 23	BE COMPLETED BY PHYSICIAN:	3 Suicide 8 Could not be 4 Homicide determined
OR AT DIRECT NOUIS & YEAR & YE	LET	29a. CERTIFIER 1 CERTIFYING PHYSIC
ERAL FIN 72 I	DMC	(Check only one) 2 MEDICAL EXAMINE
E HOS E FUNI d withi	C	29b. SIGNATURE AND TITLE OF CERTIFIER
5 5 3 M	B 0	
	- 1	

REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATH YEAR GERALD JENNINGS SEE July 1992 6:25 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 7. DATE OF BIRTH (Month, Day, Year)

JULY 18,/920 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 | F W.Ua. street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ital Allegany Cumberland 10c-CITY, TOWN OR LOCATION 10d. INSIDE CITY URGITSUTLLE MPSHIRE 1 TES 2 NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 26852 U.S.A. 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 □ NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE - American Indian, WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) College (1-4 or 5 +) LABORER Construction 18. MOTHER'S NAME (First, SEE 19b. MAILING ADDRESS (S) 20b. PLACE AND DATE OF DISPOSITION (Name of EMETERY JUNCT. CENSEE Firstey Funeral Home MODREFEELD, W. Vo. 26836 complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line. Approximate Interval Between **Onset and Death** DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS A CONSEQUENCE OF) 060 a contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE CHRONTO TENSION T TYES 2 THING OF DEATH? 1 TYES 2 THO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Pinpetient 2 ER/Outpetient 3 DOA OTHER: 4 🗆 Nun ome 5 - Realdence 8 - Other (Specify) 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED NA 1 YES 2 NO 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) CIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. R: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2)38ho 4.0 23334 -8 7/4/92 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. -Dinesh Shah-P.O. Box 131-Pinto, MD 21556 31. DATE FILED (MUTULE MT 6 1992 32. PHOTOTRAPY SIGNATURE Pandale

latic event, the medical examiner must be notified at once,

nd completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should build, cremation, or removal. mer we executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam for TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Merrial IMPORTANT: If Item 28 is marked, or Item 23 shows any linjury, or old

	FOR STATE OF MARY!			F HEALTH AND I	MENTAL HYGIEN	E	2 20725
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	-	3, TIME OF DEATH
1	CATHERINE AMELIA STURTZ				07 15	1992	AR
		(In yrs. last birthda	ay) IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH		16:20 M
	215 20 5264 1 M 2 TF 9e. FACILITY NAME (If not institution, give street and number)	84 YRS	S. MONTHS DA	YE HOURS MIN.	03-27-1	908 °	MD
œ				WN OR LOCATION OF DE		9c. COUNTY	OF DEATN
RECTOR	SACRED HEART HOSPITAL RESIDENCE OF DECEDENT	YLAND	ALLEG	ANY			
EC	10a. STATE 10b. COUNTY	10c.	CITY, TOWN OR LO	CATION			10d. INSIDE CITY
DIR	WV Mineral		Short	Can			LIMITS?
	10e. STREET AND NUMBER		SHOLE	101. ZIP CODE			1 - YES 2 - XO
FUNERAL	Davida 2 Davi 260					US	OF WHAT COUNTRY?
Z	Route 2 Box 368 11. MARITAL STATUS 12. WAS DECEDENT EVER 1			26753			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 MAdowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 00	If yes	OECENDENT OF NISPAN I, epecify Cuben, Mexical YES 2 YO Specify	n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
입	15. DECEDENT'S EDUCATION	16a. DECEDEN	T'S USUAL OCCUP	PATION	16b. KIND OF BUS	SINESS/INDUST	RY
E I	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind life. Do NO	of work done during T use retired.)	most of working			
ם	unknown	re	tired		Tir	e Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)			18 MOTNED'S NA	ME (First, Middle, Meiden		
	John T. Nicholson				rie M. Lo		
BE	19a. INFORMANT'S NAME (Type/Print)	105 1440				2	
임				eet end Number or Rural F	loute Number, City or Tow	n, State, Zip Code	(e)
	Mr. Don R. Andrews			1D 21502			
		netery cremetory	TEOF DISPOSITION or other place) VD Memor	ial Garder		cation - city of LaVale	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	11	22. NAM	E AND ADDRESS OF FAC	CILITY		
	Ma 7 Magazial	//	5	Scarpelli E	Tuneral Ho	me	
	Jures / X/ Carpe	M		umberland.	MD 21502		
- 1	23. Payr I. Enter the diseases, or complications that ceuse shock, or heart feliure. List only one ceuse on e	d the death. Deach line.	o not enter the	mode of dying, such	aa cerdiac or respi	ratory arrest,	Approximata interval Batween
	IMMEDIATE CAUSE (Fine)		1 11.	1	-		
	disease or condition resulting in death)	due ?	o Alpoke	mete LV	CEF	25%	
	DUE TO (OR AS	A CONSEQUENCE	OF):	mete LV			
Z	Melinic	Ken	Carde &	47			
E	If any, leading to immediate	CONSEQUENCE	Coen-		/		
B	CAUSE (Disease or Injury	Ken	eal to	where o	end spage	recent	disea
E	that initiated events DUE TO (OR AS /	CONSEQUENCE	OF) (-	- 1	1		7
CERTIFICATION	resulting in death) LAST	is se	cour be	wither o	Munke	RYKIS	(us)
Ö	PART II OH ON CHARLES AND MAN	(here	Elect Miller	-			
¥	PART II. Other algorificant conditions contributing to death to	out not resultin	ng in the underl	ying ceuse given in i	Part i. 24e. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	2010				1 YES 2		COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	Daset y						1 _ YES 2 _ NO
ä						ĺ	
X	25. WAS CASE REFERRED TO MEDICAL		26	. PLACE OF OEATH (Che	ck only one)		
SIC	EXAMINER? 1 ☐ YES 2 ☐ NO	actions 3 DOA	OTHER:	fome 5 - Residence			
Ŧ	27. MANNER OF DEATH 280. DATE OF INJURY	286, 1	TIME OF 28c.	INJURY AT	28d. OESCRIBE NOW II	LIURY OCCURE	0
	1 Natural 5 Pending (Month, Day, Year)	150	INJURY	WORK? YES 2 NO			1
BY	2 Accident investigation 3 Suicide 6 Could not be	— At home, farr			28f LOCATION (Street o	and Number or O	cont South Mumber
8	4 Homicide determined building, etc. (Spec	cify)	,		28f. LOCATION (Street e City or Town, Stete)	ina riumper or Pil	an route number,
E	290. CERTIFIER						
COMPLETE	(Check only 1 GENTIFYING PHYSICIAN: To the best of my know						
ō	2 MEDICAL EXAMINER: On the besie of examination	n and/or investige	etion, in my opinio	n, death occured at the	ilme, date end place, an	d due to the cau	use(e) end manner ee stated.
ш	29b. SIGNATURE AND THREE OF CERTIFIER			29c. LICENSE NUM	BER I	29d, DATE SIG	NEO (Month, Day, Year)
0	W/ lling	ero i	FACP	D13601			15/92

925 BISHOP WALSH ROAD, CUMBERLAND, MD 21502

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

31. OATE FILED (Month, Day,

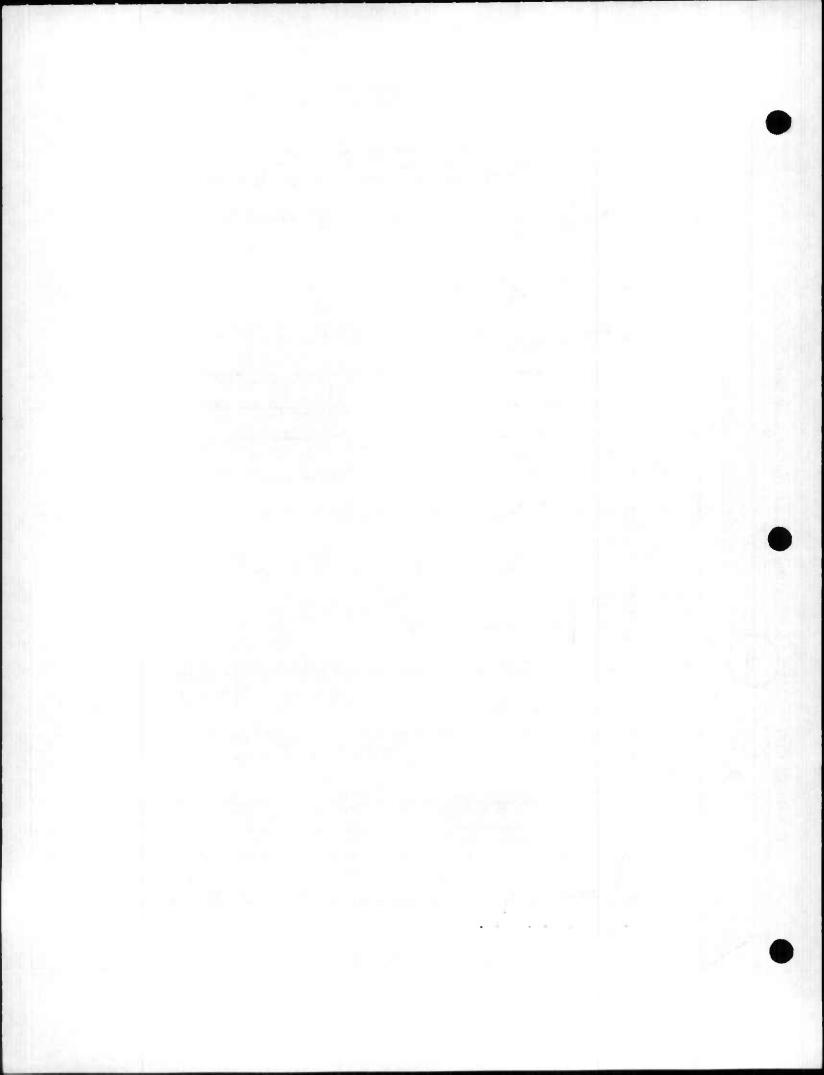
D

o. REGISTRAR'S SIGNATURE



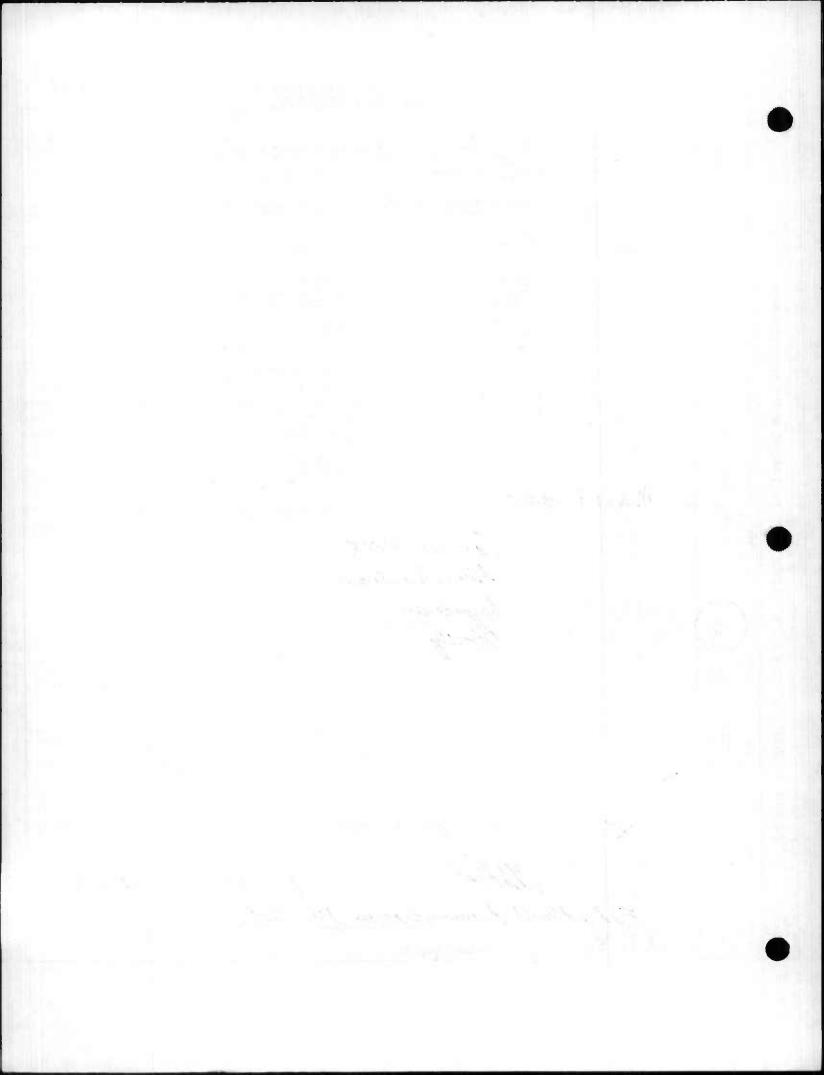
BOX 68760,	
9	
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OF VITAL	
FO 2	
DIVISION	
Ω	

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIE		2 20120		
) Stevens				2. DATE OF DEATH		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-74-0080	1 □ M 2 □ F 9	2 YRS.	IF UNDER 1 YEAR RONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-1-189	9	BIRTHPLACE (State or Foreign Country) Delaware		
TOR	9a. FACILITY NAME (If not institution, give At Home P.O RESIDENCE OF DECEDENT	Box 62		Temple		DEATH	9c. COUNT	y of DEATH		
DIRECTOR	10e. STATE 10b. COUNTY 10c. CITY, TOW				OWN OR LOCATION 1Pleville					
FUNERAL	100. STREET AND NUMBER P.O. Box 62			101.	ZIP CODE 21670		10g. CITIZE	1 VES 2 NO N OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Merried 2 Merried FORCES7 1 YES 2 NO			CIDENT OF HISPA City Cuben, Mexic 2 NO Speci	ANIC ORIGIN? (Specify Yourn, Puarto Rican, etc.)	ea or No — 1	4. RACE — American Indian, Black, Whita, atc. Specify: Black		
COMPLETED	15. OECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 5th	UCATION le completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during mos retired.)	N t of working	House	Work			
5 III	17. FATHER'S NAME (First, Middle, Last) Nathan Litt 19a. INFORMANT'S NAME (Type/Print)	le Dec	19h MAII ING AI	DDESC /Street or	Tempy	AME (First, Middle, Maide Prvor Route Number, City or To	Dec			
TO BE	Grace Stevens	21	P.O.	Box 62 DISPOSITION (Ner	Temple	eville	Mary1	and 21670		
	20b. PLACE AND DATE OF DISPOSITION 1 © Burisli 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Mt. Zion Cemetery 7/10 Marydel Maryland 22. NAME AND ADDRESS OF FACILITY Minus Funeral Home 222 N. Queen St Dover									
CERTIFICATION	23: PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ea cerdiec or respiratory arrest, ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
MEDICAL	PART II. Other algnificent condition	na contributing to deeth	but not resulting in	the underlying	cause given in	Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	.511-9	ATH (Check only one)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WOR		28d. DEŞCRIBE HOW	INJURY OCCUP	RED		
	2 Accident 3 Suicide 6 Could not be building, atc. (Specify) 4 Homicide determined						and Number or)	Rural Routa Number,		
COMPLETED	MEDICAL EXAMIN		wiedge, death occurred a on and/or investigation, i	it the time, data a in my opinion, des	nd place, and due th occured at the	to the cause(a) and me time, deta and place, at	nner as stated.	ause(a) and manner as stated.		
TO BE	296. SICHATURE AND TITLE OF CENTIFIE	lun 1	ud		29c. LICENSE NUI		29d. DATE SI	IGNED (Month, Day, Year)		
	Ralph E. Libby,	M.D. P.O. E	30x 458 Gra		.e, MD	21638				
	31. OATE FILED (Month, Day, Your)	92 32. REGISTRAR'S SIG	nature a Daydson-Ra	ndelle						



TO BE COMPLE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury or other transmitle event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for rai.	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attended processing and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Realth and Martin Again the burning to burial, cremation, or removal.
er death. Page 6 may be retained by the hospital o	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital o
יייייייייייייייייייייייייייייייייייייי	A CANAL MANUEL STATE OF THE STA

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPAR				MENTA	L HYGIEN	_	2	0727
- 3	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH		3	. TIME OF DEATH
	AUDREY	Ζ,		SUM	MERS		JUL			YEAR	1:30 P.M M
			rs. last birthday)	IF UNDER	_	IF UNDER 24 HRS.	7. DATE	OF BIRTH			ACE (State or Foreign
			5 yrs.	MONTHS	DAYS	HOURS MIN.		5/19/3	37	New	York
	9e. FACILITY NAME (If not institution, give stre			9b. CITY,	, TOWN O	R LOCATION OF D	EATH		9c. COUNT	Y OF DEA	TH
DIRECTOR	MEMORIAL HOSPITA	L AT EASTON		E/	ASTO	1			TALBO	TC	
딦	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c CIT	Y, TOWN C	OR LOCATI	ON				Ta	
E	Maryland Caro	line	1000	, , , , , ,	_	ston				- 1	Od. INSIDE CITY
	10e, STREET AND NUMBER					ZIP CODE			10m CITIZE		T COUNTRY?
FUNERAL	Route 1, Box 1	7			1		1655	5		S.A	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	S. ARMED	13. 1	WAS DECE	ENDENT OF HISPA	NIC ORIGI	N? (Specify Yes			- American Indian,
	1 Never Married 2 XMarried	FORCES? 1 YES 2		1	f yes, spe	cify Cuban, Mexic	an, Puerto	Rican, etc.)		Black, 1	White
BY	3 Widowed 4 Divorced					4CAVIO OPEN				арвину.	WIIILE
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	TION 16	(Give kind of a	USUAL OC	CCUPATIO	N t of working	168	. KIND OF BUS	SINESS/INDUS	STRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	House				A 1	llen F	nnds	0	ordova,MD
MP	12th		House	reeh	ring			1011	0043	,	or dova, mb
ဗ	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First,	Middle, Maiden	Surname)		
띪	Robert Bru	<u>ce Zinser</u>						Fol1			
2	190. INFORMANT'S NAME (Type/Print) Charles G. Sumi	mers	Rt.	ADDRESS	(Street an	17, Pr	Aoute Num	ber, City or Town	7, State, Zip C		
							6366				
	20a. METHOD OF DISPOSITION 1 ☐ Buriel 2X☐ Cremetion 3 ☐ Remov	ral from State cemeter	ACE AND DATE Of the company of the c	ther place)			DAT		CATION - CH		
	4 Donation 5 Other (Specify)	IS a 1	isbur	y Cr	ema	tory	16		isbu		MD
	N 14.	0		Er	amp	tom-Ha	wkir	s-Esk	ow F	unei	al Home 21632
	Michael 7. Es	sow									21632
	23. PART I. Entar the diseases, or co shock, or heart failure. Li	mplicetions that ceused the st only one ceuse on eech	a death. Do r	ot enter	the mod	le of dying, suc	ch as cen	diec or respi	retory srres	it,	Approximate
ı	IMMEDIATE CAUSE (Final	1			1						Onset and Death
	resulting in death) s.		ne a								
		ATHOO	NSEQUENCE OF	7:	1						
NO.	Sequentially list conditions, b.				5/5						
1	If any, leeding to immediate cause. Enter UNDERLYING	diarran	NSEQUENCE OF	·):							
CERTIFICA	CAUSE (Disease or Injury that initiated events	DUE TO ANI AS A CO	NSEQUENCE OF	า:							
E	resulting in deeth) LAST	Phesit	ty	,							j l
5	u.		9-								
¥	PART II. Other significant conditions	contributing to deeth but r	not resulting i	n the un	derlying	cause given in	Part i.	24a. WAS AN PERFOR		44	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
MEDIC								1 TYES 2	□ NO	C	OMPLETION OF CAUSE F DEATH?
Ĭ							_			1	YES 2 NO
Ž											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		CE OF DEATH (Ch	eck only or	10)			
XS		I Inpatient 2 ER/Outpatier		4 🗆 Nurs	ing Home	5 - Residence					
	27. MANNER OF DEATH 3 Natural 5 Pending	(Month, Day, Year)	28b. TIM	URY	28c. INJU WOR	HC?	28d. DES	SCRIBE HOW II	IJURY OCCU	RED	
B	2 Accident Investigation	280 BLACE OF INJURY	14 harris 41 mm			ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined								te Number,		
	29a. CERTIFIER				·						
	(Check only TEN CERTIFYING PHYSICIA	AN: To the best of my knowledge									
COMPL	2 MEDICAL EXAMINER:	On the baels of examination en	d/or investigatio	n, In my op	pinion, de	eth occured at the	time, data	and place, en	d due to the o	euse(a) e	nd manner as stated.
H H	29b. SIGNATURE AND TITLE OF CERTIFIER	Mylet				29c. LICENSE NUI	MBER	1-1	29d. DATE S	IGNED (M	onth, Day, Year)
2	20 MAME AND ADDRESS OF STREET	orrow /				VL.	ファフ		•	71	4.96
	30. NAME AND ADDRESS OF PERSON WHO S			eten	, p	10 21	1601				
	31. DATE FILED (Month, Day Year)	32, REGISTRAR'S SIGNATUR		1 4	,						
	JOT TO 35	Julia Davidson-1	Randale								

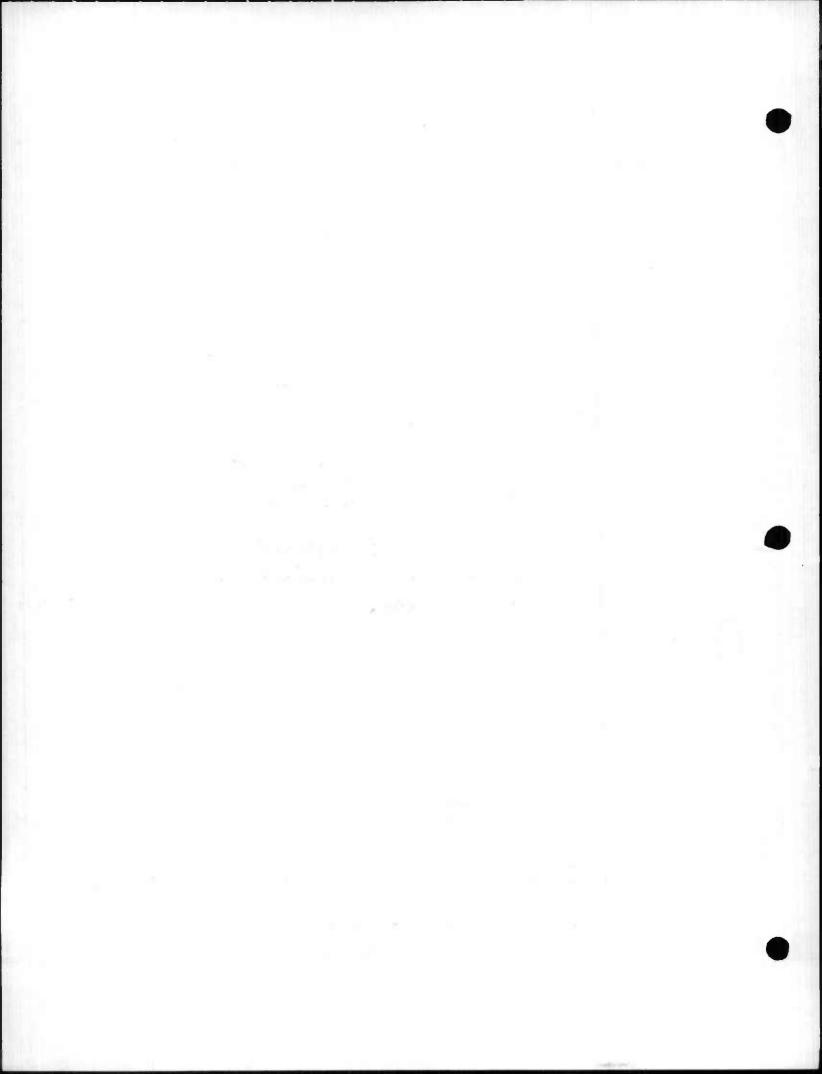


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

can course be executed within "- nours after death. Page 6 may be retained by the hospital or attending physician.

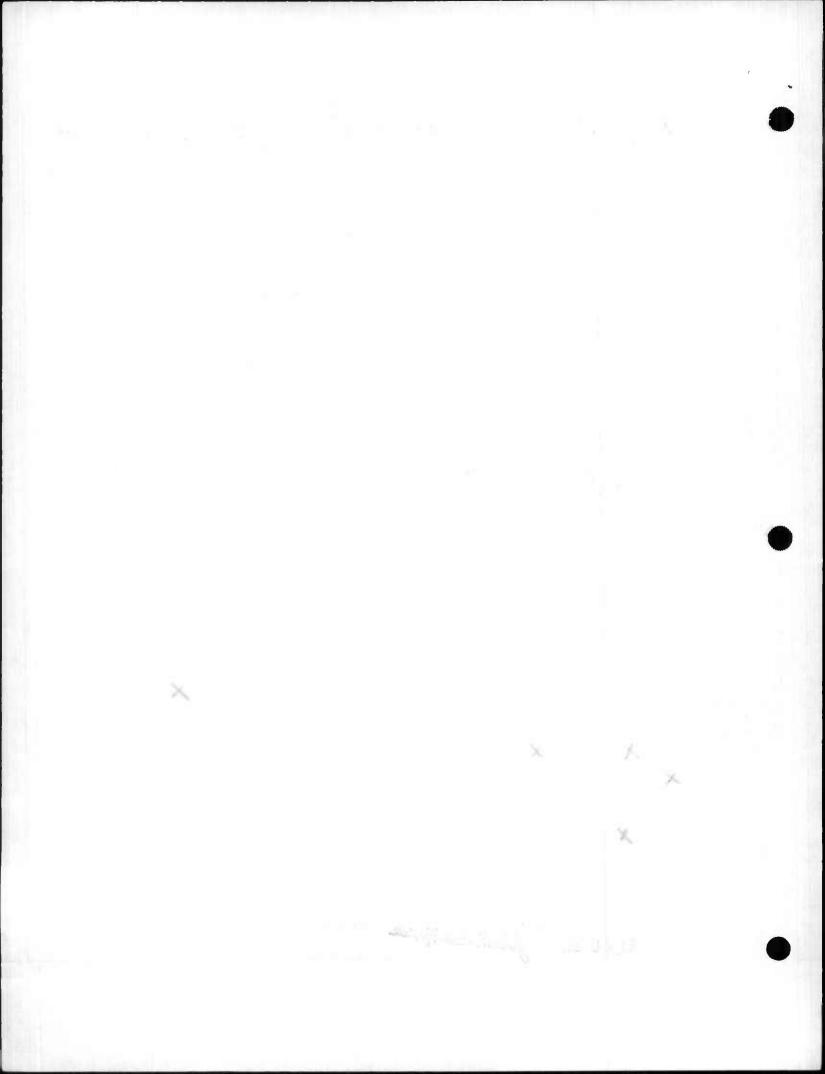
The following the latest and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial cremation, or removal. traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the TO THE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health and with the State Dept. of Health and with the State Dept. IMPORTANT: If Item 28 Is marked, or Item 23 shows any

	1 - STATE OF MARYLAND		ENT OF HEALTH AND	MENTAL HYGIENE	
	1. DECEDENT'S NAME (First, Middle, Last)	r.		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.		IDER 1 YEAR IF UNDER 24 HRS.	7 11	1 1992 4:40 P M
	218-34-3088 1⊠м2□F 55	YRS. MONT		May 1, 193	Country)
œ	9a. FACILITY NAME (If not institution, give street and number) Memorial Hospital at Easton	96. 0	Easton		9c. COUNTY OF DEATH Talbot
СТО	RESIDENCE OF DECEDENT				Tarbot
DIRECTOR	MD Caroline	2000 000 000	n or Location	-	10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		10f. ZIP CODE		1 YES 2 NO
FUNERAL	Rt.1 Box 478		21639		USA
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	13. WAS DECENDENT OF NISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rican, etc.)	or No- 14. RACE - American Indian, Black, Whita, atc. Specify: White
TED	(Specify only highest grade completed)	DECEDENT'S USUA	L OCCUPATION one during most of working od.)	16b. KIND OF BUSH	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	the state of the s	borer	Mid-Sho	re Paving Comp
CO	17. FATHER'S NAME (First, Middle, Last)		16. MOTNER'S N	AME (First, Middle, Maiden Se	umame)
8	Charles Sparks 19a. INFORMANT'S NAME (TypoPrint)	19h MAII ING ADDS	IVIARY NESS (Street and Number or Rura	Robb Spark	
5	Mary Corkell Sparks	Rt.1 Box	k 478 Greensk	oro, MD 210	639
	1 LABurial 2 Cremation 3 Li Removal from State cemetery.	CE AND DATE OF DIS	ice)	1	ATION — City or Town, State
	4 Donation 5 Other (Specify) Fast 21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Ce Vet. Cm. 22. NAME AND ADDRESS OF F	7-15 Hur	clock, MD
1	My Keals		Fleegle-Helf		lm ro_MD 21639
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each if IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	SEQUENCE OF):	My UCAL	ch as cardiac or respira	Approximata Interval Between
A	PART II. Other significant conditions contributing to death but no	ot resulting in the	undarlying cause given in	PERFORM	MED? AVAILABLE PRIOR TO COMPLETION DE CAUSE
PHYSICIAN: MEDIC				1 YES 2 C	OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	ОТН			
BY PHYS	27. MANNER OF DEATN 1 Inpetiant 2 ER/Outpatient 28. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	Nursing Nome 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE NOW INJ	JURY OCCURED
	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At building, atc. (Specify)	home, ferm, street,	factory, office	281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the bests of examination and/				
TO BE	Son substitute of Committee		29c LICENSE NU	MBER :	29d. DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (I		ston MD 2160)1	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	E ~	ston_MD 2160		
	JUL 21 '92 Gicha Savids	on-Handall	•		



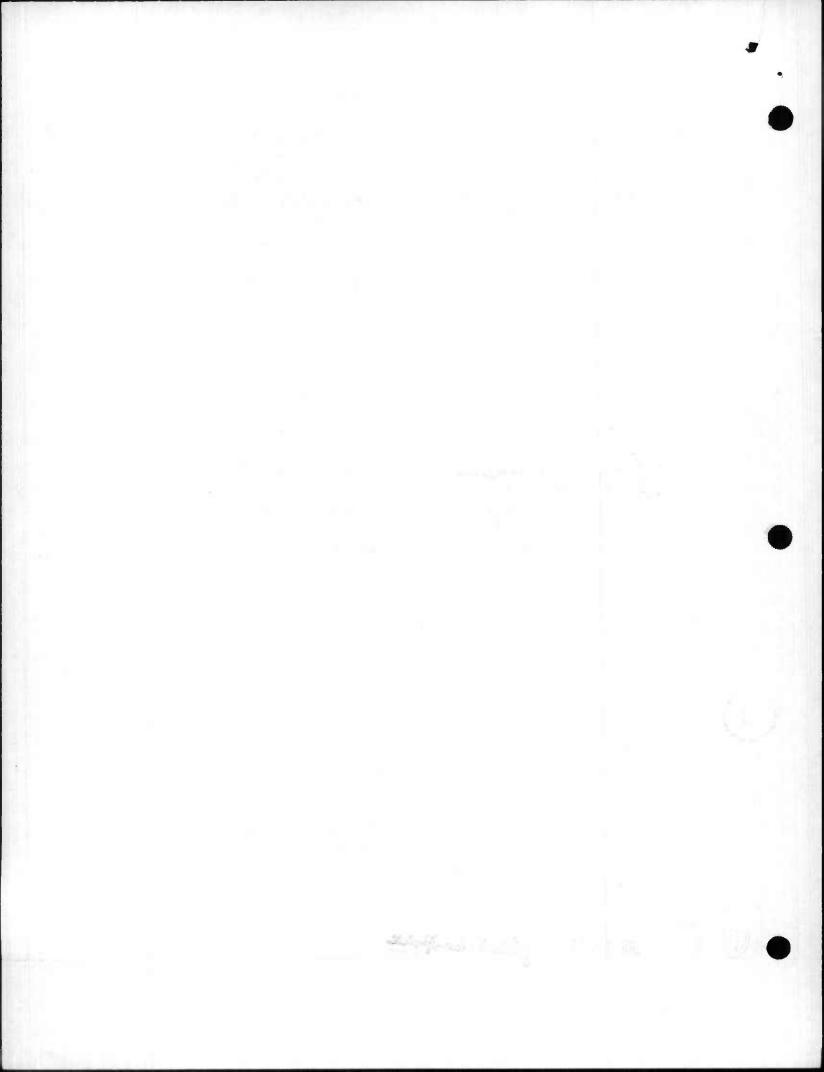
leath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the bunta-transit permit. Pages 1, 2, 3 should MORE, MARYLAND 21215-0020

1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTM CERTIFIC			NTAL HYGIEN REG. NO	_			
1. DECEDENT'S NAME (First, A	S D. Ja	MERU	UE		DATE OF DEATH	1 9	YEAR 3.	TIME OF DEATH	M
212-66-6336 Sa. FACILITY NAME (If not insti	SOCIAL SECURITY NUMBER 5. SEX 212-66-6336 1 M 2 D F 36 YRS. 6. AGE (In yrs. lest birthdey) 36 YRS. 6. AGE (In yrs. lest birthdey) 36 YRS. 6. AGE (In yrs. lest birthdey) 36 YRS. 6. AGE (In yrs. lest birthdey) 36 YRS. 7. DATE OF BIRTH (Month, Dey. Year) 4. PRII, 24 1956 I.FONARDTOWN N. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
HOLY CROSS RESIDENCE OF DECE 10a. STATE MARYLAND	DENT		ILVER S			MONI	GOME	RY	
	PRINCE GEORGE'S	·	HILL	ЭМ			- 1	d. INSIDE CITY LIMITS?	
1715 CALAIS	COLIET		101.	ZIP CODE		107		T COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 M 3 Widowed 4 Divorce	12. WAS DECEDENT EVE FORCES? 1 YI	ES 2 X NO	If yes, spec	NDENT OF HISPANIC Of olfy Cuban, Maxican, Pu D NO Specify:		or No — 1	I4. RACE — Black, W Spec/ly:	STATES American Indian, thite, atc.	_
	ENT'S EDUCATION (ighest grade completed) (2) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during most		SINESS/INDU	BLACE			
12		ADMINIST	RATIVE A	ASSISTANT			F TRA	ANSPORTA	T
17. FATHER'S NAME (First, Midd JAMES FOLEY				18. MOTHER'S NAME (N 7		
19a. INFORMANT'S NAME (Type		19b. MAJLING AD	DRESS (Street and	SARAH ANN Number or Rural Route					
	VTINE SOMERVILLE	1		OURT, OXON					
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 4 Donation 6 Other (S	3 🗆 Ramoval from Stata	20b. PLACE AND DATE OF C COMMITTEE OF COMMITTEE lacel	1		CATION — CI				
21. SIGNATURE OF HUNERAGES MICHAEL	K. BLANKENSHIP	3	22. NAME AND	ADDRESS OF FACILITY	BRINSFI 59 N. W LEONARD	ELD F	UNERA GTON	AL HOME STREET	
shock, or hea iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING	DUE TO (OR AL	feech line.						Approximete interval Batw Onset and D	esti
CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	d.	S A CONSEQUENCE OF):							
PART II. Other significant	conditions contributing to death	n but not resulting in t	he underlying	cause given in Part	1. 24a, WAS AN PERFOR	MED?	CO	RE AUTOPSY FINDI MLABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO	
25. WAS CASE REFERRED TO BEXAMINER?	MEDICAL HOSPITAL: 1 Vinpatient 2 - ER/O		THER:	CE OF DEATH (Check of					
27. MANNER OF DEATH 1 Natural 5 Per 2 Accident Inv	26a. DATE OF INJUR (Month, Day, Yea	Y 28b. TIME O	F 28c, INJUI WORK	RY AT 28d	I. DESCRIBE HOW II	NJURY OCCU	RED		
3 Suicide 8 Co		IRY — At home, ferm, stree pecify)	et, factory, offica	261.	LOCATION (Street a City or Town, State)	nd Number or	Rural Route	Number,	
29a. CERTIFIER (Check only one) 2 MEDICA	/ING PHYSICIAN: To the best of my kn L EXAMINER: On the beals of examine	owledge, death occurred a	t the time, data a	nd place, and due to the	e cause(a) and man	ner as stated	I. Cause(a) an	d mariner as state	d.
29b. SIGNATUPE AND TITLE OF	CERTIFIER A DA	onfro		P9c. LICENSE NUMBER		29d. DATE S		onth, Day, Year)	
30. NAME AND ADDRESS OF P STANLEY STWA 31. DATE FILEO (Month, Day, You	RTZ, M.D. 5454	WISCONSIN AND AND AND AND AND AND AND AND AND AN		1	MD 2081	15			



TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
BISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)			•	2. DATE OF DEATH	3. TIME OF DEATH			
	RUTH L.		SUM	STIME	JULY 2	Y YEAR (CA D) M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign			
	577-26-4308	1 M 2 D F	78 YRS.	HITHE DAYS HOURS MIN.	NOV. 12 19	Country)			
	9a. FACILITY NAME (If not institution, give :	MASHINGTON D.C.							
CTOR	SC COOM TO DEATH								
	1 10a. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCATION		10d. INSIDE CITY			
DIRE	MARYLAND ST. N	MARY'S		Manall Diel		LIMITS?			
	10e. STREET AND NUMBER	MARY'S	I LEXT	NGTON PARK 101, ZIP CODE		1 YES 2 NO			
8	505 51555					10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	537 SARATOGA I			20653		UNITED STATES			
5	1 Never Married 2 X Married	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 NO	13. WAS DECENDENT OF HISP. If yes, specify Cuban, Maxi-	ANIC ORIGIN? (Specify Yes can, Puerto Rican, atc.)	or No— 14. RACE — American Indian, Black, White, atc.			
l k	3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 TES 2 NO Spec	sify:	Specify:			
9	15. DECEDENT'S EDU	ICATION	16a. DECEDENT'S US	IIAL OCCUPATION	445 KIND OF BUILD	WHITE			
ETE	(Specify only highest grade	completed)		done during most of working	16b. KIND OF BUSI	INESS/INDUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5+)							
COMP!	17. FATHER'S NAME (First, Middle, Last)		HOMEMAK						
					IAME (First, Middle, Maiden S				
	HARRY RABBITT				E LEE YEATM				
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AD	DRESS (Street and Number or Rura	I Route Number, City or Town,	, State, Zip Code)			
De n	EDWARD J. SUMSTI	NE	537 SA	RATOGA DRIVE.	LEXINGTON P	ARK. MD 20653			
must	20a. METHOD OF DISPOSITION 1 □ Burlal 2 ➡ Cremation 3 □ Rem	oval from State	Ob. PLACE AND DATE OF D	DISPOSITION (Name of	DATE 20c. LOC	ATION — City or Town, Stata			
Ē	4 Donation 🔏 🗆 Other (Specify)		emetery, cremetory or other IMMACULATE			INGTON PARK, MD			
examiner	21. STONATURE OF PONEBAL SERVICES NO	CENTRE TO		22. NAME AND ADDRESS OF F	ACILITYBRINSFIE	LD FUNERAL HOME			
еха	MONTAEL K. BI	ANKENSHIP				SHINGTON STREET			
	23. PART I. Enter the diseases, pr		ed the death. Do not	enter the mode of dules ou	LEONARDT	OWN, MD 20650			
medicai	anock, or neert failure.	List only one cause on	each line.	onter the mode of dying, ac	cri ea cerdiac or reapir	atory erreat, Approximata interval Between			
the the	IMMEDIATE CAUSE (Final disease or condition	MIL	+ hi	Lung C	2	Onset and Death			
E.	resulting in death)	. 1001h	1/4/16	Lung C	uncer	6 mz			
2		DUE TO (OR AS	A CONSEQUENCE OF):						
CERTIFICATION	Sequentially list conditions,	b	A CONSEQUENCE OF):						
A P	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OR AS	A CONSEQUENCE OF):						
를 다	CAUSE (Disease or injury	C	A CONSEQUENCE OF):						
a E	thet initiated events resulting in death) LAST	DOE 10 (ON AS	A CONSEQUENCE OF J.			i			
희띴		d							
Injury,	PART II. Other significent condition	s contributing to deeth	but not resulting in t	he underlying ceuse given in	Part I. 24s. WAS AN A	UTOPSY 24b. WERE AUTOPSY FINDINGS			
					PERFORM	MED? AMILABLE PRIOR TO			
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-					_	1 TYES 2 NO			
AN: M	25. WAS CASE REFERRED TO MEDICAL								
# I H	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C					
IYSIC	1 YES 2 NO	1 Inpetient 2 ER/O		☐ Nursing Home 5 ☐ Residence					
marked, BY PH	1 Witurel 5 Pending	(Month, Day, Year)		WORK?	28d. DESCRIBE HOW IN.	JURY OCCURED			
₩ ×	2 Accident Investigation			M 1 YES 2 NO					
= Q	3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Sp	RY — At home, farm, street pecify)	t, factory, offica	28t. LOCATION (Street an City or Town, State)	nd Number or Rural Route Number,			
ET									
희리	29a, CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	wiedge, death occurred a	t the time, data and place, and du	e to the cause(s) and mann	ner as stated.			
COMI						due to the cause(s) and manner as stated.			
10	29b. SIGNATURE AND TITLE OF CERTIFIE		1	29c. LICENSE NU					
MPORTANT: II	12	/ 8	2	2 DO S	5237	29d. DATE SIGNED (Month, Day, Year)			
≥ 0	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE DE C	DEATH (ITEM OF CO.	/ //	~ 450	1/8/97			
	An Andrew	A . I	A COUNTY OF THE STATE OF THE ST	πj					
	UK UHUID	HLLEN			<u></u>				
			are of 11969-						
6	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	1 Gandelle						



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

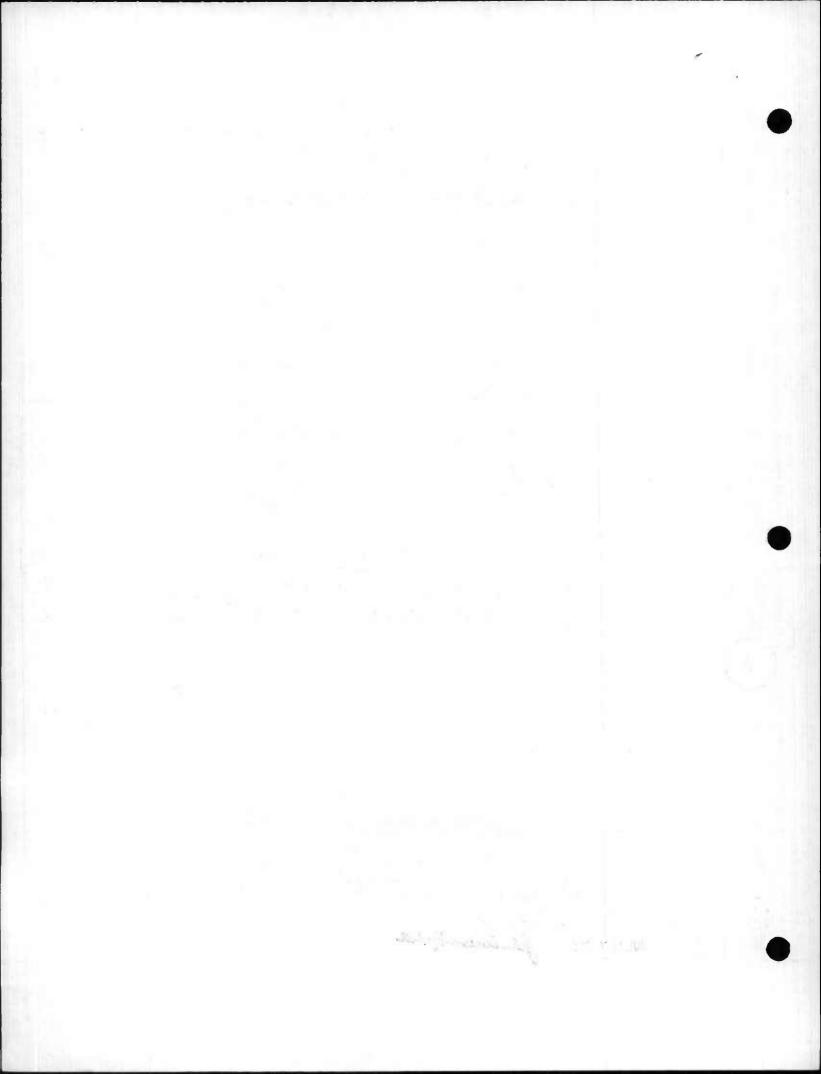
_	REGISTRAR		CER	TIFICATE OF	· DEATH	R	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last,)				2. DATE OF D			3. TIME OF DEATH	
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	4. SOCIAL SECURITY NUMBER		(In vrs. lest birti		1	+		177	x /xi//H	_
	220-32-6885			MONTHS DAVE	IF UNDER 24 HRS.	7. DATE OF B (Month, De)	, Year)		BIRTHPLACE (State or Foreign Country)	
		7√ M 2 □ F	68 YRS. MONTHS DAYS HOURS MIN. NOV. 2,					23	Michigan	
	9a. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF				Y OF DEATH		
뜻	ST MARYS	HOSPITA	AI	150	MARON	11111111		CX	MARYS	
DIRECTOR	RESIDENCE OF DECEDENT	11001111	7 —	1201	11/1/1/1/	100 1-		0/ , /	MANA	4
M I	10a. STATE 10b. COUN	TY	10	c. CITY, TOWN OR LOC	ATION				10d. INSIDE CITY	٦
E I	Maryland St. 1	Mary's		Great Mil	ls				LIMITS?	
									1 YES 2 NO	
I ₹ I	10e. STREET AND NUMBER			1	Of. ZIP CODE			_	N OF WHAT COUNTRY?	1
FUNERAL	General Delivery				20634			U.S	.A.	1
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Sc	ecify Yea	or No 14	I. RACE — American Indian,	Η
	1 Never Married 2 Married	FORCES? 1 YES		If yes, s	pecify Cuban, Mexic	en, Puerto Ricen			Black, White, etc.	1
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR ON D	DATES	M ve	S 2 NO Speci	iy:		1		1
۱۵	15. DECEDENT'S ED	LICATION	I see DECEDI	ENT'S USUAL OCCUPAT	101	1				4
Ë	(Specify only highest grad	le completed)	(Give ki	ind of work done during n NOT use retired.)	ost of working	180, KINI	D OF BUSI	NESS/INDUS	STHY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)				ĺ	-			1
물	8th Grade		F	Farmer			Fan	m		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle	, Maiden S	iumame)		٦
	Joseph Berna:	rd Stallm	nan		Mary	Est	elle		Williams	1
BE	19a. INFORMANT'S NAME (Type/Print)		19h MA	AILING ADDRESS (Street		Bouts Number C	the on Town	Ctata Zin C		┥
2	Paul B. Stallman								and 20634	
						eat PILL				
	20a. METHOD OF DISPOSITION 1 □XBuriel 2 □ Cremetion 3 □ Res			DATE OF DISPOSITION (I	lame of	OATE	20c. LOC	ATION — Cit	y or Town, State	
	4 Donation 5 Other (Specify)			ce Cemeter	v 7/	11/92	Gre	at Mi	lls, Maryland	ı
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /		32. NAME	ND ADDRESS OF F	CILITY		7 11	ome, P.A.	1
	Transl. Or	Kh. P.		Matti	ngrey-Gar	cainer	rune.	ral H	ome, P.A.	1
	I fucuaex	Varain	er	P.O.	Box 270,	Leonar	dtow	n, Mai	ryland 20650	1
	23. PART i. Enter the diseases, or	complications that cause	d tha death.	Do not enter the m	ode of dying, suc	ch se cerdiac	or reepir	atory arrea		-
		. List only one cause on e	each lina.						A STATE OF THE PARTY OF THE PAR	-1
				· Anti					interval Batween	
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	disease or condition	a. Dissem	inst	and hute	evascul	las Cos	egu	lopa		
NC	disease or condition resulting in death)	a. Dissem	inst	natos	is	las Cos	egu	lopa		
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Amenicate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should represent to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires OT THE FUNERAL DIRECTOR: After this certificate has been supported filed within 72 hours after death with the State Dept. of Head IMPORTANT: If I tem 28 is marked, or item 23 shown



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Ward of the hospital death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to build, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filled within 72 hours after cleath with the State Debt, of Health and Mental Hoolene prior to build. cremation, or removal.	medicai
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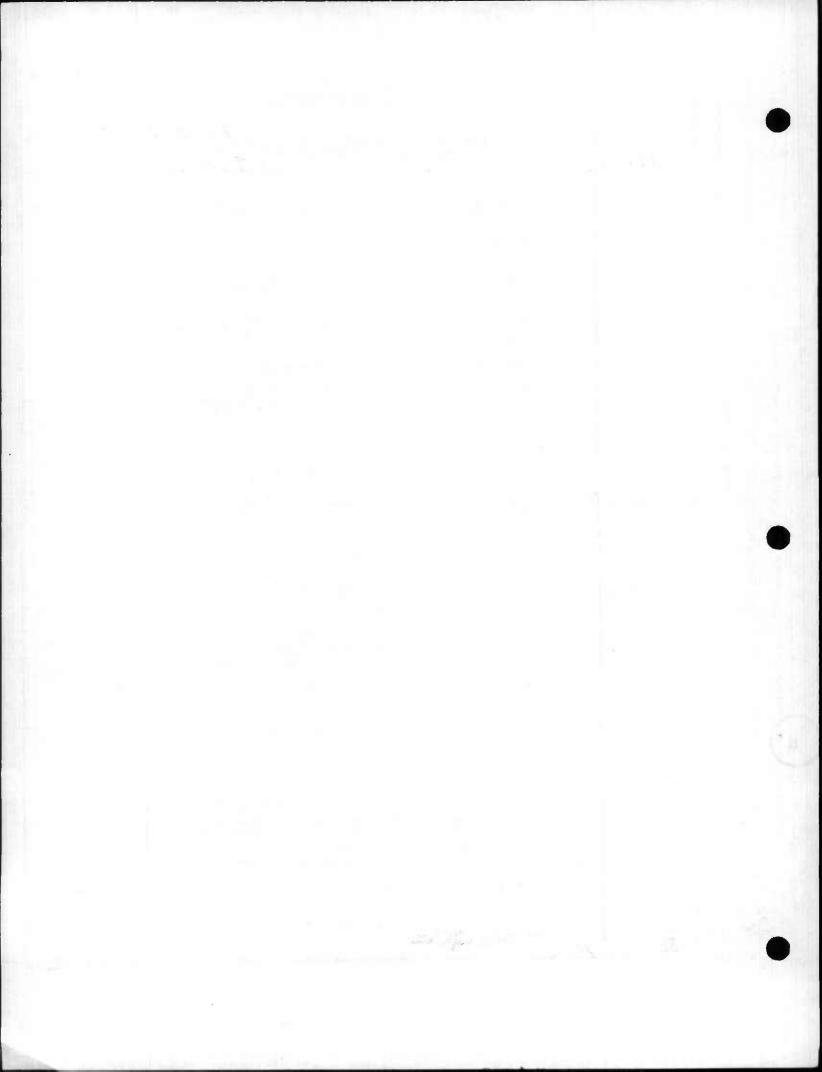
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND N	MENTAL HYGIEN	E		
	1. DECEDENT'S NAME (First, Middle, Last)	101			T	2. DATE OF DEATH			. TIME OF DEATH
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	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPL	ACE (State or Foreign
	220-12-3599	1.20 M 2 □ F	66 YRS. MO	NTHS DAYS	HOURS MIN.	July 22,1		Country) May	vland
	9a. FACILITY NAME (If not institution, give st	reet and number)	, / 9t	CITY, TOWN	R LOCATION OF DE		9c. COUNTY		
8	Leland 1	nemonal	Hospital	K	enerchil	1-		P	6.
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		I son CITY TO	OWN OR LOCAT	ION!				
E	Md. P. (100. 011, 11						Dd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	Х о			rdale				YES 2 NO
A I	6023 67th. Ave			100			130		AT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS OECEDENT EVER IN	U.S. ARMED	12 WAS DEC	20737	IC ORIGIN? (Specify Yea	U.S		- American Indian,
	1 Never Married 2 Married	FORCES? 1 X YES IF YES, GIVE WAR OR OA	2 NO	If yes, spe	cify Cuban, Maxican	, Puerto Rican, etc.)	or 140-	Black, V	- American Indian, White, atc.
B	3 Widowed 4 Divorced	W.W.LL	ies	1 YES	2 NO Specify:			Specify:	Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S USL			16b. KIND OF BUS	INESS/INDUS		22.002
<u>ا</u> با	Elementary/Secondary (0-t2)	Coilege (1-4 or 5+)	(Give kind of work life. Do NOT use re-	tired.)	st or wonang				
를	5		Labor			W.	S.S.C.		
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	E (First, Middle, Maiden	Surname)		
ш	Shelton	Scales			Evely	m	Chew		
10 8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural R	oute Number, City or Town	, State, Zip Co	de)	
F	Michael So	cales	6023 6	7th. A	ve. River	rdale, Md.	2073	7	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Remo	ovel from State 20b.	PLACE AND DATE OF D	ISPOSITION (Na	ne of		CATION — City	or Town	, Stata
	4 Donation 5 Other (Specify)		heltenham	Vet.	Cemetery	7/14 Che	ltenha	m, l	/id.
	21. SIGNATURE OF FUNERAL SERVICE LICE	# 670	,	22. NAME AN	D ADDRESS OF FAC	W.W.C	hamber	s Co	o. Inc.
	Momas S.	(harnh	ere-	5801	Cleveland	Ave. Riv	erdale	. Mc	20737
	23. PART I. Entar the diseeses, or c	omplications that caused	the death. Do not						Approximate
	shock, or haart failure. L	List only one cause on as	ch line.	0		/			Interval Between Onset and Death
ľ	disesse or condition	agnd	IA KIC	(D)	7590	CA .			
ı	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	7 . 0	000	7'			
z		Benja	VFa	184	920				1
윤	Sequentially list conditions, if any, lasding to immediate	DUE TO (OR AS A	CONSEQUENCE OF	0 ,					
2	CAUSE (Disesse or Injury	ne	Non:	>					
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):		1000				
EH	resulting in death) CAST	· (E) Ll	9 (9)	an c	frei	re:			
_ I	PART II. Other significent conditions	a contributing to deeth bu	t not resulting in ti	ne underlying	ceuse given in f	Pert I. 24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS
<u>8</u>						PERFOR	MED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE
요						1 TYES 2	NO		F DEATH?
≥								'	YES 2 NO
SICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Chec	ck only one)			
	EXAMINER?	HOSPITAL:		THER:	5 - Realdence 8				
F H	27. MANNER OF DEATH	28a. DATE OF INJURY	26b, TIME OF	28c. INJU	JRY AT	26d. DESCRIBE HOW IN	JURY OCCUR	ED	
	1 Accident 5 Pending	(Month, Day, Year)	INJURY		ES 2 NO				
BÁ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY	- At home, farm, atree	t, factory, office		28f. LOCATION (Street a	nd Number or I	Rural Rou	te Number,
ETED	4 Homicide datarmined	building, atc. (Specif	γ)			City or Town, State)			
۱ ۳	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of my knowle	doe death accumulat	the time data	and place and do :	a the service to and			
COMPL	one) AZ MEDICAL EXAMINER	CIAN: To the best of my knowle R: On the besis of exemination						nuna/a\ -	nd manner as atmed
	29b. SIGNATURE AND TITLE OF CERTIFIER								
BE	C M M M	July.	III		29c. LICENSE NUMI	774	29d. DATE SI	GNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAMPE OF CO.	TH (ITEM OT /5 C	e)	N37		- /-	7-	- 7L
	ESSam Ta	alla			INT Jan	1. 0.		na	1 707/0
	31. OATE FILEO (Month, Day, Year)	/ Az, RMSSTNAS-S, SIGNA	mat 0.002	JU GA	HEL TON	har Dou	vie !	VO	.20710
	111 13 '92	CHAIR CONTRACTOR							

The second of the second The same of the same of the same of The first in the second of the BALTIMORE, MARYLAND 21215-0020

DIVISION ONLITAL RECORDS, P.O. BOX 68760,

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical	
	n 24 h	ation,	the	
	d with	I, crem	event,	
	be execute	ian and co	aumatic	
	ificate	physic ane pric	her tra	
	h cert	ending Hygie	or of	
	the deat	y the after	Injury.	
	s that	ned by	any	
	require	been sig	shows	
1	he law	has Dep	ш 23	
	AN: T	tificate State	r Ite	
	YSICI	is cer	9d, 0	1
	ING PF	After th	mark	
	TENC	TOR: J	28 18	
	OR AI	DIREC	tem ;	
	TAL	PAL 22	1	
	HOS	FUNE	TAN	
	TO THE	TO THE be filed	IMPOR	

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		ENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	ing NELL	L.	STERLIN	īG	2. DATE OF DEATH MONTH	8-9ž	EAR 2:08 M
	4. SOCIAL SECURITY NUMBER 579-1664445 9a. FACILITY NAME (If not institution, give st	1 🗆 M 2 🗗 🕶	(In yrs. last birthday) YRS.	F UNDER I YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. PR LOCATION OF DEA!	7. DATE OF BIRTH (Month, Day, Year)	25 I	BIRTHPLACE (State or Foreign Country) IARYLAND
TOR		ENTIST HOSPI	TAL		R SPRING		9c. COUNTY	TGOMERY
DIRECTOR	MARYLAND 10b. COUNTY MON	TGOMERY	10c. CIT	SILVER				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10. STREET AND NUMBER 10,008 ROGART	ROAD		10f	20901		10g. CITIZER	OF WHAT COUNTRY?
B∀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, OIVE WAR OR D	2 1 NO	If yes, spi	ENDENT OF HISPANIC active Cuban, Mexican, 2 PM Specify:	ORIGIN? (Specify Ye Puerto Rican, atc.)	s or No — 14	PACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5 +)	16a. DECEDENT'S (Give kind of w life. Do NOT us HOMEMAK		DN st of working	16b. KIND OF BU	SINESS/INDUS	TRY
BE CON	17. FATHER'S NAME (First, Middle, Lest) WILLIAM MARTIN	LATHAM			18. MOTHER'S NAME FLORENCE	E (First, Middle, Maiden	Surname)	
TO .	JOHN M. STERLING				ROAD, SIL			
	20e_METHOD OF DISPOSITION 1	S Car	netery, cremetory or of	TUS CHUR	CH CEM.	7/11 LEG	DNARDTO	
	21. SIGNATURE OF FUNERAL SERVICE LIC	9. Parde	u	500 UN		BLVD., W.	, SIL.	SP., MD 20901
	IMMEDIATE CAUSE (Final disease or condition	CONGEST.	IVE HEA	RT FAI		aa cardiac or reap	fratory errest	Approximate interval Between Onset and Death
CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	FRACTY	REP HI A CONSEQUENCE OF	PASTA	5 = 5		Tis	2 WKS. 2 WKS
AL	PART II. Other algorificant conditions ADVANCET INANITION						RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YO	HOSPITAL: 1 Dinpatient 2 ER/Outs		OTHER: 4 - Nursing Home	ACE OF DEATH (Check			
B	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28a. DATE OF INJURY (Month, Day, Year) 26a. PLACE OF INJURY	f — At home, farm, s	M 1 Y	RK? 'ES 2 NO	18d. DESCRIBE HOW		
COMPLETED	6 Could not be distermined	building, atc. (Spec	cify)			City or Town, State)	
	2 MEDICAL EXAMINE	R: On the basis of examination			eath occured at the tir	me, date and place, at	nd due to the c	ause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	Smith	1, m.	0.	29c. LICENSE NUMB		29d. DATE SI	GNED (Morith, Day, Year) -9-92
	30. NAME AND ADDRESS OF PERSON WHO		Sil	er Sper	o Perst	ming D	20	0910
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	Carle B2					

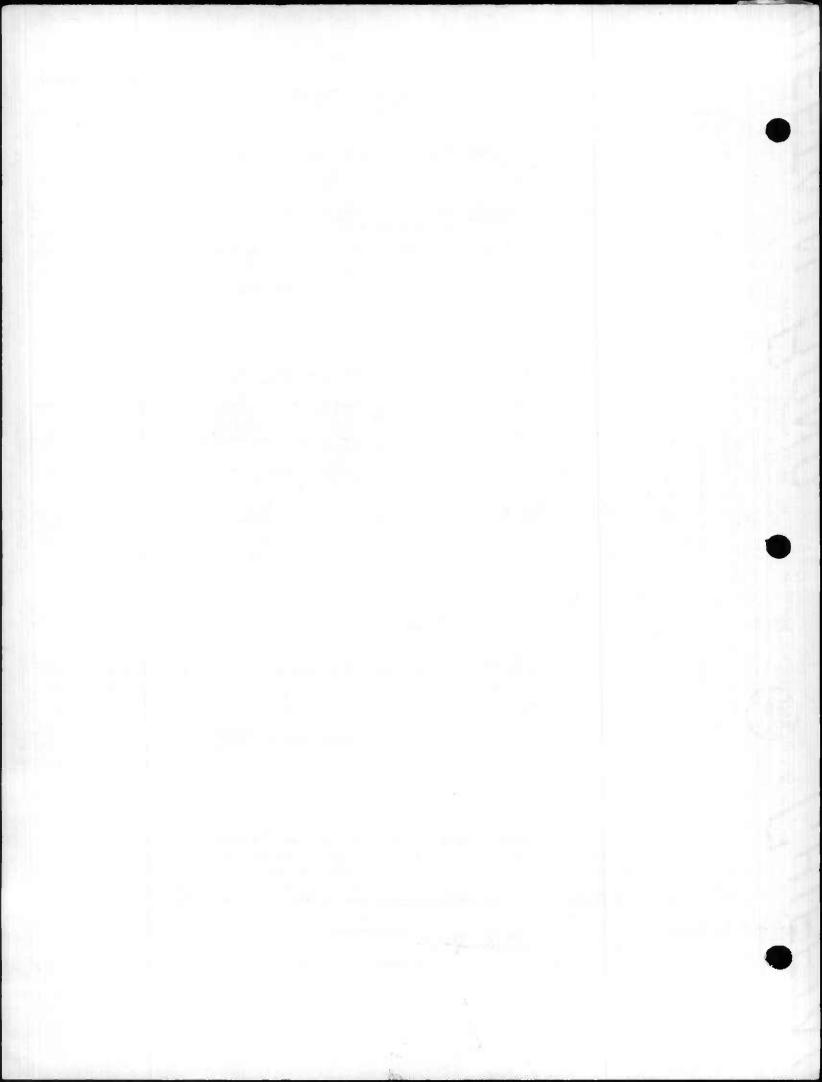


BALTIMORE, MARYLAND 21203-3146	n z. Vurs after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this central in the steen stored by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should effect within 72 hours after death with the State Doctor and Merital Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSCHAM: The term returns the security of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centricate in Seas security of the attending physician and completely filled in by the filled within 72 hours after death with the State Days extremely the filled within 72 hours after death with the State Days extremely the filled within 72 hours after death with the State Days extremely the filled in by the filled within 72 hours after death with the completely filled in by the filled in by	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

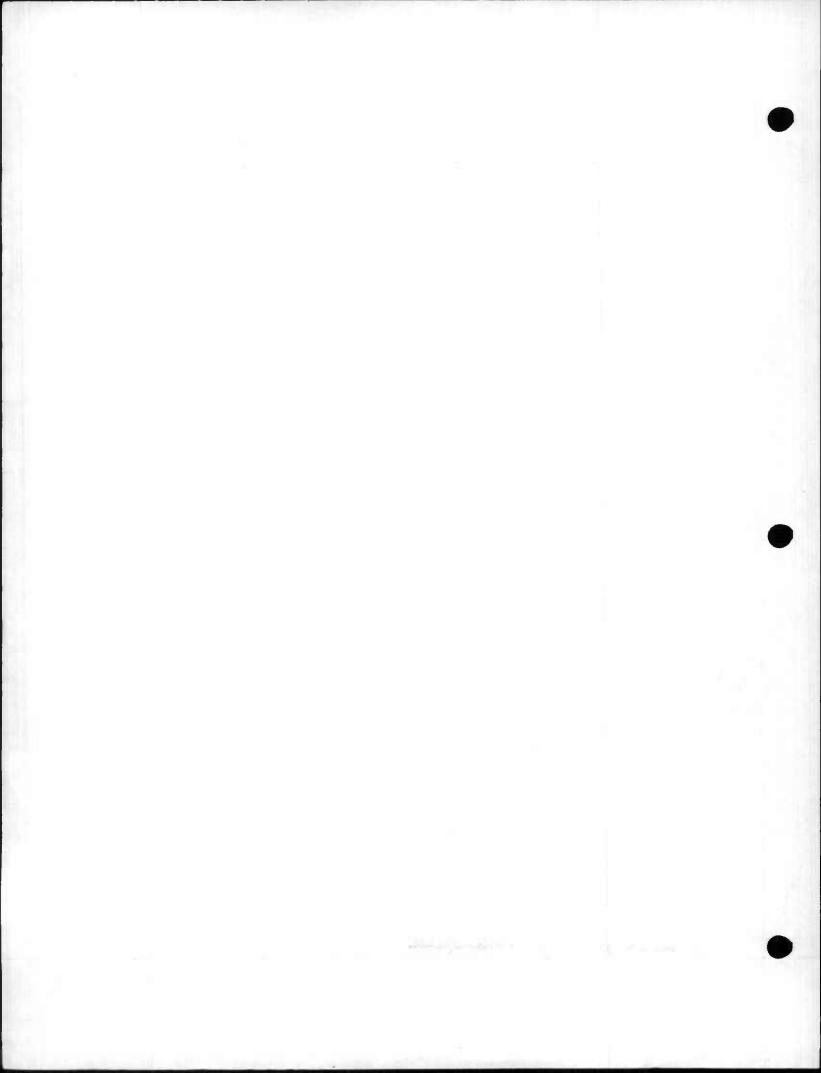
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		AND / DEPARTI CERTIFIC			REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	DOROTHY N	SHI	IRK		2. DATE OF DEATH DA	YEAR	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	1 🗆 M 2 💢 F	78 YRS.	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.		1914 PE	THPLACE (State or Foreign intry) NNSYLVANIA
e. FACILITY NAME (If not institution, give a 2213 SHOREFIE			WHEAT	R LOCATION OF DEA	тн	9c. COUNTY OF	GOMERY
DESIDENCE OF DECEDENT 106. STATE 106. COUNT ENNSYLVANIA	MONTGOMERY		TOWN OR LOCATI				10d, INSIDE CITY LIMITS? 1 YES 2 NO
800 EVANSBURG			101.	ZIP CODE 19426		10g. CITIZEN O	F WHAT COUNTRY?
1. MARITAL STATUS Never Married 2 Merried WWidowed 4 Diverced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	endent of Hispanic city Cuben, Mexican, 24 NO Specify:	C ORIGIN? (Specify Yes Puerto Rican, etc.)	Bi	ACE — American Indian, ack, White, etc.
16. DECEDENT'S EDU (Specify only highest gradu Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mos		SCHOOL	DISTRIC PHILA	TOF DELPHIA
7. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Malden		
JULIUS Da. INFORMANT'S NAME (Type/Print)	SCHENDEL	19h MARING A	DORESS /Smarl	IDA	WE oute Number, City or Tow	BER	
FREDERICK K. SHI	RK, JR.				#634, WHE		
a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Rem Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LI	novel from State	PLACE OF DISPOSIT other place) ARLINGTON	NATION	otery, cremetory or AL CEMETE	20c. LO	CATION — City of $INGTON$,	Town, State VA
3. PAPT 1. Enter the disease, or ahock, or heert failure. MMEDIATE CAUSE (Final lisease or condition esulting in death)	List only one cause on e	ech line.					Approximata Interval Betwee Onset and De
		CONSEQUENCE OF):				EX.	
any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):					
any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	b	CONSEQUENCE OF):	the underlying	cause given in P		AUTOPSY 2	24b. WERE AUTOPSY FINDIN AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	b	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in	the underlying	cause given in P	Part I. 24e. WAS AN PERFOR	AUTOPSY 2	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
A any, leading to immediate cause. Enter UNDERLYING AUSE (Disease or Injury that initiated events esuiting in death) LAST PART II. Other significant condition S. WAS CASE REFERRED TO MEDICAL DIAMINER? 1 DIVES 2 NO	b. DUE TO (OR AS A DUE TO (DR AS A d	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in	28. PL OTHER: Nursing Homory OFT OFT OFT OFT OFT OFT OFT OF	cause given in P ACE OF DEATH (Chec	Part I. 24a. WAS AN PERFOR	AUTOPSY :	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Amy, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST PART II. Other significant condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 STES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending	b. DUE TO (OR AS A c. DUE TO (DR AS A d	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in patient 3 □ DOA 4 28b. TIME INJUS	28. PL OTHER:	ACE OF DEATH (Chece s Residence 6 URY AT RK?	Part I. 24a. WRS AN PERFORM 1 YES 2	AUTOPSY MED? NO NJURY OCCURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 5. WAS CASE REFERRED TO MEDICAL DYAMINER? 1. OVES 2 NO 7. MANNER OF DEATH 1. Natural 5 Pending Investigation 2 Accident 5 Could not be 4 Homicide 9a. CERTIFIER (Check only) 1. CERTIFYING PHYS	b. DUE TO (OR AS A c. DUE TO (DR AS A d	CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in patient 3 □ DOA 4 28b. TIME INJUS — At home, farm, strainy	28. PL OTHER: Nursing Hom OF 28c. INJ! WO 1 1 1	ACE OF DEATH (Chec	Part 1. 24a. WAS AN PERFORM 1 YES 2	AUTOPSY 2 MED? NO NJURY OCCURED and Number or Rur	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IS. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS A C. DUE TO (DR AS A d	consequence of: consequence of: ut not resulting in patient 3 □ DOA 4 28b. TIME INJUI — At home, farm, str. ledge, death occurred in and/or investigation,	28. PL OTHER: Nursing Hom OF 28c. INJ W O 1 V eet, factory, office	ACE OF DEATH (Chec	Part I. 24a. WAS AN PERFOR 1 YES 2 I YES 2 Other (Specify) 28d. DESCRIBE HOW I City or Town, State) o the cause(a) and maime, data and place, ar	AUTOPSY 2 MED? I NO NJURY OCCURED and Number or Run nner se stated. Ind due to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO



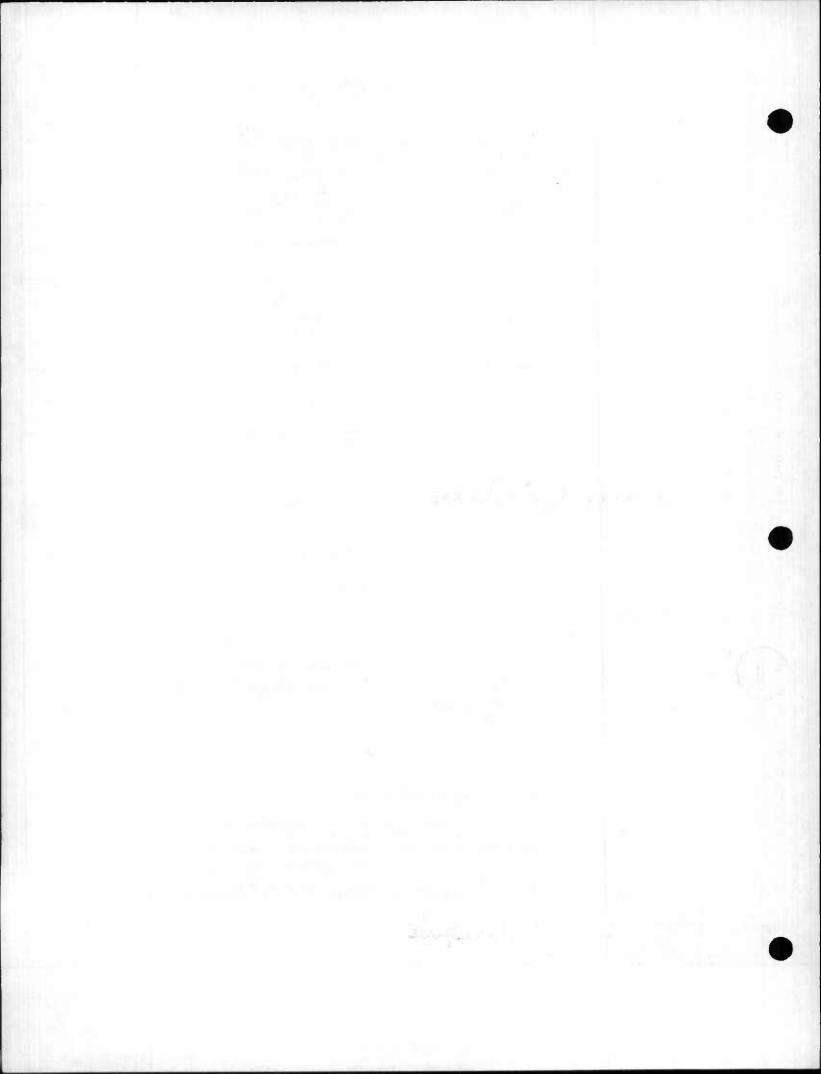
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6	
XI	

	FOR STATE REGISTRAR	STATE OF MA			MENT OF H		MENTA	L HYGIEN	E	1-0	
	1. DECEDENT'S NAME (First, Middle, Les EDWARD	EDWARD L.	SAWYER	WY,	ER		2. DATE	OF DEATH	1-9	Z EAR	3:27 A M
l	4. SOCIAL SECURITY NUMBER 005-14-4604 9a. FACILITY NAME (If not institution, giv	1 1 1 M 2 F	AGE (In yrs. les		IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN O	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	(Mora	OF BIRTH	A 4	ASSA	CHUSETTS
TOR	HOLY CROSS HOSPITAL					R SPRING			ALCOHOLD INC.	TGOM	
DIRECTOR	MARYLAND MC	ONTGOMERY			TOWN OR LOCAT						Od. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	6 BRIGGS COURT				101	20906			1	SA	IAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES 2 N	MED IO	if yes, spi	ENDENT OF HISPAN Helfy Cuben, Mexica 2 NO Specify	n, Puerto			4. RACE - Black, Specify: WHIT	
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	DUCATION	16a. DE (G/	ve kind of w Do NOT use	JSUAL OCCUPATIO ork done during mo- pretired.)	N Bl of working		KIND OF BUS	SINESS/INDU	STRY	
	17. FATHER'S NAME (First, Middle, Lasi) ERALD L. SAWYER		ANA	LYST		18. MOTHER'S NA ETHEL	ME (First,			NSE	
TO BE	19a. INFORMANT'S NAME (Type/Print) MARY L. SAWYER	(WIFE)				nd Number or Aural I	Route Num	ber, City or Tow			906
	MARY L. SAWYER (WIFE) 6 BRIGGS (29a. METHOD OF DISPOSITION 4 Buriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) PARKLAWN CEM				F DISPOSITION (Na	me of	DAT		CATION - CH	ty or Town	n, State
	21. SIGNATURE OF FUNERAL SERVICE	& Cach	ul		FRANCI 500 UN	S J. COL IVERSITY	LINS	FUNER	SIL.S	ME,	
	23. PAPf I. Entar the diseases, o ahock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. EIRRH 05	on each line.	= L11	VER A						Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant conditions of the con	PART II. Other significant conditions contributing to death but not resulting in the underlying					Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	CO	/ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	26. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 IN Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify)										
27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Naturel 5 Pending Investigation 2 Accident Investigation							RED				
	3 Suicide 6 Could not be datermined City or Town, State) 4 Homicide Homicide 126. Could not be datermined City or Town, State) 286. PLACE OF INJURY — At home, farm, atreet, factory, office City or Town, State)							rte Number,			
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMI	SICIAN: To the best of my NER: On the besis of exami	knowledge, des	nth occurred	d at the time, data , in my opinion, de	and place, and dua eath occured at the	to the cau	se(a) and man	ner se stated d due to the o	cause(a) a	ind manner as atated.
O BE C	29b. SIGNATURE AND PITLE OF CERTIF	natheus	, M	<i>(</i>)		D-18	18EB 9 2	4	29d. DATE 5	SIGNED (N	fonth, Day, Year)
Ĭ	RAFAEL A. M	ATHEUS,	MD D			DEGIA 7	AVE.	WHEA	TONE	102	0906.
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S									



DIVISION OF VITAL RECORDS P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING INTRIBUTIONS THE SECOND STATE OF THE	TO THE FUNERAL DIRECTOR: After this commission has been adjust by the standing physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3 should	be filed within 72 hours after death with 1th Stare Deat, or Herward Marie prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injus, or other traumatic event, the medical examiner must be notified at once.	
	1	1	1		1

SON Hours Son So	DEATN MEN 10d. INSIDE CITY LIMITS? 1 FYES 2 NO WHAT COUNTRY? A. E - American Indien, k, White, etc.							
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 2 HRS. 7. CATE OF BIRTY (Month, Day, Year) Aug. 24, 1899 B 9a. FACILITY, NAME (If not institution, give street and number) PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MONTHS 10c. CITY, TOWN OR LOCATION Gaithersburg 10d. STREET AND NUMBER 201 Russell Avenue 11. MARITAL STATUS 1 AND Never Married 3 Widowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO Specify: 10 YES 2 NO Specify: 10 YES 2 NO Specify: 10 YES 2 NO Specify:	HPLACE (Stafe or Foreign m) alt., MD DEATN MUL! 10d. INSIDE CITY LIMITS? 1 VES 2 NO WHAT COUNTRY? A. E — American Indien, k, White, etc.							
579-60-4630 1 M 2 F 92 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year) Aug. 24, 1899 B 9a. FACILITY, NAME (If not institution, give street and number) Son Hearth Care Gathersburg 10a. STATE 10b. COUNTY MD Montgomery 10c. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF D Montgomery 10c. CITY, TOWN OR LOCATION Gaithersburg 10d. CITY, TOWN OR LOCATION U.S. Gaithersburg 10d. CITY, TOWN OR LOCATION WD Montgomery 10d. CITY, TOWN OR LOCATION U.S. 10d. CITY, TOWN OR LOCATION OF DEATH 10d. COUNTY OF DEATH 10d. COUNTY OF DEATH 10d. COUNTY OF DEATH 10d. CITY, TOWN OR LOCATION OF LOCATION 10d. CITY, TOWN OR LOCATION OF LOCATION 10d. CITY, TOWN OR LOCATION OF LOCATION 10d. CITY, TOWN OR LOCATION OF LOCATION 10d. CITY, TOWN OR LOCATION OF LOCATION 10d. CITY, TOWN OR LOC	orn beath MD oracle 1 od. Inside City LIMITS? 1 Syres 2 No WHAT COUNTRY? A. E — American Indian, k, White, etc.							
579-60-4630 I M 2 X F 92 YRS. Aug. 24, 1899 B 9e. FACILITY, NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. CITY, TOWN OR LOCATION	DEATN MEN 10d. INSIDE CITY LIMITS? 1 VES 2 NO WHAT COUNTRY? A. E — American Indien, k, White, etc.							
96. CITY, TOWN OR LOCATION OF DEATH 97. FACILITY, NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 98. COUNTY OF D 98. CITY, TOWN OR LOCATION OF DEATH 98. COUNTY OF D 98. CITY, TOWN OR LOCATION OF DEATH 98. COUNTY OF D 98. CITY, TOWN OR LOCATION 99. CITY, TOWN OR LOCATION 109. CITY OF D	DEATN 10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY? A. E — American Indien, k, White, etc.							
10e. STREET AND NUMBER 201 Russell Avenue 10f. ZIP CODE 10g. CITIZEN OF W 20877 U.S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify, Cuben, Maxican, Puerto Rican, etc.) 1 YES, OIVE WAR OR DATES 10f. ZIP CODE 10g. CITIZEN OF W 10g. CITIZEN OF W 11g. Specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE Black 15. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify, Cuben, Maxican, Puerto Rican, etc.) 16. Specify: 17. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify, Cuben, Maxican, Puerto Rican, etc.)	10d. INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY? • A . E — American Indien, k, White, etc.							
MD Montgomery Gaithersburg 10e. STREET AND NUMBER 201 Russell Avenue 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 YNO If YES, OIVE WAR OR DATES 13. WAS DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY 16b. CEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.) 16c. Strip code 16c. CETZEN OF V 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.) 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.) 16c. CETZEN OF V 16c. CHIZEN OF V 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.) 16c. CETZEN OF V 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.) 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.) 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.) 16c. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. De NOT use retired.)	LIMITS? 1 YES 2 NO WHAT COUNTRY? A. E — American Indian, k, White, etc.							
10e. STREET AND NUMBER 201 Russell Avenue 10f. ZIP CODE 10g. CITIZEN OF V 20877 U.S 11. MARITAL STATUS 11. MARITAL STATUS 12. Was decedent ever in u.s. Armed FORCES? 1 YES 2 NO II Yes 2 NO II Yes apacity. Cuben, Maxican, Puerto Rican, etc.) 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual occupation (Give kind of work done during most of working life. Do NOT use refired.) 17. School Teacher 18b. KIND OF BUSINESS/INOUSTRY	1 VES 2 NO WHAT COUNTRY? • A • E — American Indian, k, Whits, etc.							
201 Russell Avenue 20877 U.S. 11. MARITAL STATUS 1	• A . E — American Indian, ik, White, etc.							
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE Black 1 YES 2 NO Specify: 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. WAS DECEDENT (Specify Yes or No-If yes or No-If yes appeared to the year of the complete of the yes appeared to the year of	E — American Indian, k, White, etc.							
1 Never Married 2 Married FORCES? 1 YES 2 NO If YES, OIVE WAR OR DATES If Yes, specify Cuben, Markean, Puerto Rican, etc.) 1 Yes, specify Cuben, Markean, Puerto Rican, etc.) 1 Yes 2 NO No No No No No No No	k, White, etc.							
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Specify 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 6+ School Teacher Education								
16a. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INOUSTRY 18b. KIND OF BUSINES	White							
(Specify only highest grade completed) College (1-4 or 5+) Give kind of work done during most of working life. New Or Business/INDUSTRY College (1-4 or 5+) School Teacher Education								
Elementary/Secondary (6-12) College (1-4 or 5+) 6+ School Teacher Education								
School Teacher Education								
17 ENTINED'S NAME (First Middle Lost)								
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)								
William Stevens Kate Montgomery								
Race Horizgomery								
(Silver and Hornes of Humber of Humber, Only of John, State, 210 Code)	0015							
2007,000	0015							
20s_METHOD OF DISPOSITION 1	own, Stata							
4 Donation 5 Other (Specify) Parklawn Memorial Park 7/13 Rockville,	MD							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADORESS OF FACILITY	110							
Joseph Gawler's Sons, Inc.								
23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) By Cardial inferction By Cardial inferction Sequentially list conditions ACCIONAGE A CONSEQUENCE OF:								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.								
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. Diarrhea with probable electrolyte imbalance Osteoarthritis, Hypertension 246. 247 248. WAS AN AUTOPSY PERFORMED? 1 ves 2 XNO	WERE AUTOPSY FINDING. AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)								
HOSPITAL: OTHER:								
27 Manusing of practi								
1 Natural 5 Pending (Month, Day, Year) Natural 5 Pending (Month, Day, Year) Natural 5 Pending								
2 Accident Investigation M 1 YES 2 NO								
2 Accident Investigation Inves								
29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a)	a) and manner as stated.							
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED	(Month, Day, Year)							
an Was MD 07231 >7-4	1-92							
James R. Model CL. 201 Brookes Due Goithersburg Md. 31. DATE FILED (Month, Day, Your) JUL 14 92 JUL 14 92	20877							



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIF	CATE O	F DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE C	F DEATH			3. TIME OF DEATH
	Andrew	James	Sheridan	Jr.		Ju1		, 19	YEAR	11:45 P w
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE O	F BIRTH	, 10.		HPLACE (State or Foreign
	578-01-4285	17 M 2 F	84 YRS.	MONTHS DAY	HOURS MIN.	(Month,	Day, Year)	1007	Count	77)
	Se. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY TOW	N OR LOCATION OF		10,		INTY OF D	sh., D.C.
Œ										
5	Bethesda Nursing	& Ketire	ment Ctn.	Ch	evy Chase	2		Me	ontgo	omery
Ĕ	10a. STATE 10b. COUNTY	1	10c, CITY	, TOWN OR LO	CATION					10d, INSIDE CITY
DIRECTOR			Wa	shingt	on, D.C.					LIMITS?
4	10e. STREET AND NUMBER				10f. ZIP CODE			10a. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	3901 Connecticut	Avenue. N	I.W.		20008				S.A.	
5	11. MARITAL STATUS	12. WAS DECEDENT E	ER IN U.S. ARMED	13, WAS I	ECENDENT OF HISP	ANIC ORIGIN?	(Specify Ve.			E — American Indian,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE WAR		If yes,	specify Cuban, Maxie ES 2 X NO Spec	an, Puerto Ri	can, etc.)		Blec	k, White, etc.
BY	3 XWidowed 4 Divorced		OII DAILE	'''	ES Z IV NO Spec	ary;			Spec	** White
9	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUP	TION	16b. I	CIND OF BU	SINESS/IN	DUSTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT us	rork done during a retired.)	most of working					
<u> </u>		2	Pub1	ic Rela	ations					
COMPL	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Mi	ddle. Maiden	Surname)		
	Andrew J. Sheri	dan				Eliza			037	
BE .	19a. INFORMANT'S NAME (Type/Print)		19b, MAJLINO	ADDRESS (Stre	et and Number or Rura					
2	Philip H. Sheri	dan			St., Che					
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE O			OATE		CATION -		
	1) Burial 2 Cremation 3 Rame 4 Donation 8 Other (Specify)	ovel from State	cemetery, cremetory or of Mt. Oliv	her place)						
	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE	III. OLIV		AND ADDRESS OF F	7/1	J Wa	isnin	gton	,D.C.
- 1	n. 0 0	00	Λ.	Jose	ph Gawle	r's Sc	ns, I	Inc.		
_	Michael	C./he	ldon	5130	Wiscons	in Ave	, NW, V	Vashi	ngto	n,DC 20016
	23. PART I. Enter the diseases, or can ahock, or heart feilure.	complications that co	used the deeth. Do n	ot enter the	mode of dying, au	ch as cerdi	oc or reap	ratory ar	reat,	Approximate
	IMMEDIATE CAUSE (Finel	List Offiny Office Course	on each line.							Interval Between Onset and Death
	disease or condition resulting in death)	ATheRoseLE	ROTIC CAR	DIDVASC	ULAR 1	NISEA	SE	(M	T. \	20 YRS.
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE OF):	- 11 p	100 /1		(111.		1/13.
2										
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE OF):						
RIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	P.								
	that initiated events	DUE TO (OR	AS A CONSEQUENCE OF):						
	resulting in death) LAST	d,								
3	DADT II Other elemities at condition									
₹	PART II. Other significant conditions		th but not resulting is	n the underly	ing cause given in	Part I.	4a. WAS AN PERFOR		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
A C	RECTAL CAR	CINOMA	4 1 -			_	YES 2	NO NO	- 1	COMPLETION OF CAUSE OF DEATH?
E	CEREBROVASC	ULAR	ACCIDE	NI						1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C					
2	1 TYES 2 NO	1 inputient 2 ER	Outpatient 3 DOA	4 Nursing H	ome 5 🗆 Residence	8 Other	Specify)			
L'I	27. MANNER OF DEATH	28a. DATE OF INJ (Month, Day, Y	JRY 26b. TIME	OF 28c.	NJURY AT		RIBE HOW F	NJURY OC	CURED	
- 1	1 Natural 5 Pending	(WOTHER, Day), P	, inju		WORK? YES 2 NO					
	3 Sudalda	28a. PLACE OF IN	JURY — At home, farm, st	reet, factory, of	fica	28f. LOCAT	ION (Street s	ind Numbe	r or Rural I	Route Number.
3 Sulcide 6 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, street, factory, offica 28s. PLACE OF INJURY — At home, farm, street, factory, offica City or Town, State)										
MILE	29a. CERTIFIER X CERTIFYING BUYEN	NAM. To the base of	Common treases							
	(Check only one)	B: On the best of my	knowledge, death occurre	d at the time, d	its and place, and du	e to the cause	(s) and mar	iner as ata	ted.	
3	2 MEDICAL EXAMINE		nation and/or investigation	i, in my optnior	, death occured at the	e time, date a	nd place, an	d due to ti	he cause(s) and manner as stated.
J	29b. SIGNATURE AND TITLE OF CERTIFIER	2-1-	4. N		29c. LICENSE NU	MBER		29d. DAT	E SIGNEO	(Month, Day, Year)
	Klern Or N-	KACON,	M.D.		D2312	27			7/13	/92
-	30. NAME AND ADDRESS OF PERSON WHO	M D	F OEATH (ITEM 27) (Type,	Print)	Charry O	hasa	MD 24	2015	1	
	Kevin G. Nealon	i, m.D., 33	o wiscons	III Ave	, cnevy C	nase,	MD 20	7912		
	31. DATE FILEO (Month, Day, Year)	32. JEGIS HAR'S	SCHATCHES .							
	JUL 14 JL 1									

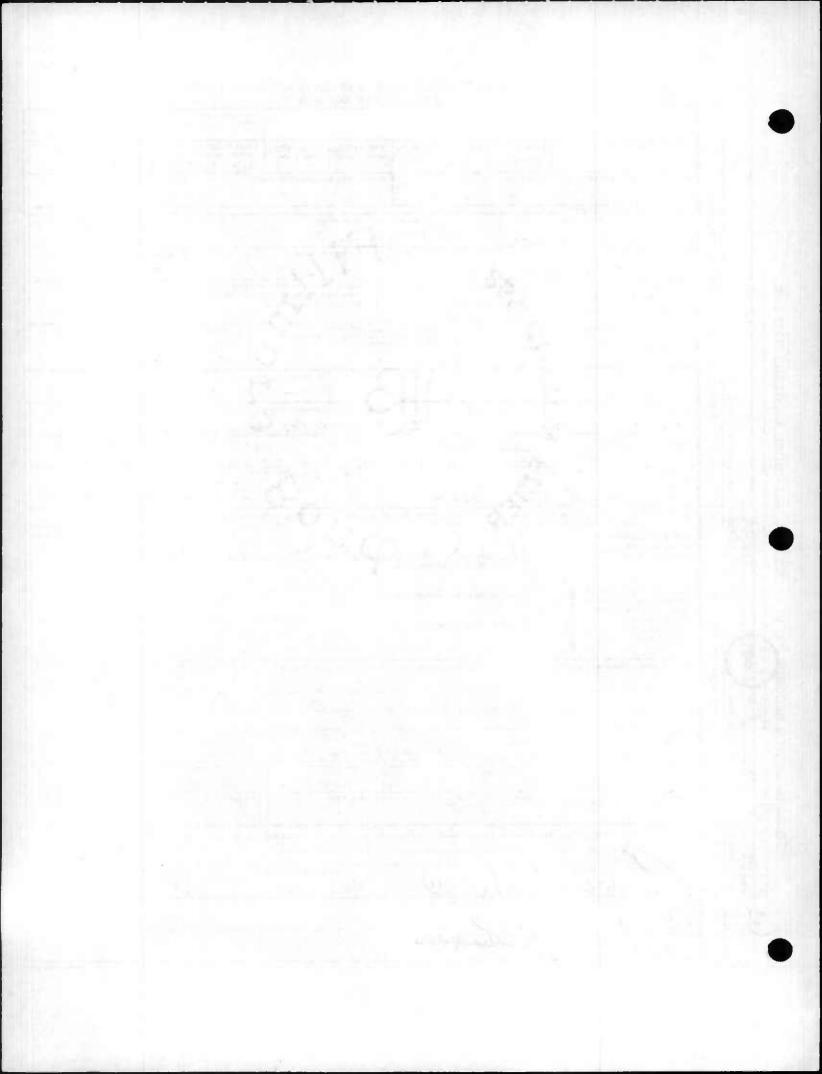


DIVISION OF VITAL RECORDS P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires of the deep required of the mospital or attending physician.

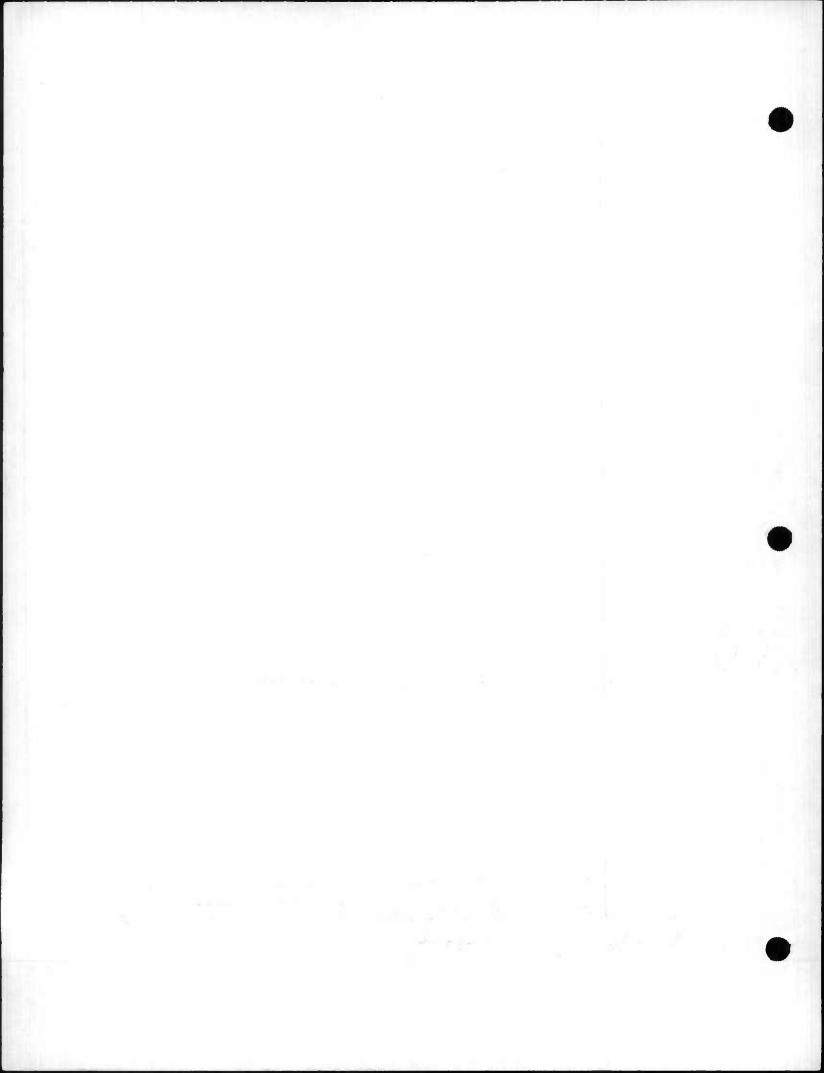
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DIVISION OF VITAL
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- 1	1. DECEDENT'S NAME (First,	Middle, Last)					DEATH	2. DAT	REG. NO		T	3. TIME OF D	EATH
	EDWARD	POK	НҮШ	NG		SHON		2. DAT MON	09	9	ZAR	9:02	
	4. SOCIAL SECURITY NUMBER	ER	5. SEX 6	AGE (In yrs. le		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATI	E OF BIRTH		BIRTHI	PLACE (State o	Fon
	572-47-4226		1 M 2 □ F	40	YRS, MC	ONTHS DAYS	HOURS MIN.			1952	Kor		
œ	9a. FACILITY NAME (If not ins						OR LOCATION OF E	HTAS		9c. COUNTY			
СТОВ	SUBURBAN HOSPITAL BETHESDA MONTGOMERY RESIDENCE OF DECEDENT												
DIREC	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSID										10d. INSIDE C	ITY	
100	Maryland Montgomery Bethes											1 TES 2	
ERAL	10e. STREET AND NUMBER	l C.				10	of, ZIP CODE				N OF W	HAT COUNTRY	7
FUNE	5601 Southwi	LCK SE	12. WAS DECEDENT &	EVER IN U.S. A	RMED	13. WAS DE	208 CENDENT OF HISPA		N7 (Specify Ve	USA	BACE	- American I	Min
	1 Never Married 2 🔯 I		FORCES? 1 F	YES 2	NO	If yes, s	pecify Cuban, Maxic S 2 X NO Speci	an, Puerto			Black, Specify	— American I White, etc.	-cre
D BY	3 Widowed 4 Divon											ental	
ETE	(Specify only	highest grade	completed)	16a. D	ECEDENT'S US Give kind of work fe. Do NOT use n	BUAL OCCUPATI & done during m	ION lost of working	16	b. KIND OF BU	SINESS/INDUS	TRY		
MPLE	Elementary/Secondary (0-	-12)	College (1-4 or 5+)		Roofer			0	Const	ructio			
COM	17. FATHER'S NAME (First, Mic	ddle, Last)	_		100101		16. MOTHER'S N	AME (First,)[[
ш	In Hwan Son						Нуо Т	ľuk (Choi				
TO B	19e, INFORMANT'S NAME (Type/Print) 19b. MAILING A					DDRESS (Street	and Number or Rural	Route Nur	nber, City or Tow	vn, State, Zip Co	ode)		ī
	Mrs. Hyon Su		k		5601 5	Southwi	ick St.,	Beth	esda,	MD. 20	0817	'	
	26a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation		oval from State		ematory or other		lame of	OA	TE 20c. LC	CATION — City	y or Tov	vn, Stata	
-	4 Donation 6 Other (Norbe	eck Men	norial	Park 7-	11-9	2 01	ney, M	fary	land	
	21. SIGNATURE OF FUNERAL	SERVICE LIC	CENSEE			22. NAME A	ND ADDRESS OF F	400.074					
	> / · /.					77.0	750.1200 01 11	ACILITY	-				
		18	/ ///	Luci		Hine	es/Rinald	li Fu					
		art fallure.		caused the de on each iln	laath. Do not	Hine 1180	es/Rinald OO New Ha	li Fu	ire Av	e,Silv	ver	Approx	lma Be
TIFICATION	shock, or has IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events	ons, flate	a. Due TO (O)	caused the d	deeth. Do not ne. A ~ C EOUENCE OF):	Hine 1180	es/Rinald OO New Ha	li Fu	ire Av	e,Silv	ver	Approx	lma Be
ERTIFI	shock, or ha IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list conditio if any, leading to immed cause. Enter UNDERLYIN CAUSE (Disease or injur	ons, flate	a. Due TO (O)	caused the de on aach iin	deeth. Do not ne. A ~ C EOUENCE OF):	Hine 1180	es/Rinald OO New Ha	li Fu	ire Av	e,Silv	ver	Approx	ma Be
正	shock, or has IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurt that initiated events	ons, flate	a. DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI	on each line on asch line as a conse	Geeth. Do not the. Coulonce of: EQUENCE OF:	Hine 1180	es/Rinald OO New Ha	li Fu	ire Av	re, Silv Fratory arrea	it,	Approx	Be
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MEDICAL CERTIFI	Sequentially list condition resulting in death) Sequentially list condition from the cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST PART II. Other algnificents and the cause cause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	ons, liste NG ry	a. DUE TO (OI DUE TO (OI DUE TO (OI C. DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI DUE TO (OI	on each line on aschillen as a conse	Jeeth. Do not te. Coulonce of): EQUENCE OF): resulting in t	Hine 1180 antar the mo	es/Rinald OO New Ha	li Fu ampsh ch as ce	24a. WAS AN PERFOI	re, Silviratory arrea	24b.	Approximateryal Onset : Onset : Were autops Available Print Completion (OF Death?	Be and
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at or attending prysician.	for use as the burial-transit permit. Pages 1, 2, 3 should		
occurred within 24 hours area death. Fage o may be retained by the nospil	and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	d disd	ir other traumatic event, the medical examiner must be notified at once.
The most live of the live of t	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attri	be filed within 72 hours after death with the State Dept. of Health and Mental	IMPORTANT: It item 28 is marked, or item 23 shows any clury, or our

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR	RTMENT OF	HEALTH AND	MENTAL HYGIEN	E	6	20139	
	1. DECEDENT'S NAME (First, Middle, Last)	(-,	11			2. DATE OF DEATH	1	3	TIME OF DEATH	
	hathe-ine	Smil	/ KATHE	KINE M.	SMITH	MONTH 90		YEAR	9:30 A. M	
		5. SEX 8. AGE (In yrs. lest birthday) F UNDER t YEAR F U				7. DATE OF BIRTN (Month, Day, Year)	- 1	. BIRTHPL Country)	ACE (State or Foreign	
	377 20 7022	TIME XIF 81 YRS.							Carolina	
	9e. FACILITY NAME (If not institution, give stre				9b. CITY, TOWN OR LOCATION OF DEATH Silver Spring			9c. COUNTY OF DEATH		
DIRECTOR	HOLY Cross Hospita	ly Cross Hospital					Monte	gomer	у	
E C	10e. STATE 10b. COUNTY				TION	-		1/	Dd. INSIDE CITY	
ä	Maryland Monts	gomery	Si	lver Spr	ing			1	LIMITS?	
AL	10a. STREET AND NUMBER				r. ZIP CODE		10g. CITIZE		AT COUNTRY?	
E	3642 Gleneagles Dr	s Drive, #2-G			20906		USA	A		
FUNERAL		2. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DE	CENDENT OF NISPA	NIC ORIGIN? (Specify Yes	or No 1	4. RACE -	- American Indian, White, atc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	DATES		S 2 NO Speci	an, Puerto Rican, etc.) lly:				
	15. DECEDENT'S EDUCA	TION	I 16a DECEDENT'S	USUAL OCCUPATI	ON	401 VIND OF SU		Whit	te	
	(Specify only highest grade or		(Give kind of life. Do NOT u	work done during m	ost of working	16b. KIND OF BUS	SINESS/INDU	STRY	16	
PL	12	comege (I-4 or 5 +)	Secret	arv		US Gov	ernmer	nt		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTNER'S NA	AME (First, Middle, Maiden				
BE	Luther G. Smith				Johann	a T. Walsh			V)	
TO E	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, Stete, Zip C	ode)		
	Nicholas W. Smith		3642 (Gleneag1	es Drive	, #2-G, Si	lver S	Sprin	ng,MD 20906	
	20a. METHOD OF DISPOSITION 1 ☑ Burial 2 ☐ Cremation 3 ☐ Remove	al from State Co	b. PLACE AND DATE	OF DISPOSITION (Nather place)	ame of		CATION — CH			
	1 M Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								, Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE			DeVol	Funeral	Home				
	amis (D	1/184		10 Ea	st Deer	Park Dr, G			g,MD 20877	
	23. PART I. Enter the diseases, or con ahock, or heert fellure. Lis	mplications that ceuse it only one ceuse on	ed the death. Do i	not enter the me	ode of dying, suc	ch as cardled or reepi	ratory arres	ıt,	Approximata Interval Between	
ļ	IMMEDIATE CAUSE (Final									
	disease or condition	Sep:	A CONSEQUENCE O							
		DUE TO (OR AS	A CONSEQUENCE O	F):						
<u>8</u>	Sequentially list conditions, b.	DUE TO (OR AS	A CONSEQUENCE O	n:						
Y S	If any, leading to immediate cause. Enter UNDERLYING	- Control of the state of the s								
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa	DUE TO (OR AS	A CONSEQUENCE OF	F):						
田	reaulting in death) LAST									
- 1	PART II. Other algorificent conditions	contributing to deeth	but not resulting	In the underlyin	g cause given in	Part I. 24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY FINDINGS	
CAL	Colon	ancer,	Scizu	-e D	Sorde	PERFOR	MED?	AV	MILABLE PRIOR TO OMPLETION OF CAUSE	
<u> </u>						1 YES 2	H-NO	OF	F DEATH?	
2								, ,	YES 2 -NO	
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	ACE OF DEATH (C/	neck only one)				
ĭš		OSPITAL:	tpatient 3 🗆 DOA	OTHER: 4 Nursing Hon	ne 5 🗆 Residence	6 Other (Specify)				
E	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN.	JURY AT	28d. DESCRIBE HOW II	NJURY OCCU	RED		
₹	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO					
							and Number or	Rural Rout	te Number,	
U TOMICIO Getermine										
₹ I	(Check only 1 CERTIFYING PNYSICIA									
One) 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) end menner ee at								nd menner se stated.		
29c. LICENSE NUMBER 29d. DATE SIGNED (Month)										
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CHASE OF O	FATN STEP 27 CO	Print) ==	D31		7	. ,	92	
	Stunk J.	Turken	14	. 1. 5	-006.	elt, tha	Cayr.	Dr	74430	
	31. DATE FILED (Month Day, Year)	32. BEGISTRAR'S SIG	. 10,	<u></u>	COD	e it field	. 20	+ + -	,	
	JUL 14 92 gu	a Davidson	CARLAGE.							



d by the hospital or attending physician. Hospital to a should he detached for use as the burlat-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

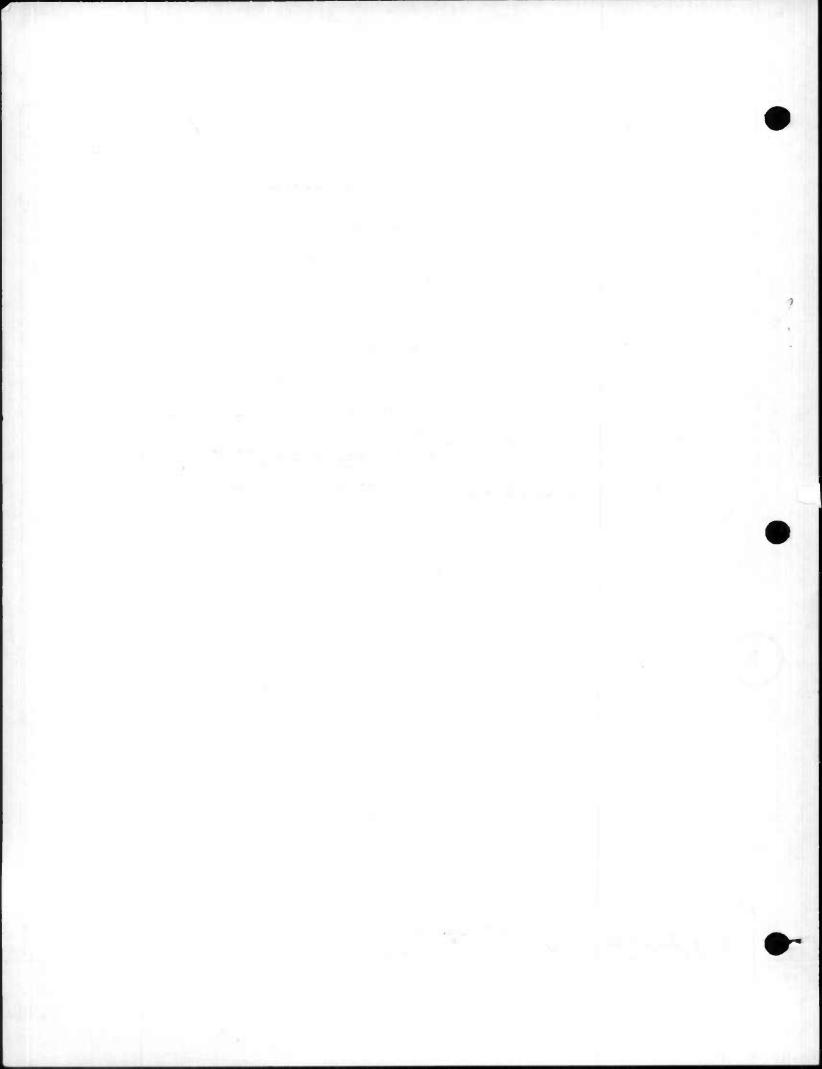
DIVISION OF VITAL RECONDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ALTENDING PHYSICIAN:	- TO THE FUNERAL DIRECTOR: After this certificate has been stand by restaining physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or liem 23 shows any mark, or other traumatic event, the medical examiner must be notified at once.
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WIETHI	npietely	be filed within 72 hours after death with the State Diete of Health, and Martin Figure prior to burial, cremation, or removal.	vent,
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	FOR STATE REGISTRAR	STATE OF MAR				IEALTH AND DEATH	MENTA	L HYGIEN REG. NO.		, garage 1	20/40
	1. OECEOENT'S NAME (First, Middle, Lest)	1	Salam	Y			2. DATE	OF DEATH	9	YEAR 3.1	M 300 M
	4. SOCIAL SECURITY NUMBER 220-50-7431	5. SEX 6. A	GE (In yrs. last birtholy) 66 vrs.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. KATE (Mont Jai	of Birth	926	Carmbad	ce (State or Foreign Chile
O.B.	7304 Sara St						n n			nce G	Georges
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD Prince Georges New Carrollton							475.	I. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 7304 Sara St	· · · · ·			135	20784			10g. CITIZ	EN OF WHAT	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OCCEDENT EV. FORCES? 1 1 1 IF YES, GIVE WAR O	res 2 🔼 NO	13	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	an, Puerto		or No—	Black, Wi	American Indian, hite, atc.
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		160. DECEDENT' (Give kind o	f work done use retired.,	divina m	ON set of working	161	Own Ho		STRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Jamil Ghanayem					16. MOTHER'S N Rosa		Middle, Meiden uera	Sumame)		
20	190. INFORMANT'S NAME (Type/Print) Sam Salamy					es Rd, U					72
	20a. METHOD OF DISPOSITION 1\(\)Ctrisuriel 2 \text{Cremation 3 } \text{Remove} 4 \text{Donation 6} \text{Other (Specify)}	val from State	20b. PLACE AND DATE cometery, crematory or Gate of	other place	1)	emetery	_07/1		cation – c		
	21. SIGNATURE OF FUNERAL SERVICE LICE	E Wisa	W	22	. NAME A	ID ADDRESS OF F	ACILITY	Hines/	Rinal	di Fu	neral Home
	23. PART i. Enter the diseases, or contact, or heart failure. L	omplications that cer ist only one cause of	used the death. Do on each line.	not ante	r the mo	de of dying, au	ch aa cer	diac or reapi	retory arre	at,	Approximeta Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	DIFF HOST	AS A CONSEQUENCE	re/ OF):	1 de	<i>Y</i>					Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		AS A CONSEQUENCE								
ERTIF	that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	OF):							
PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s.							24a. WAS AN PERFOR 1 TYES 2	IMED?	AVA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINERY	HOSPITAL:		OTHE		ACE OF DEATH (C	heck only a	ne)			
TO THER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED							URED				
ED BY P	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be (Month, Day, Year) INJURY 28. PLACE OF INJURY — At home, farm, are building, etc. (Specify)					JURY WORK? M 1 YES 2 NO			Street end Number or Rural Route Number,		
PLETE	4 Homicide determined 29e. CERTIFIER (Check only Check only 1 CERTIFYING PHYSIC	IAN: To the best of my i		rred at the	Ilme, date	end plece, end du			nner as atate	d,	
COMPLET	one) 2 MEDICAL EXAMINER					leath occured at th	e time, dat		d due to the	cause(a) and	
O BE	296. SIGNATURE AND TITLE OF GESTIFER 29d. DATE SIGNED 29d. DATE SIGNED 29d. DATE SIGNED 29d. DATE SIGNED 7-1/							SIGNED (Mo	mn, Day, Year) — 92		

TO BE C JUL 14 92

OHMH-16 Rev 1/89



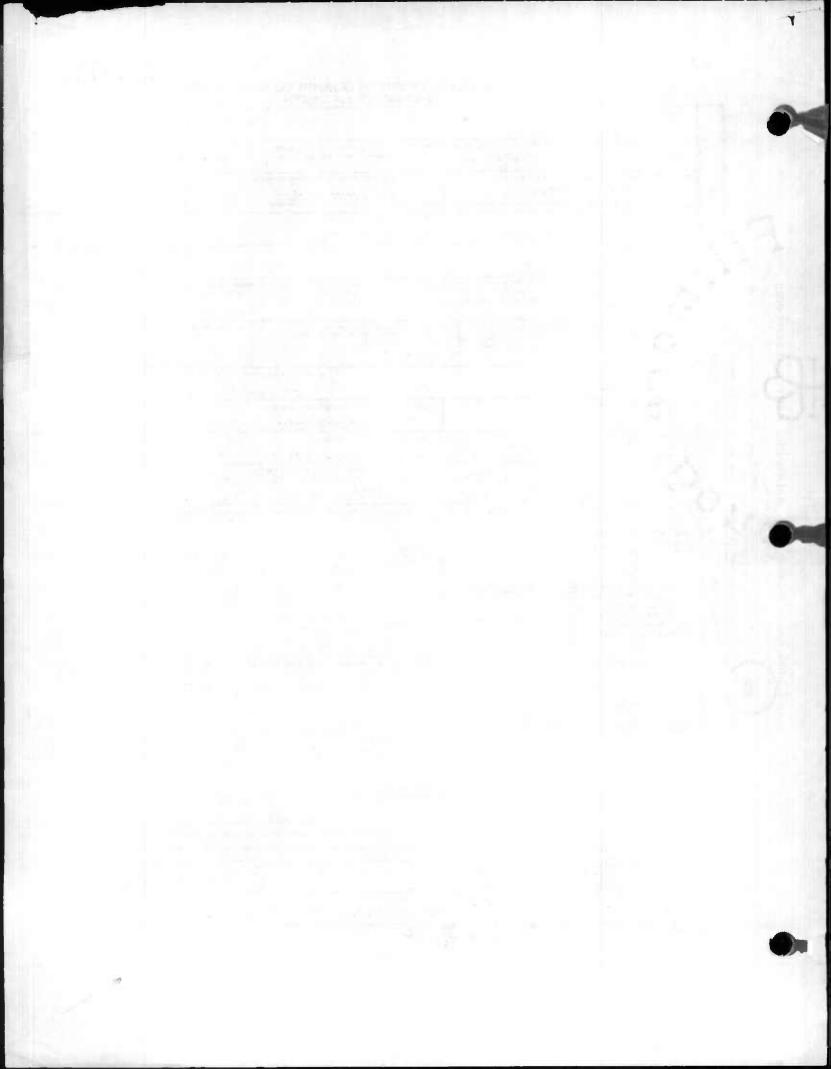
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	certificate has men against by the untanding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. or the State	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law incurrent many or attention of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has then agreed by a unauting physician and completely five befield within 72 hours after death with the State Dept. of Homeland and completely five matter.	IMPORTANT: If Item 28 is marked, or Item 23 hours any four; or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year)

JUL 14 92

2. MEGISTHAN'S SIGNATURE

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		02.11	IFICATI			_).	_	
1	Ruth R. Scrive						2. DATE		DAY	YEAR	3. TIME OF DEATH 12:15 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birth	day) IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7. DATE	7/10 OF BIRTH	192	A. BIRTI	HPLACE (State or Foreig
1	578-46-6825	1 M 2 F	75 Y	NONTHS	DAYS	HOURS MIN.	(Morit	h, Day, Ybar)	5/16	Count	ryland
	9a. FACILITY NAME (If not institution, give			9b. CITY	Y, TOWN C	OR LOCATION OF I	DEATH			NTY OF E	
	1714 Overlook Dr	rive		Si	lver	Spring			Mo	ntgo	mery
	10a. STATE 10b. COUNT	ntgomery		Silver		97.00					10d. INSIDE CITY LIMITS? 1)XX YES 2 NO
	100. STREET AND NUMBER 1714 Overlook D	rive			101	2090:	3				what country? States
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? IF YES, GIVE V	TEVER IN U.S. ARMED YES 2 NO WAR OR DATES		If yes, sp	CENDENT OF HISPA Hecity Cuban, Mexic 2 4 NO Spec	UNIC ORIGI	Y? (Specify W Rican, etc.)		14. RAC Blac	E — American Indian, etc. White, etc.
	15. DECEOENT'S EDU (Specify only highest grad		16a. DECEDE	NT'S USUAL O	CCUPATIO	ON set of working	168	. KIND OF BI	JSINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	d of work done OT use retired.) Sewife	during mo	ist of working		Но	ousew:	ife	
	17. FATHER'S NAME (First, Middle, Last) Charles O. Revi	11e				Mary Mary	- 1		,	k	
	19a. INFORMANT'S NAME (Type/Print)		19b. MA	LING AODRES	S (Street a	and Number or Rure					
ı	David S. Scrive	ner	1	714 Ove	erlo	ok Drive	, Si	lver S	Spring	g, M	D 20903
	20a. METHOD OF DISPOSITION XX Buriel 2 □ Cremation 3 □ Ran	noval from State	20b. PLACE AND D	ATE OF DISPOS	SITION (Ne				OCATION —		
	4 Donation 8 Other (Specify)		73 1 0								
1	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE /	- IROCK Cre	eek Cer	mete	ry 7/13/ ND ADDRESS OF F -Rinaldi	92 ACILITY Fun	Was	hing Iome	ton,	D.C.
	23. PART I. Entar tha disesses, Dr shock, or heart failure.	E Colus complications the	at caused the death.	11 11	nete ines 1800	New Han	Fundapshi:	eral F	Iome	ilve	r Spring,
	23. PART I. Enter the diseases, pr shock, or heart failure.	E Columbia Complications the List only one can	at caused the death.	Do not anter	nete ines 1800	New Han	Fundapshi:	eral F	Iome	ilve	r Spring, Approximate Interval Betw
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	Complications the List only one can b.	at caused the death.	Do not anter	nete ines 1800	New Han	Fundapshi:	eral F	Iome	ilve	r Spring, Approximate Interval Betwoen and D 5 Mont
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	23. PART I. Entar tha disesses, Dr shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	complications the List only one can a. DUE TO b. DUE TO d. HOSPITAL:	t caused the death. Isse on each line. Lung Cance (OR AS A CONSEQUEN (OR AS A CONSEQUEN	Do not anter CE OF): CE OF): CE OF):	mete. NAME AN IN ES. 1800 r the mo	no address of FRI na 1 di New Ham da of dying, su g cause given in	Part I.	eral Fre Avediac or read	NAUTOPSY	ilve:	Approximate Interval Betwood Onset and D 5 Mont Manualla Prior To Completion of Caustoff Completion of Caustoff Completion of Caustoff Completion of Caustoff Completion of Caustoff Completion of Caustoff Completion of Caustoff Completion of Caustoff Cau
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	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Whaturel 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER CERTIFYING PHYS	complications the List only one can a	COR AS A CONSEQUEN (OR AS	DO not enter DO	nderlying 26. PI R: raing Hom 28c. INJ wo tory, office	DADDRESS OF PRINAL di New Ham Inda of dying, su Grant Control of the State of the	Part I. Theck only or 28d. DE 28f. LOC City at to the case etima, date	24a. WAS A PERFO 1 YES 24a. WAS A PERFO 1 YES ATION (Street or Town, State use(a) and management of the performance of the pe	N AUTOPSY RIMED? And Number and Number and due to the standard st	ilve: Trest, 24t	Approximate Interval Betwood Onset and D 5 Monti 5 Monti No. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUTOPS CA



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

aumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the offer TO THE FUNERAL DIRECTOR: After this certificate has been signed by the tree be filed within 72 hours after death with the State Dept. of Health and Men IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REG. NO.

	1. DECEDENT'S NAME (First,		MISE	SIL	BER	MAI	V			DATE OF DEATH MONTH DA		YEAR	TIME OF DE	ATH M
	4. SOCIAL SECURITY NUMB	ER		8. AGE (In yrs. 76	lasi birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER		DATE OF BIRTH (Month, Day, Year) 9-29-15	8	BIRTHPL	ACE (Stote or LAND,	Foreign OHIO
OB BO	9e. FACILITY NAME (N not in: 15115 INTER	RLACHE	a section.	10,157				SPRII	ON OF DEATH		9c. COUNT	Y OF DEA	тн	
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	GOMERY			Y, TOWN O		TION				10	Od. INSIDE CIT	
	100. STREET AND NUMBER			. 017				f. ZIP COD					AT COUNTRY	
FUNERAL	15115 INTE	ERLACHI	12. WAS DECEDENT	EVER IN U.S.		13. 1	WAS DE	2090	OF NISPANIC	ORIGIN? (Specify Yee		4. PACE -	STATE	
₩	1 Never Married 2 X 3 Wildowed 4 Divo	rced	FORCES? 1 [IF YES, GIVE WA		NO	1	If yes, sp	ecify Cube 2X NO	n, Maxican, P Specify:	verio Rican, etc.)		Specify:	White, etc. WHITE	
COMPLETED	(Specify only Elementary/Secondary (0	EDENT'S EDUC highest grade			DECEDENT'S (Give kind of a life. Do NOT us IOMEMA	work done one retired.)	CCUPATI during m	ON osl of workin	ng	DOMEST		STRY		
OM	17. FATHER'S NAME (First, MI	Iddle, Lesi)			CHILIN	KLK		18. MOTI	HER'S NAME	(First, Middle, Maiden				
BE C	AARON ENGI									LEFKOWIT				
5	190. INFORMANT'S NAME (7)		BERMAN							Number, City or Town #217-SI			IG MD	20906
	20a. METHOD OF DISPOSITI	ON n 3 🗀 Reme		20b. PLAC	EAND DATE	OF DISPOS	ITION (N	ame of			CATION - CI	y or Town	, State	
	21. SIGNATURE OFFUHERAL	1	EMSBE			DA	NAME A	NO ADDRE	SS OF FACILITY —GOLDE	SERG MEMO	RIAL (CHAPI	ELS, I	NC.
	23. PART L/Enter the di	ses, or c	omplications that	csused the	deeth. Do r					PIKE, RO			Approximately interval	nate
	IMMEDIATE CAUSE (Fin disease or condition resulting in death)	a i	Rese	MATU	ny	Foli	UM	وح						nd Death
			AMYU	JH AS A CONS	SEQUENCE OF	F):			1 5 1.15	(3)			400	
ATION	Sequentielly list conditi if any, leading to immed cause. Enter UNDERLY!	diate	D	OR AS A CONS					02.10				464	70
CERTIFICATION	CAUSE (Disease or inju that initiated events resulting in death) LAS		DUE TO (C	OR AS A CONS	EOUENCE O	F):								
- 11	PART II. Other significe	nt condition	s contributing to d	leath but no	t recuiting	n the un	derlyin	g ceuse (given in Par	t i. 24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPSY	FINDINGS
EDICAL										PERFOR	1	C	VAILABLE PRIO OMPLETION OF F DEATH?	
Σ												1	YES 2	NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL		w	3			LACE OILD	EXTH (Check	only one)				
IXSI	1 TES 2 NO		HOSPITAL: 1 ☐ Inpatient 2 @	-	DOA DOA		sing Hon	no 5 PR		Other (Specify)				
ВУ РН		Pending Investigation	28e. DATE OF III (Month, Day	; Year)		M	1 🗌	JURY AT ORK? YES 2	NO	d. DESCRIBE NOW IN				
0		Could not be determined	28e. PLACE OF building, at	INJURY — At Ic. (Specify)	home, ferm, s	street, fact	ory, offic		28	d. LOCATION (Street e City or Town, State)	nd Number or	Rural Rou	te Number,	
COMPLET			CIAN: To the best of m										nd manner es	stated.
BE	296. SIGNATURE AND TITLE WHEN W		(won)	har	Avren	ui)		29c. LICE	71418		29d. DATE 5		fonth, Day, Yee	7)
2	30. NAME AND ADDRESS OF	PERSON WN					2.		7					
	31. DATE FILEO (Month, Day,		72. RECISTRAN			Pro	NE	Crest	1 74	VO SILV	en sa	400	mo	2040
	JUL IJ JZ													

Lewis Louise Steenass

4 18 P. 186 P

DIVISION OF VITAL RECORDS P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that he seam milliple be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that he seam milliple has been signed by the physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Milliple permit to burial, cremation, or removal.	int, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that he seen signed by the contribution of the transfer death. Page 8 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the principle physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Minimal Months to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any multiple of the medical examiner must be notified at once.

JUL 1 4 1992

32. RECUSTRAR'S SIGNATURE LA DAMISSON HANDER

	1 - FOR STATE REGISTRAR	STATE OF M			RTMENT			D MEN	ITAL HYGIEN		2 20743
	1. DECEDENT'S NAME (First, Middle, La	st)							DATE OF OEATH	AY Y	3. TIME OF OEATH
	Donald	Woev. Jr.							7 13	99	2 10:20 a M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In	st birthday)	IF UNDER 1		UNDER 24 HR		ATE OF BIRTH Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
	166205576	1 X M 2 🗆 F	65	YRS.	MONTHS	DAYS H	DURS MIT	" "	2 8 27	P	ENNSYLVANIA
	9e. FACILITY NAME (If not institution, gi	re street and number)			9b. CITY,	TOWN OR L	OCATION O	POEATH	20 21		Y OF DEATH
OR	Sacred Heart Ho	enital			Cumb	erlar	- d				477
5	Sacred Heart Ho										Allegany
FUNERAL DIRECTOR		INERAL		10c. CIT	TY, TOWN OF	LOCATION	i.				10d. INSIDE CITY LIMITS?
0	WVA M 10s. STREET AND NUMBER	INLKAL			<u>Ridge</u>						1 X YES 2 NO
RA	The same and the same of					10f. ZII	CODE			10g. CITIZE	N OF WHAT COUNTRY?
N.	4 Silver Stre			_			2675				5 . A .
5	11. MARITAL STATUS 1 \(\bigcap \) Never Married 2 \(\overline{\text{Married}} \) Married	12. WAS OECEDEN FORCES? 1	T EVER IN U.S. A	RMED NO	13, W	AS DECENE ves, specifi	DENT OF HIS	PANIC O	RIGIN? (Specify Yes	or No- 14	. RACE — American Indian, Black, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES				O NO Sp				Specify: WHITE
	15. DECEDENT'S E			ECENENTIO	USUAL OC	MIDATION			****		
	(Specify only highest gr Elementary/Secondary (0-12)	ade completed)	S	Give kind of	work done du se retired.)	ring most of	working !		16b. KIND OF BU	SINESS/INDUS	TRY
2	4	College (1-4 or 5			K DR				FREIG	HT	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					10	MOTNED'S	NAME (6	irst, Middle, Maiden	Cumama	
	DONALD TWOEY	, SR.							NE BAMB		2
BE	19a, INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS	Street and I	Number or Ru	ral Boute	Number, City or Tow	n State Zin Co	orfa)
2	JACQUELYN LE	E TWOEY		4 SI	LVER	STR	EET	- R	IDGELEY	, WV	26753
	20s. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF OISPOSIT	ION (Name o	of		DATE 20c. LO	CATION — CIT	y or Town, Stata
	1 N Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	emoval from State	SUNS	ematory or o	EMOR	IAL	PARK	9-1	6-91 0	UMBER	LAND, MD
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. N	AME AND A	ADDRESS OF	FACILITY	1		
	· Obrdy n	bochun	de		20.	2 GR.	EENE	ST	симв	ERLAN	OME, P.A. 1D, MD 21502
	23. PART 1. Enter the diseases, ahock, or heart failur iMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only Dna cau	sa on each lin	e.				uch aa	cardiac or respi	ratory arrea	t, Approximate interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO MYSC. DUE TO THOUSE DUE TO DUE TO	OR AS A CONSE	EQUENCE OF	FARCE FI: TION	THE	mp)			•	
H	Totaling in deadly Exci	d,									
4	PART II. Other aignificent condit	one contributing to	death but not	resulting	In the und	erivino ce	use given	In Part	I 24a WAS AN	AITTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	PULMONARY			_					PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
E									1 TYES 2	NO	OF DEATN?
2											1 YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					20 01 405	OF DEATN	(0)			
200	EXAMINER?	HOSPITAL:			OTHER:				,,		
¥	27. MANNER OF DEATH	1 ☐ Inpatient 2 €		28b. TIM		8c. INJURY	-		Other (Specify)		
	1 Natural 5 Pending	(Month, De		INJ	TURY,	WORK?	2 5 NO	28d.	DESCRIBE HOW II	JURY OCCUR	ED
B	2 Accident Investigation	28a PLACE OF	INJURY — At h				2 (% NO		CONTINUE CO.		
		y j building,	etc. (Specify)			y, omes		201,	LOCATION (Street a City or Town, State)	na Number or I	riurai Houte Number,
Ē	3 Suicide 6 Could not t 4 Homicide detarmined										
LETED	4 Homicide detarmined		- teamter		1112			9.			
MPLETE	4 Homicide detarmined 29a. CERTIFIER (Check only 1	YSICIAN: To the best of									
COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	YSICIAN: To the best of NER: On the baels of ax									ause(e) and manner as stated.
BE COMPLETE	29a. CERTIFIER 1 CERTIFYINO PN (Check only one) 2 MEDICAL EXAM	rSICIAN: To the best of NER: On the basis of ax				nion, death		the time,		due to the c	ONED (Month, Day, Year)
COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	rSICIAN: To the best of NER: On the basis of ax	amination end/or	Investigatio	en, In my opi	nion, death	c. LICENSE I	NUMBER	deta and place, and	29d. DATE SI	

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68766,

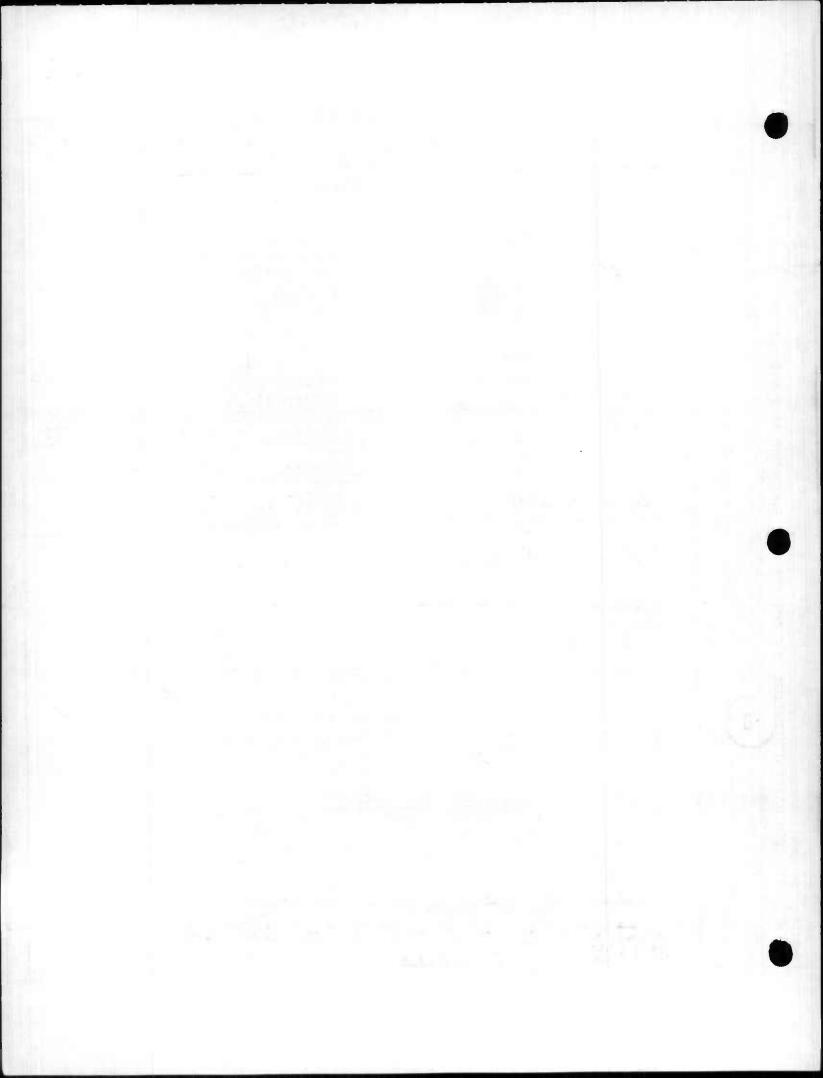
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TO THY HOSPITAL OR ATTENDING PHYSICIAN THE WAY INTO THE CONTINUE OF CONTINUE AND WELLIAM WITHIN 24 HOURS After death. Page 6 may be rel	TO THE FUNERAL DIRECTOR: After this certifical has personal by the second physician and complexity filled in by the funeral director, page 5.		
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH June 14, 1992 JOHN PATRICK TALOSI 2:15 Am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 5/27/79 6. BIRTHPLACE (State or Foreign O6/14/92 Maryland IF UNDER 1 YEAR IF UNDER 24 HRS. 219-98-2388 13 YRS. 1 XM 2 F Maryland 9a. FACILITY NAME (If not inatitution, give atreet end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 528 Liberty Road DIRECTOR Federalsburg Caroline RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Caroline Federalsburg Maryland 1 TES 2 1 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 528 Liberty Road 21632 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married FORCES? 1 YES 2 NO BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify: White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A 6th once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Charles Talosi notified at Patricia Wooleyhand Ruark BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Patricia A. Ruark 528 Liberty Road, Federalsburg, MD 21632 pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must 20e. METHOD OF DISPOSITION

CyBuriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) OATE Hill Crest Cemetery Federalsburg, MD 17 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY Framptom-Hawkins-Eskow Funeral Home PO Bx 43, Federalsburg, MD 21632 Muchail A. Eskow medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such es cardiec or reepiratory arrest, ahock, or heart failura. List only one cause on each line. interval Batween **IMMEDIATE CAUSE (Final** Onset and Death the disease or condition ute Myelogenous Leukema oue to (OR AS A CONSEQUENCE DF): Acute reaulting in death) event. traumatic CERTIFICATION equentially list conditiona, OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING other CAUSE (Diseese or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST b PART II. Other algnificant conditione contributing to deeth but not reculting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? them the shape any 1 YES 2 WNO 1 TYES 2 HO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO OTHER: Inpetient 2 En/Outpatient 3 DOA ng Home 5 Residence 6 - Other (Specify) marked, or 27, MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Suicide 60 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide IMPORTANT: If item 28 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) D42652 97 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) riex Ctr. Reltimore, MD 31. DATE JUE 0 (Month, Day, Year) 14 92 32 REGISTRAR'S SIGNATURE

who Savidson



the death certificate be executed within 24.50 urs after death. Page 6 may be retained by the hospital or attending physician.

If the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Mental Hyglene prior to burial, cremation, or removal.

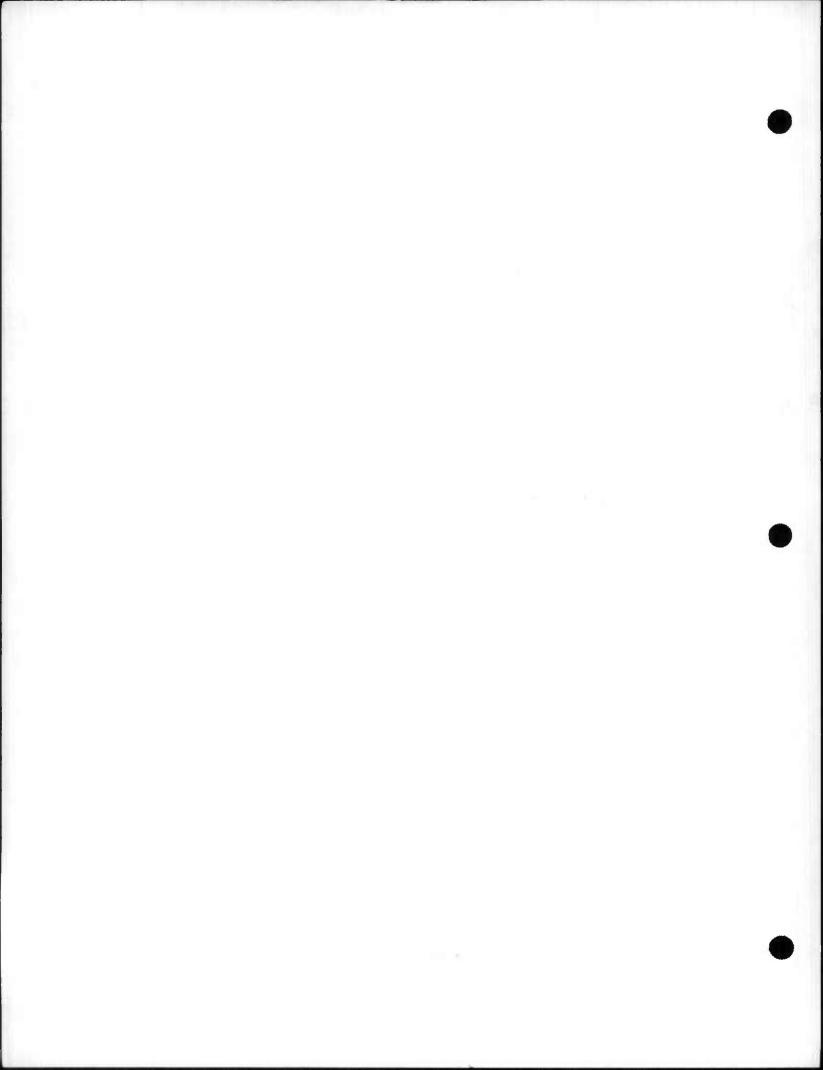
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL DR ATTENDING PHYSICIAN. The two parts are death certificate be executed within 24 wours after death. Page 6 may be retained by the hois TO THE FUNERAL DIRECTOR. After this certificate has send to be detached by filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the Same Doc. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 21 this many highly, or other traumatic event, the medical examiner must be notified at once.

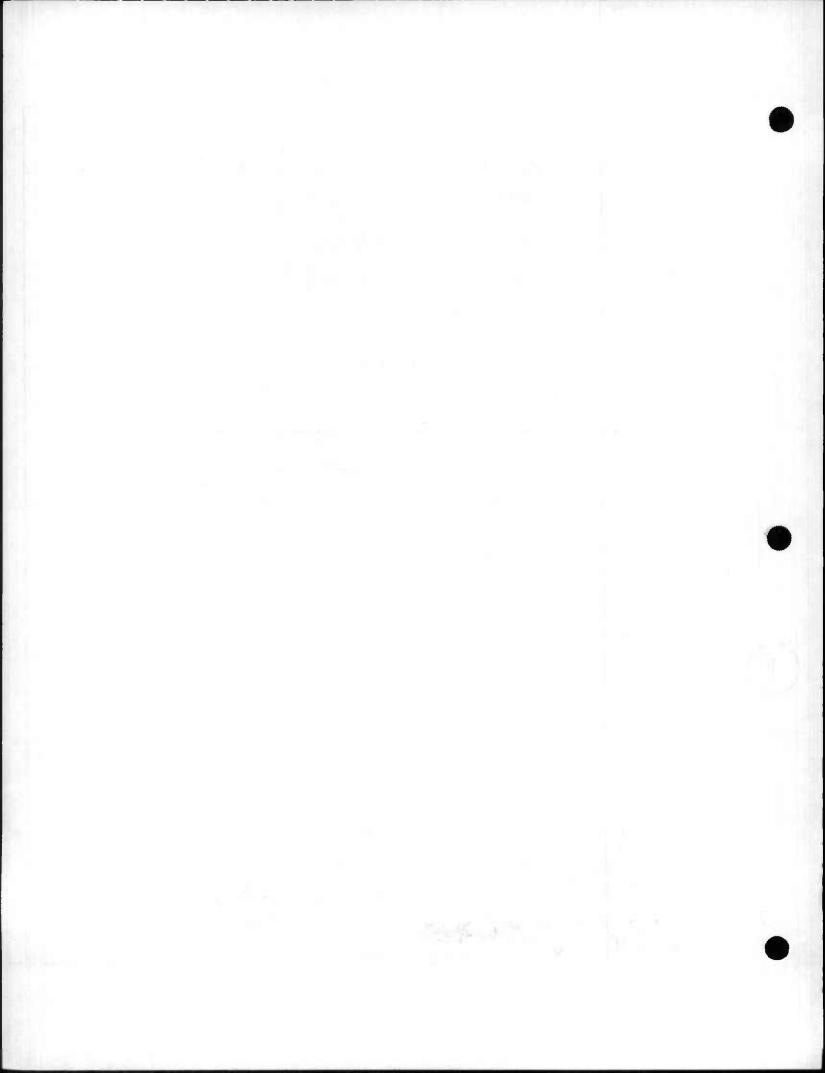
	1 - FOR STATE REGISTRAR	TATE OF MARYLAND		MENT OF H		IENTAL HYGIEN		20143
	1. DECEDENT'S NAME (First, Middle, Last)	77				2. DATE OF DEATH		3. TIME OF DEATH
	mary w	. h	Omps	son		7 /6		2 1908 M
	4. SOCIAL SECURITY NUMBER / 5. SE		1	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country)
	213 20 3021	M 2 X F 68	YRS.			Jan. 3, 19		aryland
~	9e. FACILITY NAME (if not institution, give street an	•	ŀ		R LOCATION OF DEA	ATH	9c. COUNTY	
<u>D</u>	Shady Grove Adventi	st Hospital		Rockvill	_e		Montg	omery
E	10s. STATE 10b. COUNTY		10c, CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
₫	Maryland Montgom	ery	Gai	thersbur	~			1 📉 YES 2 🗌 NO
3AL	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?
FUNERAL DIRECTOR	408 West Deer Park 11. MARITAL STATUS 12. V	Rd. WAS DECEDENT EVER IN U.S. A	-		20877		U.S.A	
F	1 Never Married 2 V Married F	F YES, GIVE WAR OR DATES		If yee, epe	cify Cuben, Mexicen		or No — 14	. RACE — American Indien, Black, White, etc.
B	3 Widowed 4 Divorced	TES, GIVE WAR OR DATES		1 TYES	2 NO Specify:			Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	eted) (Give kind of wo	ISUAL OCCUPATIO	N st of working	16b. KIND OF BUS	SINESS/INDUS	TRY
E	Elementery/Secondery (0-12) Coll	lege (1-4 or 5+)	No. Do NOT use	,		. ,		
MP	17. FATHER'S NAME (First, Middle, Last)	Dr	ry Clea	aner	10 MOTHED:0 MAI	Laundry ME (First, Middle, Meiden		
	Lawrence King				Mabel Bu		ourname)	
BE	19s. INFORMANT'S NAME (Type/Print)	1	19b. MAILING /			oute Number, City or Tow	n, State, Zio Co	ode)
2	Albert H. Thompson S		same a					
	20e. METHOD OF DISPOSITION 1 ↑ Burlet 2 □ Cremation 3 □ Removal fr	nom State other i	nlece)	TION (Name of cen				y or Town, State
	4 Donation 5 Other (Specify)	Park]	lawn M	emorial			kville	, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSE	\		De Vol	L Funeral	Home		
	7.5 0-4		00896			k Dr. Gai		
	23. PART I. Enter the diseases, or compl ahock, or heart fellure. List of			ot enter the mo	de of dying, auch	as cerdiec or reep	iratory erres	t, Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Docara	Lonie	Fa	1. 00			Onset and Daath
	reaulting in deeth) e	DUE TO (OR AS A CONS	FOLIENCE OF	191	lure			1 wh
-		Luna		incer				2 4rs
9	Sequentielly list conditions, if eny, leeding to immediate	DUE TO (OR AS A CONS						
S	ceuse. Enter UNDERLYING CAUSE (Disease or Injury							
F	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONS	EQUENCE OF):				
CERTIFICATION	d							
A	PART II. Other algnificent conditions cor	itributing to deeth but not	t reaulting in	the underlying	g ceuse given in i	Pert I. 24a. WAS AN PERFOI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC	7	etastases				1 _ YES 2	NO M	OF DEATH?
	freymor	119						1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			2n DI	ACE OF DEATH (Che	ck only one)		
Sic	EXAMINER?	SPITAL: Inpatient 2 - ER/Outpatient		OTHER:	e 5 🗆 Residence			
ξ	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 26c. INJ		28d. DESCRIBE HOW	INJURY OCCU	RED
ВУ	1 Netural 5 Pending 2 Accident Investigation	(month, buy, rour)			YES 2 NO			
ED	3 Suicide S Could not be	28e. PLACE OF INJURY — At 1 building, etc. (Specify)	home, farm, st	lreet, tectory, office		26t. LOCATION (Street City or Town, State,		Rural Route Number,
	200 CENTIFIED		-		<u>_</u>			
COMPLET	(Check only							ceuse(e) end menner ee stated.
	29b. SIGNAPLIRE AND FITLE GE CERTIFIER			, in my opinion, o	29c. LICENSE NUM			SJGNEQ (Month, Day, Year)
H	the B. Shere.	mp			1219	10	► 7/	11/92
6	30. MAME AND ADDRESS OF PERSON WHO COL	WPLETED CAUSE OF DEATH (IT			De	ulanata.	100	1 20001
	leter b, Sherer	mu 544		errara	UT	vuntatun	mo	1 20706
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE						
	JUL 14 47 9364	Devidera Prodes	70.					



BALTIMORE, MARYLAND 21215-0020	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement of certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been sume mending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and MentalEHygene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
O. BOX 68760,	certificate be executed within 2	Inding physician and completely filthygiene prior to burial, crematio	or other traumatic event, th
DIVISION OF VITAL REGORDS, N.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirements for the law requirements.	TO THE FUNERAL DIRECTOR: After this certificate has been upmed to filed within 72 hours after death with the State Dept. of Health and Mentals	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

20

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				GIENE 3. NO.		
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH		3. TIME OF DEATH
	CHARI	LES WILLIAM	TIMME			JUL	7 1992	YEAR	4:50 P M
				UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR (Month, Day,	TH	BIRTH	PLACE (State or Foreign
- 1	011 03 7013		83 YRS.	NTHS DAYS	HOURS MIN.	JUL :		IL]	LINOIS
œ	9e. FACILITY NAME (If not institution, give stree	t end number)	96	b. CITY, TOWN C	R LOCATION OF DE	EATH	9c. COUN	TY OF D	EATH
DIRECTOR	NATIONAL NAVAL ME	EDICAL CENTE	R	BETI	HESDA		MO	NTG	OMERY
H H	10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY LIMITS?
	MARYLAND MONTG	OMERY	В	ETHESDA	A			_	1 YES ZY NO
₹I	10e. STREET AND NUMBER			10f	ZIP CODE		10g. CITIZ	EN OF V	VHAT COUNTRY?
FUNERAL	5101 RIVER ROAD				20816		UNI	TED	STATES
ᅙ	11. MARITAL STATUS 1: 1 Never Married 2 Married	2. WAS DECEDENT EVER IN FORCES? 1 TYPES	2 NO		ENDENT OF HISPAP policy Cuban, Mexica			I4. RACE	- American Indian, t, White, etc.
B	3X Widowed 4 Divorced	USAF, CO1.	ES		ZY NO Specifi			Speci	
	15. DECEDENT'S EDUCAT	TION I	16a. DECEDENT'S US	I DOCCUPATIO	M	165 KIND	OF BUSINESS/INOU	CTDV	WILLEC
	(Specify only highest grade cor	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use n	done during mo:		I I I I I I I I I I I I I I I I I I I	OF BOSINESS/INOU	oini	
립		4	U.S.A.	F		DE	FENSE		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, I			
BE	WILLIAM F. TIMM	ſE			LITLI	IE CAST	ENDYCK		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e			or Town, State, Zip (Code)	
F	ROBERT W. CASTENDY	CK	1907 A	VENUE I	E. STERL	ING. IL	61081-1	127	3
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremailon 3 Remova	20b. I	LACE AND DATE OF E	DISPOSITION (Na	me of	OATE 2	0c. LOCATION — C	ity or To	wn, State
	4 Donation 5 Other (Specify)	N	t. Comfo	rt Crem			Alexandr	ia,	VA
-	21. SIGNATURE OF FUNERAL SERVICE LICEN	O / A			h Gawler		. Inc.		
	Michael	E hely	m					gto	n,DC 20016
	23. PART I. Enter the diseases, Dr con ahock, or heart failura. Lia	nplications that caused	the death. Do not						Approximats
	IMMEDIATE CAUSE (Finel	a city bite dadge on our	, 11 mile.						Interval Between Onset and Daath
	disease or condition resulting in death) s	PULMONA	RY EDEMA						
		DUE TO (OR AS A	CONSEQUENCE OF):						
8	Sequentially list conditions, b	OUE TO (OR AS A (ONSEQUENCE OF						
TA	If any, leading to immediate cause. Enter UNDERLYING	00E 10 (011 R3 X 1	ONSECODENCE OF).						
윤	CAUSE (Disesse or Injury that Initiated events	DUE TO (OR AS A	ONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST								! !
- 11	PART II. Other aignificant conditions of	contribution to death hu	Last consistent to a	h				_	
A	PART II. Other algitimeant conditions of	contributing to deeth bu	not resulting in t	ne underlying	ceuse given in	P	ERFORMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
			· · · · · · · · · · · · · · · · · · ·			_ '''	YES 2X NO	1	COMPLETION DF CAUSE OF DEATH?
PHYSICIAN: MEDIC	7								1 Nes 2 No
A N	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Ch	ack only one)			
	EXAMINER?	IOSPITAL:		THER:					
Ĭ	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME O	F 28c, INJI	5 🗆 Residence		HOW INJURY OCCL	RED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY		RK? ES 2 NO	20. 13.110.2123			
B	2 Accident Investigation 3 Suicida 6 Could not be	28e. PLACE OF INJURY -	- Al home, farm, stre	el, factory, office			Street and Number of	r Rural F	loute Number,
COMPLETED	4 Homicide determined	building, etc. (Specify	,			City or Town.	, State)		
	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	N: To the best of my knowle	ige, death occurred a	t the lime, data	end piece, end due	In the cause(s) a	nd menner ex state	1.1	
S		On the basis of examination) and manner se stated.
	290. BIGNATURE AND TYPLE OF GENTHERS	9		- 1	29c. LICENSE NUN	4BER	29d. DATE	SIGNEO	(Month, Day, Year)
B	STIME	The MA			MA575	3 (NJ)	• "	7/5	192
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF DEAT	H (ITEM 27) (Type, Pri	nt)			MEDICAL	CEN	TER
	S. J. SHERIS, LT		-				0889-500		
	31. DATE FILED (Month, Day, Year)	32 MESE TRAPE STAN	daliz						
	JUL 14 '92 gu								



BALTIMORE, MARYLAND 2121	in 24 hours after death. Page 6 may be retained by the hospital or atter	bity filled in by the funeral director, page 5 should be detached for use a ration, or removal.	, the medical examiner must be notified at once.
DIVISION OF WEAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSIAM TIP A requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	TO THE FUNEMAL CHRECTOR After this continuent has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a befiled within 72 hours the balt with the State Dear, of Health and Mental Hydrien prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Las	100	1 -	- 11 -		2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/672364/	S. SEX 1 M 2 D F	6. AGE (In yrs. last birthda) 3 4 YRS.	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De	07 BIRTH by, Year) 9-1457	Countr	MO2 PLACE (State or Foreign Maryla Coma Park
99. FACILITY NAME (If not institution, give Washington Adnesidence of Decement	lventist :		Takon	on Location of D	EATH	9c, CO	UNTY OF D	
Maryland Mon	ntgomery		Burtonsv					10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
3824 Gateway	Terro		10	20866				HAT COUNTRY?
11_MARITAL STATUS 1		EVER IN U.S. ARMED VES 2 NO AR OR DATES	If yes, sp	CENDENT OF HISPA pecify Cuben, Mexico \$ 2 NO Specif	an, Puerto Ricar	pecify Yee or No-	100000000000000000000000000000000000000	- American Indian, White, atc.
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)		(Give kind o	r's usual occupation work done during me retired.) Ceypunck	ost of working	7	of Business/in		ing
	alton			Helen	O'Nea			
190. INFORMANT'S NAME (Type/Print) Peggy Reumon	it	19b. MAILIN 8604	NG ADDRESS (Street)	end Number or Rural			tt C	21043 ity,MD
20a. METHOD OF DISPOSITION 1	emoval from State	20b. PLACE AND DATE Cametery, cremetory or METRO DO		eme of Cremator	DATE	20c. LOCATION -	- City or To	wn, State
21. SIGNATURE OF FUNERAL MERVICE	12B	s 6.	Tako	ma Funcarrol	eral F	lome, I	nc.	
IMMEDIATE CAUSE (Final disease or condition	()	e on each line.		ode of dying, suc	n ss cerdisc	or respiratory as	rrest,	
	a. DUE TO (0	M P H	OMA OF:					Interval Betw Onset and D
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diesaes or injury that initiated events resulting in death) LAST	DUE TO (O	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE	OF):	DEFI	L1 En 1		(2)	Interval Betwonset and Di
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diesaes or injury that initiated events resulting in death) LAST	DUE TO (O DUE TO (O DUE TO (O A APOSITAL:	OR AS A CONSEQUENCE OR AS A CONSEQUENCE DE AS A CONSEQUENCE DESCRIPTION DESCRI	OF: OF): O	DEF1	Part I. 24a	WAS AN AUTOPSY PERFORMEO? YES 2 WO	(2)	WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (O DUE TO (O	OR AS A CONSEQUENCE OR AS A CONSEQUENCE DR AS A C	OF): OF):	DEF1	Part I. 24a 1 [peck only one) 8 □ Other (Sp	WAS AN AUTOPSY PERFORMEO? YES 2 WO	[N]	WERE AUTOPSY FINDH AVAILABLE PRIOR TO COMPLETION OF CAUS
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diesase or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES YEARO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (O DUE TO (O	OR AS A CONSEQUENCE OR AS A C	OF): OF):	g cause given in	Part I. 24a 1 [peck only one) 8 □ Other (Sp 28d. DE\$CRIE	WAS AN AUTOPSY PERFORMED? YES 2 NO	24b.	WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation investigation determined. 29. CERTIFIER (Check only)	DUE TO (O DUE TO (O	OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE DEBY A	OF): OF):	g csuse given in LACE OF DEATH (Characteristics) LACE OF DEATH (Part I. 24a 1 [peck only one) a Other (Sp 28d. DESCRIE 28f. LOCATIO City or To	WAS AN AUTOPSY PERFORMEO? VES 2 NO ecity) BE HOW INJURY OF www., State)	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation investigation determined. 29. CERTIFIER (Check only)	B. DUE TO (O b. DUE TO (O c. DUE TO (O d. DUE TO (O d. DUE TO (O APO J) HOSPITAL: 1 Offinestient 2 = E 28e. DATE OF IN (Month, Dey. DEPTO (O) 1 OFFINESTIENT CONTROL	OR AS A CONSEQUENCE OR AS A CONSEQUENCE DR AS	OF): OF): OF): OF): G in the underlying of t	g cause given in LACE OF DEATH (Change 5 Residence JURY AT JURY AT JURY 2 NO se and place, and due death occured at the	Part I. 24a Part I. 24a 1 [Deck only one) 8 Other (Sp 28f. DESCRIE 28f. LOCATIO City or for to the cause(e) tima, date end MBER	N (Street and Number win, State) on Mas An Autopsy Performed? YES 2 No N (Street and Number win, State) on displace, end due to the place, end due to	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

BALTIMORE, MARYLAND 21215-0020

BOX 68760	
BOX	States he
DIVISION OF VITAL RECORDS, P.O.	IF COCRITAL ON ATTENDING DUNCHOLASI, The
	-

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TO THE FINERAL DIRECTOR: After this certificate has been agreed in the interest of the period of the	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The live inquires that a death a district the executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	death. Page 6 may be retained by the hospital or attending physician,
be filed within 72 hours after death with the State Dust, at the medical committee, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any light, or the traumatic event, the medical examiner must be notified at once. O BE COMPLETED BY DAYSICIAN. MEDICAL CEDITICIATION.	TO THE FUNERAL DIRECTOR: After this certificate has been agreed by the measure physician and completely filled in by the	e funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should
event, the medical examiner must be	be filed within 72 hours after death with the State Disc. or Hearn and Manage that he prior to burial, cremation, or remova	
	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or wher traumatic event, the medical	examiner must be notified at once.
	O RE COMPIETED BY BAVOICIAN: MEDICAL CEDTIEICATION	TOTAL TOTAL TOTAL CONTRACTOR OF THE CONTRACTOR O

92 20748 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH YEAR Louise Trevey G. July 8, 1992 7:15 A. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER I YEAR IF UNDER 24 HRS. DAYS 1 M 2 7 F 87 YRS. 212-24-2778 Jan. 29, 1905 Gaithersburg 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR Home Cove Nursing Center Gaithersburg Montgomery RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Rockville 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 621 Azalea Drive 20850 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No If yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indien, Black, While, etc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 1 TES 2 NO Specify Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Registrar of Wills Montgomery County Gov't. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumeme) George A. Gloyd BE Alice Wallach 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 John C. Trevey 20610 Plum Creek Court, Gaithersburg, MD 20882 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) Darnestown 7/11/92 1 Donation 5 Other (Specify) Presbyterian Church Cemetery Darnestown Maryland SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc., 300 W. Montgomery Ave Mithele M00348 Rockville, Maryland 20850-2805 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haart fallure. List only one cause on each line. intervei Between IMMEDIATE CAUSE (Final Onset and Death disease or condition ARRHYTHMIA ARDIAC reculting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initleted eventa resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceues given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE COMPLETION OF DEATH? I WES ZNO NO

				T TES 764 NO			
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)			
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Oulpatient 3	DOA 4	IER: Nursing Home 5 🗆 Residence	8 X Other (Specify) Group Home			
27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED 28d. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
3 Suicide 8 Could not be	28e. PLACE OF INJURY — Al hon building, etc. (Specify)	ne, ferm, street,	fectory, office				

1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examinati	on end/or inv	eatigation, in my opinior	n, death occured at the time, date end p	place, end due to the cause(e) end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
midbal Anchors	W	PhD	D29730	Tuly 9 1002

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

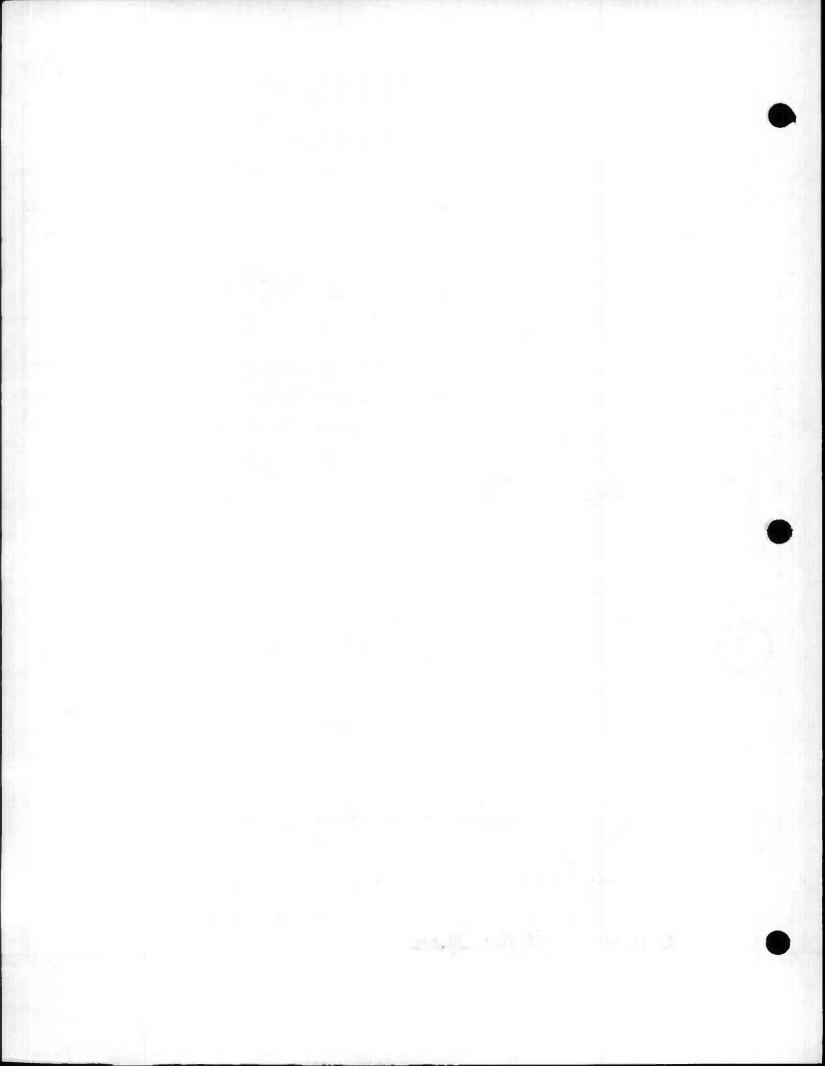
J. Michael Anchors,	M.D. 9711 Medical	Center Drive #107	Rockville, MD	20850
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			20000

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JUL 10 '92 Ashie Savidor Rance

1992

July 8.



	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF		REG. NO.		
		H. Ulrich				2. DATE OF DEATH DO TO THE DEATH DO TO THE DEATH	92	YEAR 3. TIME OF DE
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	. DATE OF BIRTH		BIRTHPLACE (State or
	291-07-8622		75 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 2/7/17		Ohio
-	Sa. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF DEAT	'N	9c. COUNT	Y OF DEATN
Ē	8377 Old Columbia	a Road				Laurel	How	ard
3	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CIT
5	Maryland Howa	ard	La	urel				1 YES 2
ERAL	10s. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
	8377 Old Columb				20723			S.A.
2	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	13. WAS DEC	ENDENT OF NISPANIC ecify Cuban, Maxican, 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14	I. RACE — American Inc Black, White, atc.
'n	3 Widowed 4 Divorced	IF YES, GIVE WAR DR	DATES	1 YES	2 NO Specify:		-	Specify: White
	15. DECEDENT'S EDU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S	USUAL OCCUPATION	ON set of working	16b. KIND OF BUS	SINESS/INDUS	STRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.)	or or working			
M.	47 PATALOTING MARKE OF A ANGLE A		Seams	tress				
- 1	17. FATHER'S NAME (First, Middle, Last) Herman Ording					(First, Middle, Maiden	Sumame)	
N N	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	nd Number or Rural Rou	Schmidt	m State 7/o Co	adal
임	Joyce Stein				ımbia Rd.,			
	20a. METHOD OF DISPOSITION 1 □ Buriet 2 \(\tilde{\text{C}} \) Cremation 3 □ Rem		b. PLACE AND DATE	OF DISPOSITION (No				ly or Town, Stata
	4 Donation 6 Other (Specify)		Metro	Cremator	y 7/10	/92 Cat	onsvi	lle, Md.
f	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	0		H. WITZK		. HOME	
3	Harry	H. Wills	ka	4112 0	ld Columb	ia Pk, El	licot	t City,Md.
	23. PART I. Enter the disease, or shock, or heart failure.	complications that cause on e	d the death. Do i	not antar the mo	de of dying, such :	s cardisc or reapi	ratory arres	Approxim
1	MANAEDIATE CALIER (Final				- ^			Onset ar
	resulting in death)	. Haute 1	nyocay	dial L	ntarch	^		mi
.	_	B. A cute of DUE TO (OR AS A Thero	A CONSEQUENCE O	*);	()	Da		
2	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	F):	venary	1136	wse	H'
CALICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c			0			
H	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):				
SEH		d						
. 1	PART II. Other significant condition	na contributing to death t	but not resulting	In the underlying	g cause given in Pe	rt I. 24s. WAS AN PERFOR	AUTOPSY	24b. WERE AUTOPSY
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	obesity, hour	pertensin	depre	July C	waret e	_ ′		1 - YES 2 6
CIAIN	abree, Nypo	thy roid ism	, pern	iconso	ndemia			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE DF DEATH (Check			
	1 (NES 2 NO	1 Inpetient 2 ER/Out	patient 3 DOA 26b, TIM		Residence 6	(1,1,1,1)	N II ION OCCUP	
	Netural 5 Pending	(Month, Day, Year)		EURY WO	PRK?	8d. DESCRIBE HOW II	NJUNY OCCUP	RED
0	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE OF INJURY	Y — At home, term,			Bf. LOCATION (Street a	and Number or	Rural Route Number,
	4 Homicide determined	building, etc. (Spe	icity)			City or Town, State)	-	
	29a. CERTIFIER (Check only 1 CERTIFYING PNYS	ICIAN: To the best of my know	viedge, death occum	ed at the time, data	and place, and due to	the cause(s) and man	ner as stated.	
s II		ER: On the beels of examination						
5								
BE COMPLE	296. SIGNATURE AND TITLE OF CENTIFIE		Deput	Me O	29c. LICENSE NUMBE	R		IGNED (Month, Day, Year

PATRICE A. TOYE, MM 4565 HELLOCK CONEWAY, ELLICOTICITY MD 21042

31. DATE FILED (MONTH, DON, 1667)

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29b. SIGNATURE AND TITLE OF CHITIFIER

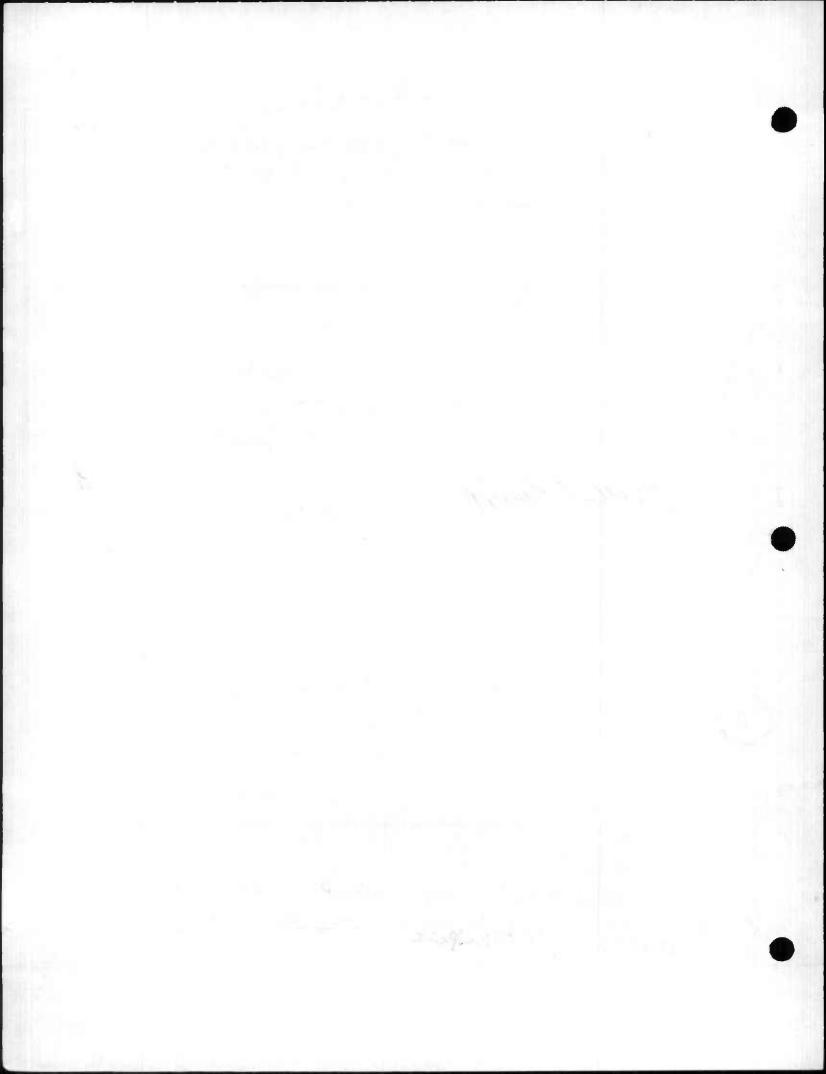
Deputy Med

Complete Cause of Death (ITEM 27) (Type, Print)

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BALTIMORE, MARYLANI	TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL PHYSICIAN THE HOSPITAL PHYSICIAN THE HOSPITAL PHYSICIAN THE HOSPITAL PHYSICIAN THE HOSPITAL PHYSICIAN THE HOSPITAL PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN THE PHYSICIAN T	TO THE FUNERAL DIRECTOR: After this certificate has been about by the attending physician and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the filled by the companies of the	IMPORTANT: If item 28 is marked, or live 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	KIN	See De	22
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2	ITAL OR A	TAL DIRECT	If item
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	2	28	=

	1 - STATE REGISTRAR	STATE OF MA			RTMENT OF) [20130
	1. DECEDENT'S NAME (First, Middle, Last)							· T	2. DATE OF DEATH			3. TIME OF DEATH
	Nargaret A. Ve	rt									YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	. AGE (In yrs. in	et birthday)	IF UNDER 1 YEA	R IF	UNDER 2		ND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH MONTH DAY JULY 11, 1992 7. DATE OF BIRTH (Month, Day, Vean Sept.14,1909 Sept.14,1909 9c. pounty of Tog 10g. CITIZEN OF United ISPANIC ORIGIN? (Specify Yea or No— Leaklean, Puerto Rican, etc.) Specify: 16b. KIND OF BUSINESS/INDUSTRY Nursing S NAME (First, Middle, Melden Surname) ie Ohlsson Rural Route Number, City or Town, State, Zip Code) # 625 Gaithersburg, 7/12°92 Bethesda, Mar OF FACILITY Robert A. Pump Dia—Chevy Chase, Inc. Venue, Bethesda, Mar auch as cardiac or respiratory arrest, 10 Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 Other (Specify) 25d. DESCRIBE HOW INJURY OCCURED 26f. LOCATION (Street and Number or Rural City or Town, State) 1 due to the cause(e) and menner as stated. 1 the time, dete and place, and due to the cause 1 due to the cause(e) and menner as stated.	l a giorni	1:40 A. M	
	578-46-1933	1 🗆 M 2 💢 F	82	YRS.	MONTHS DAY		URS	MIN.	(Month, Day, Year)	NTAL HYGIENE REG. NO. DATE OF DEATH MONTH ILY 11, 1992 DATE OF BIRTH MONTH Day, Veal Ppt. 14, 1909 South Soc. COUNTY OF DEA MONTGOR 10g. CITIZEN OF WH United S RIGIN? (Specify Yes or No— Indian, etc.) 16b. KIND OF BUSINESS/INDUSTRY Nursing First, Middle, Melden Surname) Ilsson Mumber, City or Rown, State, Zip Code) Gaithersburg, MD ONES Bethesda, Mary Y Robert A. Pumphr Per Chase, Inc. Per Performer Y Robert A. Pumphr Per Chase, Maryl Cardiac or respiratory arreat, I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 No Other (Specify) DESCRIBE HOW INJURY OCCURED LOCATION (Street and Number or Rural Roucity or Town, State) e cause(s) and menner as stated. dete and place, and due to the cause(s) and dete and place, and due to the cause(s) and dete and place, and due to the cause(s) and dete and place, and due to the cause(s) and dete and place, and due to the cause(s) and dete and place, and due to the cause(s) and dete and place, and due to the cause(s) and determine the cause(s) and dete	1)	
1	9a. FACILITY NAME (If not institution, give et	reet and number)		- 10	Sh CITY TOW	N OR I C	OCATIO					
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18	Wilson Health Car	e center			Gai	ther	rsbi	urg	/	Mo	ontgo	mery
Ĭ,	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION					u	10d. INSIDE CITY
ă	Maryland Mon	tgomery			Gai	ther	rsbi	ıra				LIMITS?
AL	10e. STREET AND NUMBER					10f, ZIP				10g, CIT	IZEN OF W	20
ER	211 Russell Avenue	e #625					208	277				
BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS (DECENDE			C ORIGIN? (Specify Yes			- American Indian,
7	1 Never Married 2 Married	FORCES? 1		NO	If yes,	specify	Cuban,	Mexican,	, Puerto Rican, etc.)		Black	, White, etc.
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IP.		3	Re	giste	red Nu:	rse			Nursin	ıg		
Ö	17. FATHER'S NAME (First, Middle, Last)					16.	MOTHE	ER'S NAM	E (First, Middle, Melden	Sumame)		
BE (Gustav Anderson					N	Vanr	nie (Ohlsson			
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre	et and No	umber o	r Rural Ro	oute Number, City or Tow	n, State, Zij	p Code)	
2	Henry F. Vert											D 20877
	20s. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Remo					_	_					
	4 Donation 6 Other (Specify)	val from State	Mont	gomer	ther place) V Crema	ator	riun	n. 7/ Ii	nc. Betl			
	21. SIGNATURE OF FUNERAL SERVICE LICE											
	· Will E	Baun,	T. MOOR	672	Home Wisc	/Bet	hes in A	da-da-da-da-da-da-da-da-da-da-da-da-da-d	Chevy Chas	edá, I	nc	7557 land 20814-
	snock, or neart failure. L	ist only one cause	on aach iin).	ot antar the	noua o	и суш	g, aucn	aa cardiac or respi	ratory an	reat,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition	BI										Onset and Death
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)z												
GA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE (OF DEA	ATH (Chec	k only one)			
lS/		1 Inpetient 2 E	R/Outpatient 3	□ DOA	OTHER:	ome 5	☐ Resi	dence 8	☐ Other (Specify)			
Ŧ	27. MANNER OF DEATH	28s. DATE OF IN (Month, Day,	JURY Wart	26b. TIM		NJURY /	AT	- 2	28d. DEŞCRIBE HOW II	JURY OC	CURED	
BY PHYSICIAN:	1 Netural 5 Pending 2 Accident Investigation	,	,				2 🗍	NO				
	3 Suicide 6 Could not be	26s. PLACE OF I building, etc	NJURY — At ho	me, farm, s	treel, factory, of	fica		- 1		nd Number	or Rural Ro	oute Number,
1	4 Homicide determined		(City or lown, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of m	/ knowledge, de	eth occum	d et lhe time, d	eta and c	place. a	nd due to	the cause(s) and men	Der an stei	ad	
8												and menner as stated.
	296. SIGNATURE AND TITLE OF CENTIFIER					-	_					
BE		120	1 -		Mari	00	TOEN.	7 7	21	Z9G. DAT	SIGNED (1-(2)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITE	M 27) (None	Print)	D) (4	ا د		1-1	1-42
	chimas P man	1.0	D7 12	Carlotte Company	lea- D		6	2.4	100-1	1		0
	31. DATE FILED (Month, Day, Year)	34, RECHTTRAP	S SIGNATURE	100	-rs) 10	ve.		ull	riesbuc	9 11	10.	20877
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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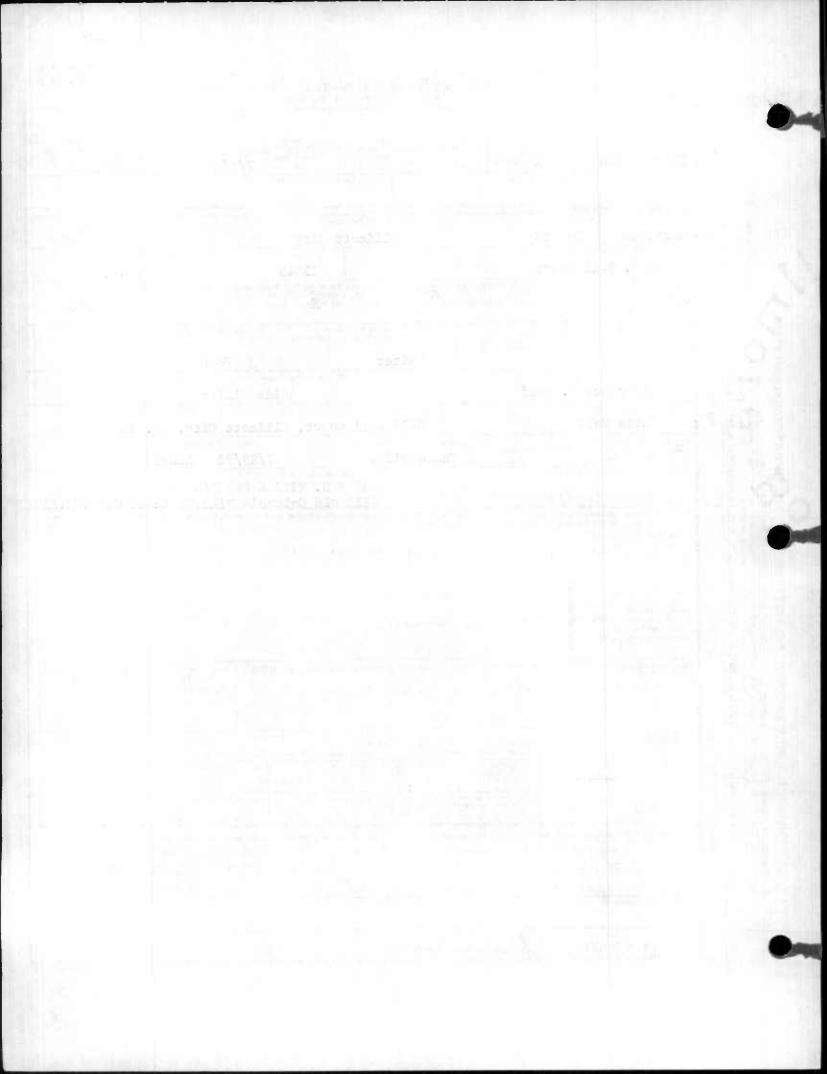
31. DATE FILEO (Month, Day, 1607)

JUL 2 2 '92

32. REGISTRAR'S SIGNATURE
Frohia Davidson Randalle

	1 - FOR 7/31/92 r	e STATE OF N	IARYLAND	/ DEPAI	RTMENT	OF H	EALTH AND DEATH	MENTAL	HYGIEN REG. NO		Ç.,	201	J
200	1. DECEDENT'S NAME (First, Middle, Lest) ERIC	JOSEPH					WOLF	2. DATE O	OF DEATH		EAR	10:30	АТН А.
	4. SOCIAL SECURITY NUMBER 218-56-9404	5. SEX 1) M 2 F	6. AGE (In yrs. 28	last birthday) YRS.		DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month, 7/9	F BIRTH Day, Year)	8.	BIRTHPI Country) Mar	RTHPLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give a 200 DUKE OF KENT RESIDENCE OF DECEMENT						SVILLE	EATH		96. COUNTY BALTO	OF DEA		TY
DIRECTOR	Maryland Howa				TY, TOWN OR							od. INSIDE CIT LIMITS?	
FUNERAL	8638 N. Bali Cou			_			21043			U	S.A	AT COUNTRY?	
à l	11. MARITAL STATUS TY Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2		lf.	yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 NO Specific	an, Puerto Ri	(Specify Vecen, etc.)	s or No- 14.	Black,	- American Inc White, etc. White	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed)	completed) (Give kind			work done during most of working use retired.)				SINESS/INDUS	TRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Lawrence F.	Wolf					Anit	AME (First, Mi	Food ME (First, Middle, Meiden Surmame) a Miller				
0	19a. INFORMANT'S NAME (Type/Print) Anita Wolf Anita Wolf 8638 Bali Court											43	
	20e. METHOD OF DISPOSITION 1	noval from State			OF DISPOSIT		me of	0ATE	20c. LO	cation - chy	or Town		
	21. SIGNATURE OF FUNERAL SERVICE LIN	. 1 . 0	the		HAR	RY	H. WITZK	KE FUN	IERAL	HOME			210
	23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart fellure. List only one cause on each line. MMEDIATE CAUSE (Final disease or condition resulting in death) A C u te Narcotic Intoxication										nate Between		
CERTIFICATION	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
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PRISICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 1 Ingellant 2 ER/Outceffent 3 DOA 4 Number 6 (X Packdons 6 Charles)												
or Par	1 InpetIant 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Reside							28d. OEŞCRIBE HOW INJURY OCCUREO					
	3 Suicide 4 Homicide 6 XXcould not be determined	Home	INJURY — At It tc. (Specify)	nome, farm,	etreet, factor	y, office		City or	TION (Street a Town, State)		ural Rou Uke Mo		Kent
COMPLEIC	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of n									iuse(a) a	nd manner as	stated.
20 01	296. SIGNATURE AND TITLE OF CERTIFIER	nin J	Chut	é			O.C.M.E			≥07-2		onth, Day, Year,)
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (IT	ЕМ 27) (Туре		ENN	STREET	BALTI	MORE	MARYLA	ND	21201	

Rd



	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	DEPARTMEN	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN				
		FRANKLIN WISN	ER			AY YEA 4 1992					
		5. SEX 6. AGE (In yrs. la	MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	B. BI	IRTNPLACE (State or Foreign puntry)				
DIRECTOR	11000	1 XM 2 □ F 78	YRS.		6/01/19	14 M	arvland				
	9a. FACILITY NAME (If not institution, give stre		9b. CIT	Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY O	OF DEATH				
	MEMORIAL HOSPITAI	AT EASTON		EASTON		TALB	OT				
F	10s. STATE 10b. COUNTY	10c. CITY, TOWN				10d. INCIDE CITY					
ō	-	roll	U	pperco			1 TES 2 NO				
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE	pm pm		OF WHAT COUNTRY?				
NE	3637 Carrollton			211			USA				
5	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	NO 13.	WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	en, Puerto Rican, etc.)		IACE — American Indian, Heck, White, alc.				
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 YES 2 NO Speci	ffy:	S	White				
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or		ECEDENT'S USUAL C	OCCUPATION during most of working	16b. KIND OF BU	SINESS/INDUSTR	Y				
9	Elementary/Secondary (0-12)		s. Do NOT use retired.)	adding most or working							
₹ I	6th grade 17. FATHER'S NAME (First, Middle, Last)		Farmer								
	Carroll Donald	Tackson Wie	nor		AME (First, Middle, Maiden e Pearl						
BE	19a. INFORMANT'S NAME (Type/Print)			S (Street and Number or Rural							
2	Stewart Wisner			sley Road,							
	206_METHOD OF DISPOSITION 1										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Wesley Cemetery 7/17 Hampstead, Md. 22. NAME AND ADDRESS OF FACILITY Eline Funeral Home										
	> steven	W. Eline	9	34 S. Main		Hampstead, Md.					
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,										
	IMMEDIATE CAUSE (Final	1/1004	7	- 11			Interval Between Onset and Death				
	disease or condition										
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Wolded Carded Carded Carded Carded Seven Sequentially list conditions, Out of the conditions of the conditions of the carded Carded										
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate Due to (or as a consequence or):										
CAT	cause. Enter UNDERLYING CAUSE (Disease or injury										
FI	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):	-							
Ë	d.										
AL C	PART II. Other aignificant conditions	contributing to death but not	resulting in the u	nderlying ceuse given in			24b. WERE AUTOPSY FINDINGS				
S					PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUSE				
MEDIC						Α,	OF DEATH? 1 YES 2 NO				
ž					_						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)						
YSI	1 YES 2 TNO	1 Inpetient 2 ER/Outpetient		rsing Nome 5 - Residence	6 ☐ Other (Specify)						
	27. MANNER OF DEATN 1 X Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURE					
ВҰ	2 Accident Investigation	28s. PLACE OF INJURY AI h	M some form wheel for	1 YES 2 NO							
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	one, tatti, altest, tec	nory, office	281, LOCATION (Street City or Town, State)	sna Number or Hu	rai Houte Number,				
PLE	29a. CERTIFIER 1 XXCERTIFYING PHYSICI	AN: To the best of my knowledge, de	eath occurred at the	time, data and place, and du	to the cause(s) and ma	nner as stated.					
OM		On the besis of examination and/or					ee(s) and menner as stated,				
BE C	296. SIGNATURE AND TITLE OF SHITHER	29d. DATE SIGN	NED (Month, Day, Year)								
- 17	(SI SHU			039	287		4/92				
5	30. NAME AND ADDRESS OF PERSON WHO		M 27) (Type, Print)	753	9887	// 1	11/2				
	DAVID SMITH M.D.		LD AVE.	EASTON, MD	21601						
	31. DATE FILED (MOORE, Day, Year) JUL 1 6 'YZ	32. REGISTRAR'S SIGNATURE	prince								

x Arreiro maneralli

TO BE COMPLETED BY FUNERAL DIFFECT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM	MENT OF H	IEALTH AND		YGIENE EG. NO.		_0700
1. DECEDENT'S NAME (First, Middle, Last)	Freda	rbutus	WII		2. DATE OF I	DEATH DAY	1992	3. TIME OF DEATH 2:000 P M
4. SOCIAL SECURITY NUMBER 280-22-4378 90. FACILITY NAME (If not institution, give in	1 🗆 M 2 💢 F	87 YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Nov.1	5,1992	8. BIRTH County Penn	sylvania
Washington County			Hagers		EAIR	90.		NGTON
Maryland Was	shington		own or Local erstown					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER Potomac Towers	5		101	21740	-	10g.	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp	ENDENT OF HISPA ecify Cuben, Mexico 2 NO Specif	en, Puerto Ricen	pecify Yee or No i, etc.)	Speci	American Indian, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 168. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOUSEWIFE HOME								
17. FATHER'S NAME (First, Middle, Leet) Sylvester Powell Quinnie Rodger								
190. INFORMANT'S NAME (Typo/Print) Rodgers Willett		196. MAILING AD 16143	Clover	nd Number or Rural	Route Number, C e Will	iny or Yown, State	rt, MD	21795
20s, METHOD OF DISPOSITION 1	oval from State 20b.	PLACE AND DATE OF D	isposition (No Sur 1a1 Pa	ark Jul.18	8,1992	Canto		
21. SIGNATURE OF FUNERAL SERVICE LIC	aller-		0SBORI P.O.BO	NE FUNER	AL HOME	msport	,MD 21	795
IMMEDIATE CAUSE (Final	a. Respire	CONSEQUENCE OF):			h ea cardiec	or reepiratory	arreat,	Approximeta interval Batween Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	chron's	CONSEQUENCE OF):	ructiv	e Puar	monary	D. (40	ran	
PART II. Other aignificant condition	e contributing to death bu	it not resulting in t	he undarlying	cause given in		WAS AN AUTOF PERFORMED? YES 2 NO		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26. PL	ACE OF DEATH (Ch				
1 VES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending investigation	1 Inpetiert 2 ER/Outpa 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ			E HOW INJURY		we Facility
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specific	At home, ferm, stree	t, factory, office	,	25f. LOCATION City or Tox	(Street and Nur vn, State)	mber or Aurel A	loute Number,
	CIAN: To the best of my knowle) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	Lander w	D.		29c. LICENSE NUI	MBER 1242	29d.	DATE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Prin	Han St	49. K	Jager	340.	a mil	21740
31. DATE FILED (Morth, Day, Year)	32. REGISTRAR'S SIGNA	TURE TO PROPERTY OF THE PROPER	-1.49	1	3		17 1002	5 2.110



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BALI	leath.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	
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DIVISION OF VITAL RECORDS, P.O. BOX 88/60,	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	па соп	e filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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	FOR STATE REGISTRAR	STATE OF MARYL		RTMENT OF H		MENTAL HYGIEN		20134			
	t. DECEDENT'S NAME (First, Middle, Last)	John Rodg		ease		2. DATE OF DEATH BONTH	6/23/92	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 220-50-8155	1 💢 M 2 🗆 F	In yrs. last birthday) 43 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dwy. Year) Oct. 12,	1948 °	Maryland			
CTOR	98. FACILITY NAME (If not institution, give street and number) Shady Grove Hospital Rockville Montgomery RESIDENCE OF DECEDENT										
DIRE	Maryland 10b. count Moryland Mor	tgomery	10c. CI		ersburg			10d. INSIDE CITY LIMITS? 12 YES 2 NO			
UNERAL	STORY CONTRACTOR OF THE PROPERTY OF THE PROPER	ick Ave., # 2			20877			USA			
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specifi	RACE — American Indian, Black, White, etc. Specify: White					
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life, Do NOT u		ist of working	16b. KIND OF BU					
COMPI	17. FATHER'S NAME (First, Middle, Last)	**	Ma	intenand	18. MOTHER'S NAME (First, Middle, Malden Surname)						
TO BE	John Elden 190. INFORMANT'S NAME (Type/Print) Jeanette Marie				and Number or Rural i	th Constar	vn, State, Zip Code	9)			
	20s. METHOD OF DISPOSITION 1 Ø Burlel 2 Cremation 3 Rem	ovel from State 20b.	PLACE AND DATE	OF DISPOSITION (Ne	ame of	DATE 20c. LC	OCATION — City of				
	206. PLACE AND DATE of DISPOSITION 1 (X Buriel 2 Cremetion 3 Removel from State 1 (X Buriel 2 Cremetion 3 Removel from State 206. PLACE AND DATE of DISPOSITION (Name of Commetery, cremetory or other place) Montgomery Meth. Cem. 06/26/92 Damascus. Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P. A. 26401 Ridge Rd., Damascus, Md. 20872										
AL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, ahock, or heert failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):										
MEDICAL (PART II. Other eignificent condition	s contributing to death bu	ut not resulting	in the underlying	g cause given in	Part I. 24s. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PI OTHER:	ACE OF DEATH (Ch	eck only one)					
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Outpet 26s. DATE OF INJURY (Month, Day, Year)	26b. TIR	IE OF 28c. INJ	URY AT PROPERTY OF THE PROPERT	6 Other (Specify) 26d. DESCRIBE HOW I	INJURY OCCURE	D			
0	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm,	street, tectory, offic		261. LOCATION (Street : City or Town, State)		rel Route Number,			
) BE COMPLET			CIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. R: On the bests of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.								
TO BE (29b. SIGNATURE AND TITLE OF CERTIFIE	Dennis C.			29c LICENSE NUM	BER	29d. DATE SIG	NED (Month, Day, Year)			
-	30. NAME AND ADDRESS OF PERSON WH	Smary Coron	se Rd	Print)	Polkin	de t	no				
	JUN 2 9 19	32. REGISTRAR'S SIGNA 32. Lukia Lauyds		g.,							

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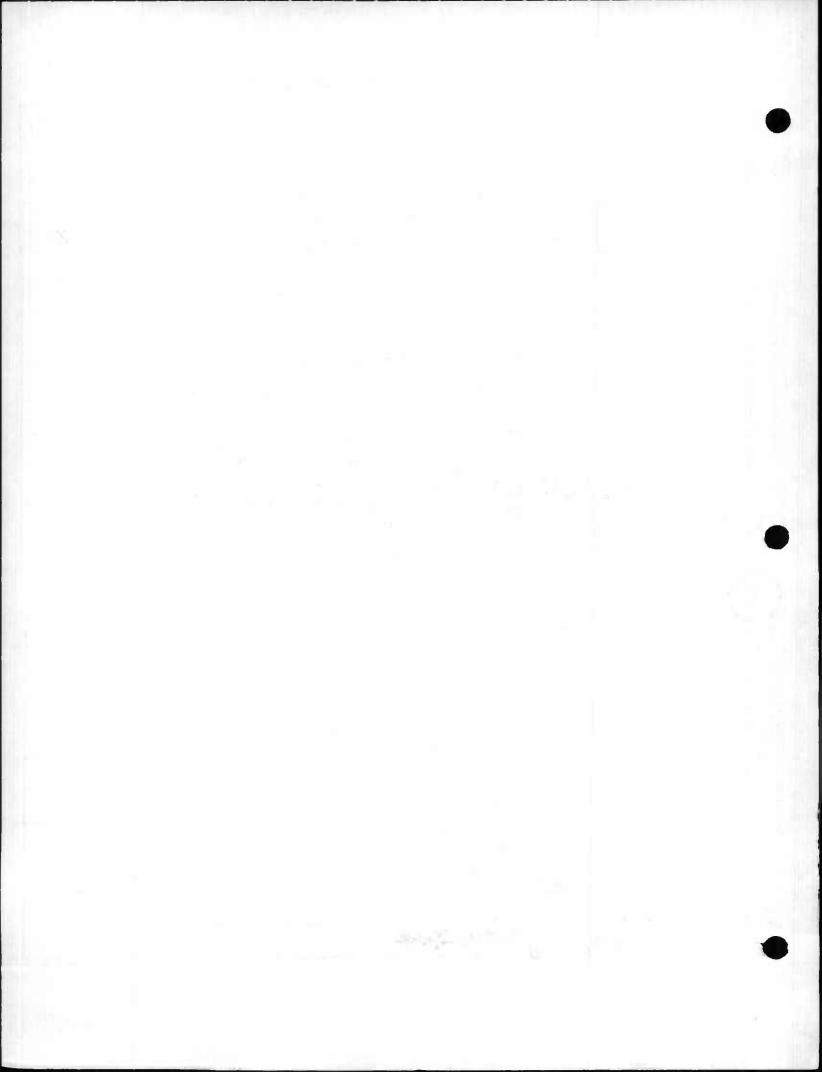
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	within 24 hours efter death. Page 6 may be retained by the hospital or attending physician.	movetely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BC THE TO THE De filed

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E HUSPITAL DR ALLENDING PHYSICIAN: The law requires that the death certifiers by the hosp	E FUNERAL DIRECTOR: After this certificate has been signed by the attending payable and completely filled in by the funeral director, page 5 should be detached	3 within 72 hours after death with the State Dept, of Health and Mental Hygient whor In buyer, cremation, or removal.	RTANT: If Item 28 is marked, or Item 23 shows any injury, or other transmite event, the medical examiner must be notified at once.	l
Í	4	W	E	l

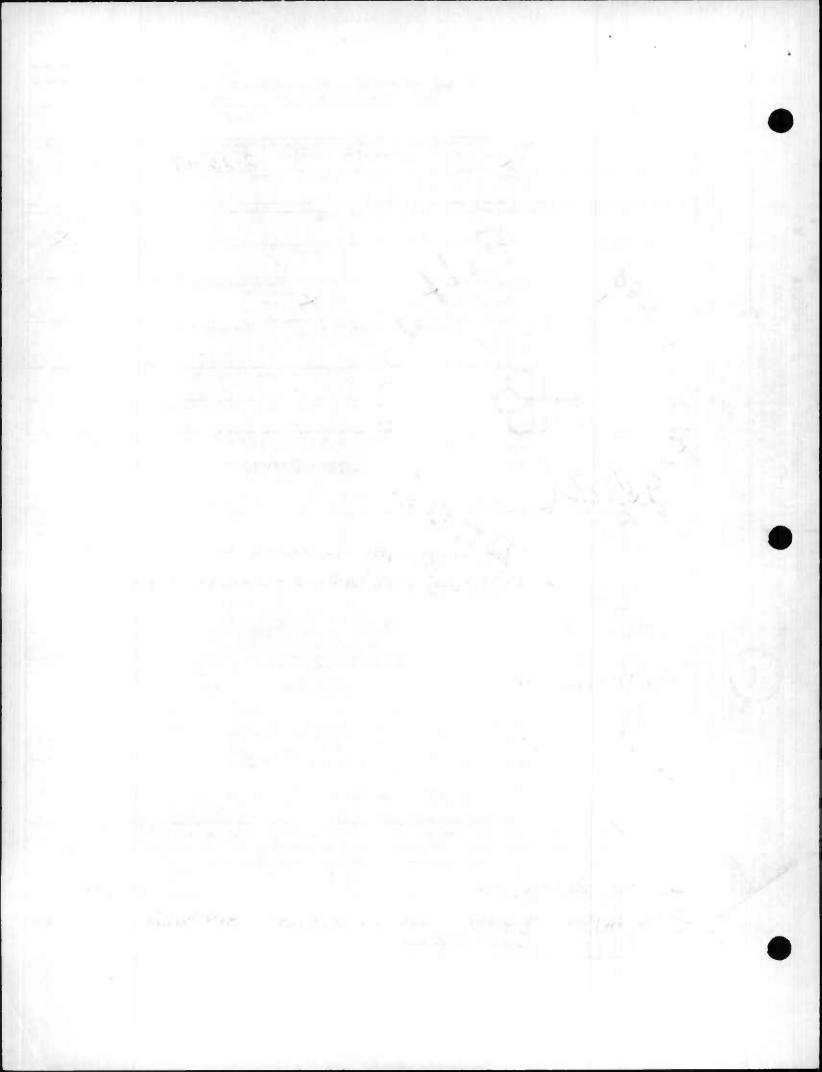
STATE OF	MARYLAND / DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	CERTIFICATE	0	F DEAT	H		BEG NO

,	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPAR					MENTA	L HYGIE			-	
	1. DECEDENT'S NAME (First, Middle, Last)	JOSEPH JOHN W						MONT	OF DEATH	DAY	YEAR	3. TIME OF DEATH P	
	4. SOCIAL SECURITY NUMBER 442-07-5966	5. SEX 6. AGE (In yo	rs. last birthday)	IF UNDER	DAYS	IF UNDER HOURS	MIN.	7. DATE (Morre AP	DATE OF BIRTH (Month, Day, Year) APR 7 1917 S. BIRTHPLACE (State or Foreign Country) KANSAS				
TOR	98. FACILITY NAME (If not institution, give street and number) NATIONAL NAVAL MEDICAL CENTER BETHESI RESIDENCE OF DECEMENT									10.	MONT	GOMERY	
DIRECTOR		rfax		SPRINGFIELD								10d. INSIDE CITY LIMITS? 1 TYES 2 NO	
FUNERAL	10a. STREET AND NUMBER 8621 KENIL 11. MARITAL STATUS	WORTH DRIVE		T	101. ZIP CODE 22151 13. WAS DECENDENT OF HISPANIC ORIGIN? (S					บา	D STATES		
B∀	1 Never Married 2 Married 3 Never Married 2 Neverted	FORCES? 1 TY YES 2 NO If yes, specify Cubsing 1 Yes, give wath on dates 1 Yes 2 No 1942 - 1967						F HISPANIC ORIGIN? (Specify Yas or No— n, Maxican, Puerto Rican, etc.) Specify: WHITE					
COMPLETED		DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							186. KIND OF BUSINESS/INDUSTRY DEFENSE				
BE COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S								AME (First, Middle, Malden Surname) Z EVANGELINE KEENAN				
5	190. INFORMANT'S NAME (Type/Print) BERNICE WERBKE									wn, Stete, Zip GFIELI		A 22151	
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State cemeter	ACE AND DATE Y. COMMISSION OF	NAT	ION	AL CE				OCATION —		wn, Stata VIRGINIA	
	21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VIRGINIA 22314												
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
NOI	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL CI	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. PERFORMED? 1 YES 2 NO								24b	. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF OR	EATH (Che	ick anly or	na)				
SIC	1 YES 2 NO	HOSPITAL: 1 XInpatient 2 - ER/Outpatie	nt 3 🗆 DOA	OTHER 4 Nurs		e 5 🗆 Re	sidenca	6 🗆 Othe	r (Specify)				
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	NE OF JURY M		URY AT RK? 'ES 2] NO	28d. OE	CRIBE HOW	INJURY OC	CUREO		
	3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm,	atreet, facto	ory, office				ATION (Street or Town, State	t and Number e)	or Rural I	Route Number,	
COMPLETED		ER: On the best of my knowledge.) and manner as stated.	
BE	296. AIGMATURE AND TITLE OF CENTIFIE	Le M	1)			MAS		(NJ)		25d. DAT	SIGNE	(Moder Day Was)	
2	30. NAME AND ADDRESS OF PERSON WE S. J. SHERIS,		(ITEM 27) (Type	, Print)		NATIO	NAL	NAV.		DICAL 9-5000		ΓĒR	
	31. DATE FILED (Month, Day, Year) JUL 9 92	3. REGISTBAR'S SIGNAR	adelle			VET III	TODA,	. 1117	ZU00	וויטנב–ב			



be filed within 72 hours after death with the State Dept. or hours are stated they are prior to buriel, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shown they make the committee event, the medical examiner must be COMPLETED BY PHYSICIAN? MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HI		MENTAL HYG	IENE	2 20156			
12	1. DECEDENT'S NAME (First, Middle, Lest)	TME				2. DATE OF DEA	ТН	3. TIME OF DEATH			
	ROBERTA W. WH					JULY 8,					
	4. SOCIAL SECURITY NUMBER 214-46-2596	5. SEX 6. AGE (" -	IF UNDER 1 YEAR WONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH	47	BIRTNPLACE (State or Foreign Country) Delaware			
	9a. FACILITY NAME (If not institution, give	street and number)		LOCATION OF D							
DIRECTOR	THE JOHNS HOPKIN	S HOSPITAL		BALTIMO	RE		BALTIMORE CITY				
IREC	10a. STATE 10b. COUNT			TOWN OR LOCATE	ON		10d. INSIDE CITY LIMITS?				
		rcester		Berlin			1 TYES 2 N				
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
N.	22 Wood Duci				21811		USA				
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 500	13. WAS DECE If yes, spec 1 \(\text{YES} \):	NDENT OF HISPA offy Cuben, Maxic Speci	NIC ORIGIN? (Speci an, Puerto Rican, et fy:	fy Yes or No 14 c.)	Black, White, atc. Specify:			
8	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S U	SUAL OCCUPATION		16b, KIND O	F BUSINESS/INDUS	BUSINESS/INDUSTRY			
14	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wo	ork done during most retired.)	of working						
P.	12		Rea	1tor		Rea	1 Estat	e			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	TITY			16. MOTHER'S N	THER'S NAME (First, Middle, Melden Sumerne)					
BE (Robert Wils	son White			Blody	wyn Rob	erts				
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street an		Route Number, City of		ode)			
F	Richard B. T	vburski	4677	A Ocean	Pines	s Berl	in.Md.	. 21811			
	20a. METHOD OF DISPOSITION		PLACE AND DATE OF		eof		c. LOCATION — CI				
	4 Donation 6 Other (Specify)	1	Malcomi		h Come	Hory	Snow H	Mill, Md.			
	21. SIGNATURE OF FUNERAL SERVICE U	CHREE	riorcing		ADDRESS OF F	neral H		erlin, Md.			
CERTIFICATION	IMMEDIATE CAUSE (Final	a. Acute Ly DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	ni festact	WKemi ions - (ia with	nerve po	interval Between Onset and Death Imp				
	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS										
PHYSICIAN! MEDICAL	Manic Depres	SE UN	cause given in	PE	IS AN AUTOPSY REFORMED? ES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
CIA	26. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATH (C	heck only one)					
S	1 TES 2 NO	1 Inpetient 2 ER/Outp		OTHER: Nursing Home	5 Residence	6 Other (Specify)				
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	RY WOR		28d. OESCRIBE N	OW INJURY OCCU	REO			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, stc. (Spec	At home, farm, str			28f. LOCATION (S City or Town,	treet and Number or State)	Rural Route Number,			
Į.	29a. CERTIFIER				·						
COMPLETED	(Check only CERTIFYING PNYS	ER: On the basis of axamination									
BE	296. SIGNATURE AND TITLE OF CERTIFIE	Ince mo			9c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DE	1		S S. IN	CE, MD.	D 111	20.00			
5	31. DATE FILED (Month, Day, Nar)	32 REGISTRAR'S SIGN.	ATURE - Roude	N. Wol	e of	4	Baltim	one WD 31283			
	JUL 10 1992	0	7								



DIVISION OF VITAL RECORDS, P.O. BOX 19146,	POY IS	o,	DALLIMORE, MARTEAND
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death centroan forman within 2x yours after death. Page 6 may be retained by the hos	Scott Control	of within 24	nours after death. Page 6 may be retained by the hos
TO THE FUNERAL OIRECTOR: After this certificate has been stoned by the attending registering and completely filled in by the funeral director, page 5 should be detach be fled within 72 hours after death with the State Dept, of Health and Mental Hygium and commation, or removal.	System and	npietely fill, cremation,	ed in by the funeral director, page 5 should be detach or removal.
IMPORTANT: It tiem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	her traumatit	event, the	medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									3. TIME OF DEATN				
	EliNor	Wainwrigh	nt Mc	Alle	n W	lebs	ter		7	7		92	5 3 A.M
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. le:		IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF I	BIRTH 8, BIRTH ley, Year) Counti			IPLACE (State or Foreign
	216-38-9995	1 🗆 M 2 🗹 F	94	YRS.	MONTHS	DAYS	HOURS	MIPI.	11-08		97		ỹland
ı	9a. FACILITY NAME (If not Institution, give str	reet and number)	_		9b. CI1	TY, TOWN	OR LOCATI	ON OF OR	HTA		9c. COU	NTY OF E	EATH
DIRECTOR	Manokin Manor	Nursing	Home		Princess Anne S					Son	ners	et	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			I 10c CIT	TY, TOWN OR LOCATION					10d. INSIDE CITY			
=											LIMITS?		
	Maryland Som		Princess Anne						10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	D+ 17 8 M+ \/		21853						U.				
5	Rt. 13 & Mt. V	Vernon Road 12. WAS DECEDENT EVER IN U.S. AI			13	3. WAS DE	CENDENT (OF JHSPAN	NIC ORIGIN? (Specify Yes or No. 14, RAC		14. RAC	E — American Indian,	
	1 Never Married 2 Married	NO If yes, specify Cubah, Maxican, Puarto Rican, etc.) Black					k, White, atc.						
2	3 Wildowed 4 Divorced				White					ite			
E	15. DECEDENT'S EDUC (Specify only highest grade	(0	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY										
<u>.</u>	Elementary/Secondary (0-12)	litte	e. Do NOT us	se retired.	1.)								
COMPL	12					Housewife							
3	James A. McAllen Cora Collins 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
BE													
2									07004				
	Capt. James M.	Webster							irmel	7		-	
20s. METHOD OF DISPOSITION 1 Partial 2 Cremetton 3 Removal trom State 4 Donetton 6 Other (Specify) Manokin Presbyterian Cem. Pr. Anne.													
Ì	4 Donation 6 Other (Specify)						PI	. AI	me,	MU.			
	6 4 1/21		22. NAME AND ADDRESS OF FACILITY Hinman Funeral Home										
4	Junes O 1 x	unce	M002						nne. n				
	23. FART i. Enter the diseases, or o shock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause	on each lin	le.						or reap	ratory ar	rest,	Approximate Interval Batween Onset and Death
	rouding in doubly	DUE TO (OF	R AS A CONSE										
Z	Sequentially list conditions	b		1	4/2	as en	im	_					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate couse. Enter UNDERLYING												
3	CAUSE (Disease or Injury	C. DUE TO (OF	R AS A CONSE	EOUENCE O	F):								
=	thet initieted events resulting in death) LAST												!
<u></u>		g											
¥	PART ii. Other algnificent condition	e contributing to de	eth but not	resulting	in the	underlyii	ng ceuse	given in	Part i. 24	e. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									YES 2	NO		OF DEATH?	
ž													1 TYES 2 1-110
ż۱													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТН		PLACE OF 1	DEATH (C	neck only one)				
2	1 YES 2 NO	1 Inpatient 2 E		_				lesidence	6 Other (S	, , ,			
- 1	1 Natural 5 Pending	26a. DATE OF IN (Month, Day,		26b. TIR	JURY	W	URY AT ORK? YES 2	No	28d. DEŞCR	IBF HOM I	NJURY O	CURED	
B	2 Accident Investigation	28e. PLACE OF II	NUI I I I I I I I I I I I I I I I I I I	nome form	street f				284 LOCATI	ON /Street	and Numbe	or or Rumal	Route Number,
2	3 Suicide 6 Could not be 4 Homicide determined	building, ato	. (Specify)	ionia, tarin,		ectory, orn				fown, State)		or riorar	riodio rearrios,
	29a. CERTIFIER												
COMPLETED	(Check only												(s) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	R					29c. LiC	ENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
3 BE	[[here no					I	15	180		•	7-	7-52
2	30. NAME AND ADDRESS OF PERSON WH							100	1				
	3	Gluck +	0	n	wh	m	Marion		fruces	y a	had.	no	
31. OATE FILEO (MONTY, Day, Year) 32. REGISTRAR'S SIGNATURE JUL 10'92 Julian Davidson Pandage.													

Continue part 500

must be notified at

nium or other traumatic event, the medical examiner

IMPORTANT: If Item 28 is marked, or Item 23 shows

BE COMPLETED

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ding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should hygiene prior to burial, cremation, or removal. certificate be executed withln 2. TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requirement to THE FUNERAL DIRECTOR; After this certificate has been be filed within 72 hours after death with the State Dept., of He

											5	12	207	158
	FOR STATE REGISTRAR	STATE OF M		DEPAR						YGIENI EG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) PAU IN C	WARD	SADIE	PAU	LINE	WA	RD		2. DATE OF E	DEATH DAY	Y	YEAR 93	3. TIME OF	DEATH M
	4. SOCIAL SECURITY NUMBER 217-12-4066	5. SEX 1 M 2 X F	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN,	7. DATE OF 8 (Month, Day	(Year)		Countr	PLACE (State ry) rylane	O Fareing 6
	9a, FACILITY NAME (If not institution, give a	treet and number)			9b. CITY.	TOWN C	R LOCATIO	ON OF DE	07/2	0/14	9c. COU	NTY OF D		4
6 6	Manokin Manor Nu	rsing Hom	ne .		Princess Anne Somerset									
<u>ត</u> ្ត	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	γ		10c. CIT	Y. TOWN O	R LOCAT	ION						10d. INSIDE	CITY
DIRECTOR	MD XXXX	NAKKA Som	erset		.,	isfi							LIMITS 1 XYES	17
4	10e. STREET AND NUMBER				10f. ZIP CODE					10g. CIT	IZEN OF V	WHAT COUNT	RY?	
E	14 Hudson	14 Hudson St.					2	1817				USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced				1	f yes, sp		n, Mexicar	IIC ORIGIN? (Sp n, Puerto Rican :		or No—	14. RACE Black Speci	E — America k, Whita, atc. lly: Whi	31.EV
COMPLETED	Min Do MC				USUAL OC work done o			10	18b. KIN	O OF BUS	INESS/IN	DUSTRY		
ا ڇ	Elementary/Secondary (0-12) H.S. graduate		mema	aker At H				Hom	e					
8	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NAI	ME (First, Middle	a. Maiden :	Surname)			
BE C	William H. H	ludson							ry Bel		,			
<u></u>	19a. INFORMANT'S NAME (Type/Print)		19	b. MAJLING	AODRESS	(Street a	nd Number	or Rural R	Route Number, C	ity or Town	, State, Zi	p Code)		
F	Wayne H. Ward (Same	as	# 10	ab	Cd	lefo					
	20a. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	07/05/92	20b. PLACE other pi	lace)			- 1					City or To		
	21. SIGNATURE OF FUNDINAL SERVICE LI	CENSEE	22. NAME AND ADDRESS OF FACILITY Bradshaw & Sons Funeral Home											
	KahulH	- 12m	Lleen	W		306	S W.	Main	St	- Cri	sfie	eld,	MD 2	1817
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)				not enter	the mo	de of dy	Ing, such	h as cardiac	or respi	ratory ar	rest,	Inter	oximate val Between et and Death
NO	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
빙	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS													
CAL	PART II. Other significant condition	ns contributing to	death but not	reaulting	in the un	derlyln	g cause :	1	dep 1	PERFOR		246	AVAILABLE	PRIOR TO H OF CAUSE
MEDI	- Cenel	oro vas	ula	ra	cci	æ	mf		L dest	YES 2	No		OF DEATH?	A STATE OF THE
ÿ							•							100
Y	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOEBITA					ACE OF 0	EATH (Ch	eck only one)					
S	1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpetlant	3 🗆 DOA	4 Nun	H: sing Hon	6 5 🗆 Re	esidence	a 🗆 Other (Sp	recity)				
BY PHYSICIAN: MEDICAL	27. MANNER OF OEATH 1 Natural 5 Pending Investigation	28a. DATE OF (Month, De	INJURY ay, Year)	28b. TIR	ME OF JURY M		PURY AT PRK? YES 2	□ NO	28d. OEŞCRI	BE HOW II	NJURY O	CURED		
ш														

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 | YES 2 NO 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 4 Nursir g Home 5 - Residence 8 - Other (Specify) 27. MANNER OF OEATH

1 Natural 5
2 Accident 28c. INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28d. OEŞCRIBE HOW INJURY OCCURED 5 Pending Investige 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 4 Homicide

29a, CERTIFIER (Check only one)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 9

CAUSE OF DEATH (ITEM 27) (Type, Print) Jesus

Evange. Jr. M.D. - 324 W. Main St. - Crisfield, MD 21817

8 92 Tarines Himsel W 07/20/24 Himselve Correct Correct Anna Correct Correct Anna Correct C

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Sunctivities Westerlink Park | Drietin, Dr

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	detached for use as the burial-transit permit. Pages 1, 2, 3 sho
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6 may be retained by the hospital or attending physician	; bade ;
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enth.	-

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour arrested. Becape the retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled the transmitted or, page 5 should be detached be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or mine the marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	OF MARYLAND	DEPARTMENT	OF H	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF	DEAT	H		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI		MENT OF H		MENTAL HYGIEN	VE.	2 20109		
	1. DECEDENT'S NAME (First, Middle, Last)	MOLLIE	c.	(WAR		2. DATE OF DEATH	-	3. TIME OF OEATH		
1	4. SOCIAL SECURITY NUMBER 5. 217 -09-5263	SEX 6. AGE (In 90	yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BITTH (Month, Dby, Year) Feb. 9, 1	8.	BIRTHPLACE (State or Foreign Country) Maryland		
LOR	9a. FACILITY NAME (If not institution, give street PENINSULA REGIONAL			96. CITY, TOWN OR LOCATION OF DEATH SALISBURY WICOMICO						
DIRECTOR	residence of decedent 10a. STATE 10b. COUNTY Maryland Somer		10c. CITY,	TOWN OR LOCAT			10d. INSIDE CITY			
	Maryland Somer 100. STREET AND NUMBER	Set		Crisfi	. ZIP CODE		1 ☐ YES 2 ☑ NO			
FUNERAL	3863 Gandy Lane 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI				21817		U.S.			
B	1 Never Married 2 Married 3 Widowed 4 Divorced	I.S. ARMED 2 XNO ES								
COMPLETED	15. OECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) 1-4 or 5+)	life. Do NOT use	rk done during mo- retired.)	N at of working	16b. KIND OF BU				
OMP	17. FATHER'S NAME (First, Middle, Last)		Dietary	Dept.	18. MOTHER'S NA	MCCTea	ady Hos	spital		
BEC	John Cook			Nora	Conner					
10	Angeline W. Townse	nd	196. MAILING A	Hayes A	nd Number or Rural I Venue –	Salisbury	vn, State, Zip Co , MD 2	21801		
	20s. METHOD OF DISPOSITION 1XX Burles 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, cremetory or other piece) 7/9/92 Crisfield, MD									
	21. BIGMATURE OF FUNCTIAL DERWICE LICENS ROBert H. Bra	dshaw, fr.	\	Brads 306 W	haw & So Main S	ouw ons Funeral St Cris	L Home	MD 21817		
	23. PART I. Enter the diseases, or com- ahock, or heart failure. Lief IMMEDIATE CAUSE (Finei disease or condition resulting in death)	Congest.	re hea	- + fa	ilve		iratory strest	t, Approximate interval Between Onset and Death		
NO	Sequentially list conditions, b. possible my conduct infanction									
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or injury									
CERTI	that initiated events resulting in death) LAST d									
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. That History Columns 24a. WAS AN AUTOPS' PERFORMED? 1 YES 25 NO						RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Che	eck only one)				
IXSI	1 TYES TO NO STATE OF DEATH	Inpatient 2 ER/Outpatie				8 Other (Specify)				
BY P	Netural 5 Pending	(Month, Day, Year)	INJUI	RY WO		28d. DEŞCRIBE HOW	NJURY OCCUR	RED		
8	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, atr	eet, fectory, office			8f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET		N: To the beat of my knowled on the beats of examination a						ause(a) and manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	OMBI ETED CAUSE OF DEAT	A MICH OR (Top of		29c. LICENSE NUN	S 3	29d. DATE S	GNED (Month, Day, Year)		
	Charles B. Silvia,			•	- Salisb	ury, MD 2	21801			
	31. DATE FILED (Month, Day, Year) JUL - 9 '92	32. REGISTRAR'S SIGNATE								

X LASTER-TA a commission of the same of the

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

RESIDENCE OF DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)

John Willard

183-16-6009

Rt. 1 Box 304

9a. FACILITY NAME (If not institution, give street and number,

1 -

permit, Pages 1, 2, 3 should DIRECTOR 10a. STATE 10c. CITY, TOWN OR LOCATION MD Caroline Goldsboro FUNERAL 10e. STREET AND NUMBER 101. ZIP COOF Rt. 1 Box 304 21636 n by the funeral director, page 5 should be detached for use as the burial-transit removal. 24 nours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 12. WAS DECEOENT EYER IN U.S. ARMEO FORCES? 1 XYES 2 NO If yes, specify Cuban, Maxican, Puarto Ri
1 YES 2 NO Specify: 1 Never Married 2 Married YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade (Give kind of work done life. Do NOT use retired.) entary/Secondary (0-12) College (1-4 or 8 +) Machinist notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Clarence Walton Lola Greenway Walton BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Anna N. Battistella Walton Rt.1 Box 304 Goldsboro, MD 21636 9 20b. PLACE AND DATE OF DISPOSITION (Name must "Capitol Crematory 7-18 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by shock, or heart fallure. List only one 6 IMMEDIATE CAUSE (Final completely filled irial, cremation, the disease or condition CEREBRAL TRAUMA reauiting in death) that the death certificate be executed within other traumatic event, OUE TO (OR AS A CO attending physician and con ental Hygiene prior to burtal, CERTIFICATION Sequentielly list conditions, If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST 6 ned by the attender of the and Mental P 23. shows any injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 4 D has been 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 8 | Acadence 8 | Other (Specify) ient 2 - ER/Outpetient 3 - DOA this certific with the St HOSPITAL OR ATTENDING PHYSICIAN marked, or 27. MANNER OF GEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 5 Pending Investigation 1 Natural 1 YES 2 NO BY After t death 2 Accident TO THE FUNERAL DIRECTOR: After the filed within 72 hours after deat IMPORTANT: If Item 28 is m 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 8 Could not be determined COMPLETED 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated tion, in my opinion, death 표보를 223 5

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3. TIME OF OEATH 97 A BIRTHPLACE Hockessin, Del 9c. COUNTY OF DEATH Caroline 10d. INSIDE CITY 1 YES 2 X NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. SpecifyWhite 16b. KIND OF BUSINESS/INDUSTRY Bowen- Vertel OATE 20c. LOCATION - City or Town, State

> Dover, Delaware 22. NAME AND ADDRESS OF FACILITY
> Fleegle-Helfenbein Funeral Home Greensboro, Maryland 21639

2. OATE OF OEATH MONTH

7. DATE OF BIRTH

Jan 3

INSTANTALLOUS GUNSHOT WOUND To head

> 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO

1 TYES 2 NO

Approximata

Onset and Death

28d, DESCRIBE HOW INJURY OCCURED

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

JUL Z whia Davidson

CERTIFICATE OF DEATH

MONTHS

IF UNDER 1 YEAR IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

Goldsboro

Walton

69

5. SEX

1 XM 2 F

6. AGE (In yrs. last birthday)

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after deat	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	be filed within 72 hours after death with the State Dept. of Health and Me at high price to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other thumatic event, the medical exact	
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other insmalle event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /		MENT OF I			HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lest) MARY LOCUS 4. SOCIAL SECURITY NUMBER	E WHITE 5. SEX 8. AGE (In yrs. last	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. OATE OF MONTH 7 7. DATE OF	9 BIRTH	9	2 /	CE (State or Foreign
i	330 20 0102	1 □ M 2 😿 79	YRS.	ONTHS DAYS	HOURE MIN.		9-191	3 No		Carolina
TOR	90. FACILITY NAME (If not institution, give stre BROOKE GROVE RESIDENCE OF DECEDENT	1	01ney	OR LOCATION OF DE	ATH		Mont g			
DIRECTOR	10e. STATE 10b. COUNTY	gomery	10c. CITY, 01n	town on Local	TION					LINSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 4504 Prestwood Dr	ive		10	1. ZIP CODE 20832			10g. CITIZEN		COUNTRY?
ВУ	Never Merried 2 ☐ Merried Widowed 4 ☑ Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES	MED IO	If yes, s	CENDENT OF HISPAN Decify Cuben, Mexice S 2 🔯 NO Specify	n, Puerto Rici		or No— 14.	Black, Wi Specify:	American Indian, lite, etc. White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5+) 12 4 Public School Teacher							INESS/INDUS	TRY	
N N	12 4 Public School Teacher Private 17. FATHER'S NAME (First, Middle, Lost) 18. MOTHER'S NAME (First, Middle, Meiden Surname)									
BE C	Wilbur Fiske Jones Mary H. Evans									
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
	Mary Frances Greer 4504 Prestwood Drive Olney, Maryland 20832 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of commetery, cremetory or 20c. LOCATION — City or Town, State									
	1 Donetion 5 Disposition 3 Remov	val from State other ple	ece)					rellsv		4 : -
	21. SIGNATURE OF THERAL SERVICENCE		LLawii	Hines	ADDRESS OF FA	Fune	ral H	ome		pring, Md.
	23. PART I. Entar the diseases, or co	omplications that caused the da let only one cause on each line	ath. Do no							Approximate Interval Between
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. CEREBRAL INFARCT DUE TO (OR AS A CONSEQUENCE OF):									Onset and Deeth
NOI	Sequentially list conditions, if any, leeding to immediate	OUE TO (OR AS A CONSEC								1
RTHESCA	cause. Enter UNDERLYING CAUSE (Disease or Injury hat initiated events esulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significent conditions	contributing to death but not r	reculting in	the underlyli	ng ceuse given in		Ia. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINOINGS INLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			28. 1	PLACE OF DEATH (Ch	eck only one)				·
SIC		HOSPITAL: 1 Inpatient 2 ER/Outpatient 3		OTHER:	me 5 🗆 Rasidence	8 🗆 Other (S	Specify)			
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	28d. DESCF	WOH 381	NJURY OCCUP	RED		
0	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, sti	reet, factory, off	ce		ON (Street fown, State)	and Number or	Rural Route	Number,
COMPLETE	one)	CIAN: To the best of my knowledge, de R: On the bests of exemination end/or								d menner es stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER J 2 HOWE 30. NAME AND ADDRESS OF PERSON WHO	MD	M OT G	Parland)	29c. LICENSE NUI	70C				rith, Day, Year) - 9Z
-	III JU. HAME ARD ADDRESS OF PERSON WHO	, COMPLETED GAUSE OF GEATH (ITE	m 2/] (7/00. /	THIL)						

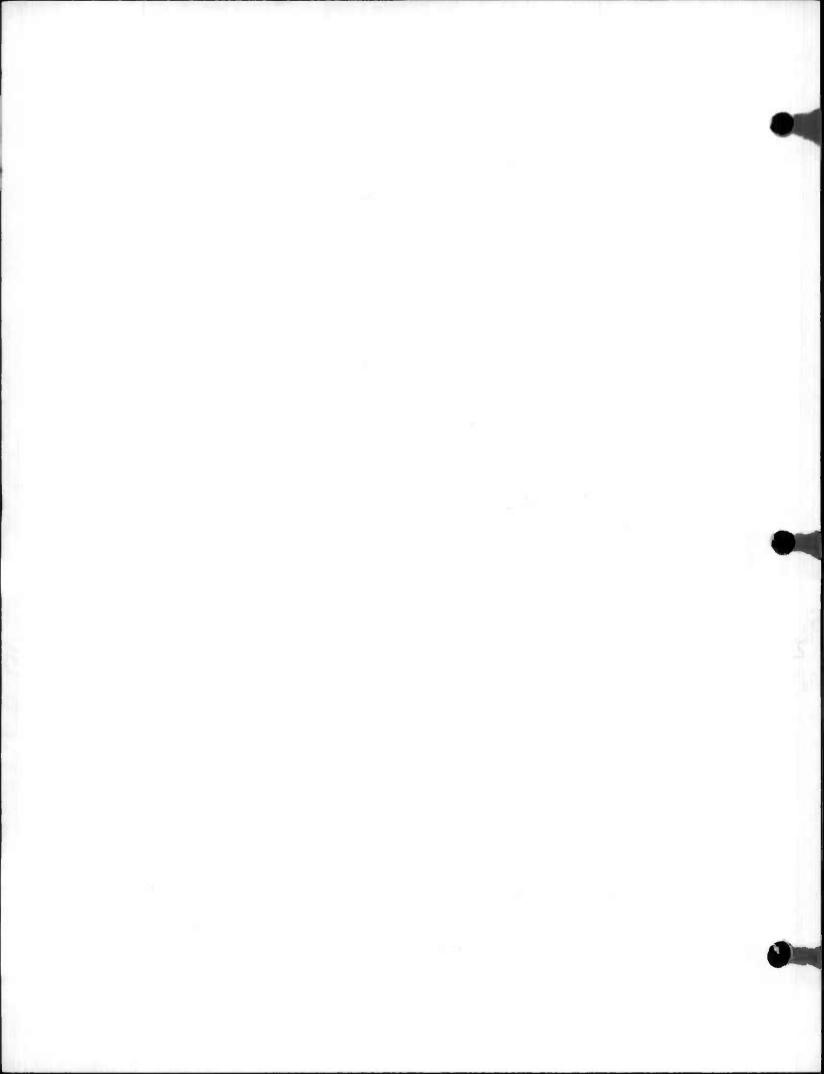
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MARY LAND

HOWE 31. DATE FILED (Month, Day, Year)

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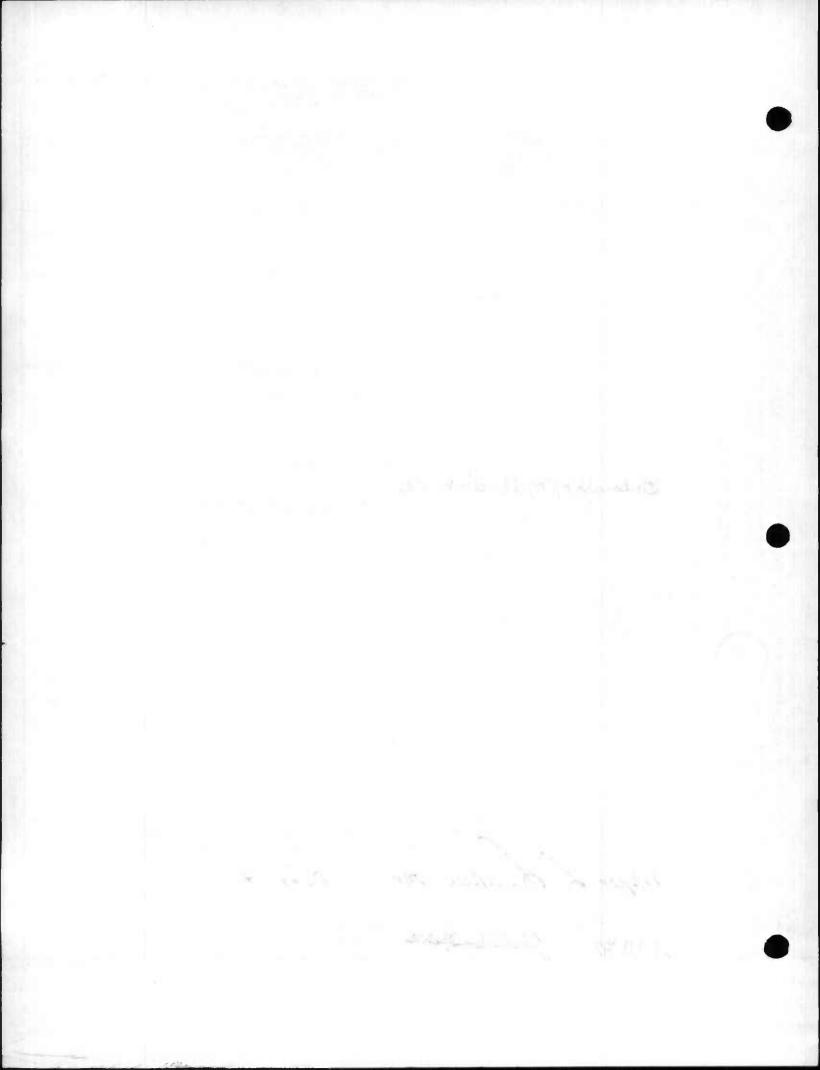
102 REGISTRATIS SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The two requires the first certificate be executed within 24 hours after death. Page 6 may be retained by the 1	bluods	be filed within 72 hours after death with the State Deck of Health and the prior to burial, cremation, or removal.	offfied
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEA	LTH AND MEI	NTAL HYGIEN	E	20102		
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATN		3. TIME OF DEATN		
	Eleanor	M. Drake Wil	liams			July 8,	YEA	9:45 am M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I			UNDER 24 HRS. 7. I	7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country)				
	152-05-9453	1 □ M 2 🗵 F 7.	3 YRS. MON	THE DAYS H		July 13, 1918 New York				
~	9a. FACILITY NAME (If not institution, give	atreet and number)	9b.	CITY, TOWN OR L	OCATION OF DEATH		9c. COUNTY O	F DEATH		
P	Collingswood	Nursing Home		Roc	kville		Moi	ntgomerv		
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITY, TO	WN OR LOCATION	TO SO COLORS	10d, INSIDE CIT				
H	Maryland M	Montgomery	Р.	otomac				LIMITS?		
	10e. STREET AND NUMBER	ionegomer y	1		CODE		10g. CITIZEN C	F WHAT COUNTRY?		
FUNERAL	10434 Windsor Vi	lew Drive			20854		United	l States		
5	11. MARITAL STATUS	MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			ENT OF HISPANIC O	RIGIN? (Specify Yes	or No.— 14. R	ACE — American Indian		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	TES"		Cuben, Mexican, Pu NO Specify:	ierto Rican, atc.)		lack, White, atc.		
								hite		
	(Specify only highest grade	(Specify only highest grade completed) (Give kind of work done during m				16b. KIND OF BU	BINESS/INDUSTR	Y		
7	12	College (1-4 or 5 +)	Homemake			Own H	Iome			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				MOTNER'S NAME (
BE C	Howard Drake Mart					VanTasse	211			
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and I	lumber or Rural Route	Number, City or Tow	n, State, Zip Code)			
F	Darlene D. Willia	ms Ellison	19227 C	ross Rid	dge Drive	, German	town, M	aryland 20874		
	20e. METNOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 Rem		PLACE AND DATE OF DIS	SPOSITION (Name of			CATION — City or			
	4 Donation 6 Other (Specify)	ery 7/1	L/92 High	nland M	ills, New York					
	21. SIGNATURE OF FUNERAL SERVICE LI	22. NAME AND ADDRESS OF FACILITY ROBERT A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue								
	Darbarayom	c Mullen daw	rence	Rockvi.	lle, Inc. lle, Mary	300 Wes	t Monto	omery Avenue		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of disease and constitution resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events					certies or respi	ratory srrest,	Approximats Interval Batween Onset and Daeth 2 weeks 6 months		
H	resulting in death) LAST									
Ö	PART II. Other aignificent condition	ne contribution to death by	d and moulding in the							
PHYSICIAN: MEDICAL	TAIN II. Ottor agrinicant condition	a contributing to deeth be	n not resulting in th	e underlying ce	use given in Part	i, 24a. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
X	25. WAS CASE REFERRED TO MEDICAL									
š	28. PLACE OF DEATH (Check only one) EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 2 Normaling Home 5 Residence 6 Other (Specify)									
No. 11	17. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF NJURY WORK? 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED NORK?									
	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	INJURY	WORK?			NJONT OCCORED			
BY	27. MANNER OF DEATH 1 🖄 Natural 5 🗌 Pending	28a. DATE OF INJURY	- At home, farm, street	WORK?	2 NO	LOCATION (Street of City or Town, State)		al Route Number,		
BY	27. MANNER OF DEATH 1 Netural 5 Pending treestigation 2 Accident treestigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only) 1 CERTIFYING PNYS	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	At home, farm, street,	M 1 YES , factory, office	2 NO 28f.	LOCATION (Street of City or Town, State)	and Number or Rur			
BE COMPLETED BY	27. MANNER OF DEATH 1 Netural 5 Pending treestigation 2 Accident treestigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only) 1 CERTIFYING PNYS	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Cidan: To the best of my knowledge. On the best of my knowledge.	At home, farm, street,	M 1 YES factory, office the time, date and my opinion, death	2 NO 28f.	LOCATION (Street City or Town, State) the cause(s) and mar data and place, an	end Number or Rur ener se stated, d due to the caus 29d. DATE SIGN	e(e) and menner as stated.		
COMPLETED BY	27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Clans). To the best of my knowledge. On the best of my knowledge.	At home, farm, street. At home, farm, street. adge, death occurred at and/or investigation, in	M 1 YES factory, office the time, date and my opinion, death	2 NO 28f.	LOCATION (Street City or Town, State) the cause(s) and mar data and place, an	end Number or Rur ener se stated, d due to the caus 29d. DATE SIGN	e(s) and menner as stated.		
BE COMPLETED BY	27. MANNER OF DEATH 1 Matural 5 Pending Investigation 2 Accident 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CENTIFIED 30. NAME AND ADDRESS OF PERSON WITH	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Cian): To the best of my knowledge. On the best of my knowledge.	At home, farm, street. At home, farm, street. Addge, death occurred at and/or investigation, in TN (ITEM 27) (Type, Print)	M 1 YES factory, office the time, date and my opinion, death	2 NO 2ef. place, and due to the occurred at the time.	LOCATION (Street and City or Town, State) The Cause(a) and mark data and place, and	end Number or Rur ener se stated, d due to the caus 29d. DATE SIGN Ju	e(e) and menner as stated.		
BE COMPLETED BY	27. MANNER OF DEATH 1 M Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CENTURE 29b. SIGNATURE AND TITLE OF CENTURE	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Cian): To the best of my knowledge. On the best of my knowledge.	At home, farm, street. At home, farm, street. Addge, death occurred at and/or investigation, in ATN (ITEM 27) (Type, Print, orefield Ro	M 1 YES factory, office the time, date and my opinion, death	2 NO 2ef. place, and due to the occurred at the time.	LOCATION (Street and City or Town, State) The Cause(a) and mark data and place, and	end Number or Rur ener se stated, d due to the caus 29d. DATE SIGN Ju	e(e) and menner as stated.		



BALTIMORE, MARYLAND 21215-0020

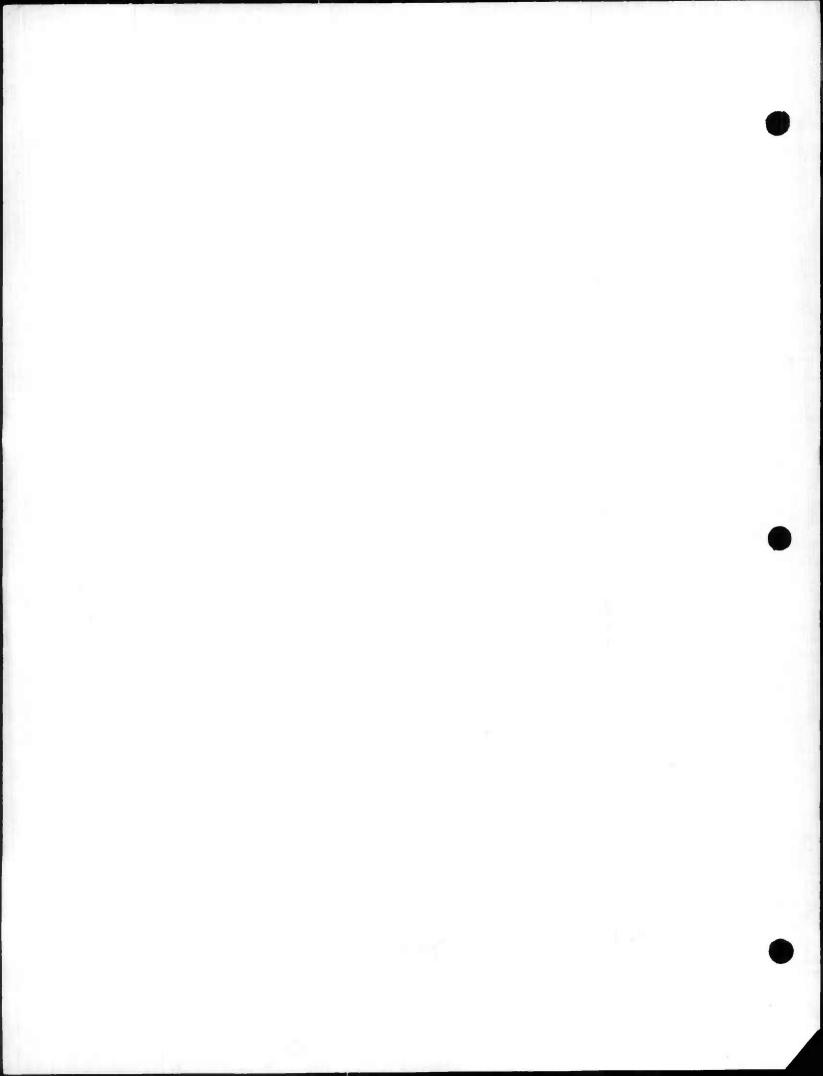
FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

92 20763

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	HEGISTRAR		CERTIF	ICATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	Н	3. TIME OF DEATH		
	DEAN	MICHAEL	ALLRED			MONTH "7	20 199	YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
		1 X M 2 🗆 F	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Yes	lr)	Country)		
	9a. FACILITY NAME (If not institution, give s	street and number)		AL OUTY TOWN	11	7/19/92		Maryland		
Œ								Y OF OEATH		
일	St. Agnes Hospital Baltimore City =======									
DIRECTOR	10a STATE 10b COUNTY									
등	Maryland Ann	e Arundel		altimore				10d. INSIDE CITY LIMITS?		
7	10e. STREET AND NUMBER					1 TYES 2 X NO				
FUNERAL	200 Charles Str	oot.		101	f. ZIP CODE			N OF WHAT COUNTRY?		
W					21225		U.	·S·A·		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specifian, Puerto Rican, etc.	Yee or No- 14	. RACE — American Indian,		
ВУ	1 X Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR D		1 TES	2 NO Speci	an, Puerto Hican, etc fy:	.)	Black, White, atc. Specify:		
								White		
里	15, DECEDENT'S EDU (Specify only highest grade	CATION completed)	18a. DECEDENT'S	USUAL OCCUPATION	ON ost of working	16b. KIND OF	BUSINESS/INDUS	TRY		
W	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during mo se retired.)	or working					
M P										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Ma	iden Sumame)			
BE (
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street e		Route Number, City or		ryfe)		
2	Michael A. Allre	d	200 C	harles S	Street			Land 21225		
	20a. METHOD OF DISPOSITION	206	PLACE AND DATE							
	1 Burial 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	cem State cem	netery, crematory or of	ther place)			LOCATION — City			
	21. SIGNATURE OF PHNERAL SERVICE LIC		<u>Cedar Hi</u>			17/23 B	altimore	, Maryland		
1	The service of	W.			ND ADORESS OF FA	nce Fune:	ral D A			
	Monney 1	1 Ladni	count					Md. 21225		
	23. PART I. Enter the disease, or a	omelications that caused	the death. Do o	of enter the mo	de of dylon, suc	riwy Da.	tormore,	Md. 21225		
	oriock, or neart leliure.	Clat only one ceuse on e	ech line.	or onter the mo	de Di dying, suc	in ea cardiec or n	spiratory errest	Approximete Interval Batween		
	IMMEDIATE CAUSE (Finel disease or condition							Onset and Death		
	resulting in death)	a. puha	anany	interest	bal es	nphyser	12	5 hrs.		
		DUE TO (OR AS A	CONSEQUENCE OF	7):		1				
S	Sequentially list conditiona,		DS					11 Rrs.		
CERTIFICATION	If any, leading to immediate									
5	CAUSE (Disease or Injury	c	CONSEQUENCE OF	aremat	untru			11 hrs.		
	that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	7: `	9					
55		d								
	PART II. Other significent condition	e contributing to deeth b	ut not regulting i	n the underlying	a course of the state	Post I as sure				
EDICAL			at hist resulting i	ii the unuerlying	d canse diven in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
						1 🗆 YE	3 2 NO	COMPLETION OF CAUSE OF DEATH?		
ž								1 YES 2 NO		
z										
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)				
Sic	1 TES 2 THO	HOSPITAL: 1 Inputient 2 ER/Output	atient 3 DOA	OTHER:	e 5 🗆 Residence	8 Other (Specify)				
主	27. MANNER OF DEATH	28a. DATE OF INJURY	28b, TIME			28d. DESCRIBE HO	W M M M W OOG IN			
	1 Naturel 5 Pending	(Month, Day, Year)	INJ	JRY WO	RK?	200. DESCRIBE HO	W INJURY OCCUR	ED		
BY	2 Accident Investigation	28- DI ACE OF IN HUMA			ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At nome, term, sify)	treet, factory, office	•	28f. LOCATION (Str. City or Town, St	eet and Number or F ate)	Rural Route Number,		
10 H										
COMPLET	29a. CERTIFIER (Check only	CIAN: To the best of my knowle	edge, death occurre	d at the time, date	and piece, end due	to the cause(a) and	manner as stated			
8	one) 2 MEDICAL EXAMINE	R: On the basis of examination	end/or Investigation	n, in my opinion, de	eath occured at the	time, date and place	and due to the co	susse(s) and manner as etaled		
	29b. SIGNATURE AND TITLE OF CERTIFIER									
- II			nears	to loa . ci	29c. LICENSE NUI		29d. DATE SI	GNED (Month, Day, Year)		
2	30 NAME AND ADDRESS OF BEDGO	SPUTO MY		7121	レユヤ	30	7	120192		
	SULL M. S. S.	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type,	Print)	e Hose.	be ann	C L A	2 11 2 5		
	30. NAME AND ADDRESS OF PERSON WHO	A1.0 (A1)	J. C.N.	a	C 1.00 81	1,00	CETAN ANY	21220		
	JUL 28 1992	32 AEGISTRAN'S SIGNA	TUES					16.00		
- 1	JUL 68 1335	June mundson	-Masterer							



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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ALEXANDRA ALLRED ELIZABETH 20 1992 5:20 A.M.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign Country) 1 M 2 XF YRS. 7/19/92 96. CITY, TOWN OR LOCATION OF DEATH Maryland use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH DIRECTOR St. Agnes Hospital Baltimore City RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Baltimore 1 YES 2 TO NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 200 Charles Street 21225 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: 1 X Never Married 2 Married BY IF YES, GIVE WAR OR DATES 1 TES 2 X NO Specify: 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Ď Elementary/Secondary (0-12) filled in by the funeral director, page 5 should be detached on, or removal. once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) 10 Michael Andrew Allred Cynthia Lynn Miller notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Michael Allred 200 Charles Street Baltimore, Maryland 21225 3 20a. METHOD OF DISPOSITION
1 X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Must 1 Burial 2 Cremation 3 F 4 Donation 5 Other (Specify) cemetery, crematory or other place)
Cedar Hill Cemetery 7/23 Baltimore, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home P.A. 4001 Ritchie Hwy. Baltimore, Md. 21225 medicai Icetione thet ceueed the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, 23. PART I. Enter the diseases, or com shock, or heart fellure List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death the attending physician and completely fille Mental Hygiene prior to burial, cremation, within 24 the disease or condition resulting in death) 7 hrs. DUE TO (OR AS A CONSEQUENCE OF) interstitial emphysema traumatic event, executed R DS 16 hrs. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to Immediate cause. Enter UNDERLYING 2 DUE TO (OR AS A CONSCOUENCE OF): certificate 16 hrs CAUSE (Diseese or injury other that initiated events resulting in death) LAST 6 death Injury, PART II. Other algnificent conditiona contributing to deeth but not recuiting in the underlying ceuse given in Part i. the MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS een signed by the of Health and A AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? that shows any 1 | YES 2 | 100 1 YES 2 NO State Dept. o PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL the State D 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Nopetient 2 ER/Outpetient 3 DOA OTHER:
4 □ Nursing Nome 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO PHYSICIAN: 6 27. MANNER OF DEATN 28a. DATE OF INJURY (Month, Day, Year) this c. 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED is marked, 1 Natural 5 Pending 1 YES 2 NO After the BY 2 Accident Investigation ATTENDING 28a. PLACE OF INJURY — At home, farm, atreet, factory, offica building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide DIRECTOR: A hours after d 8 Could not be determined COMPLETED 4 Nomicide OR 29a. CERTIFIER 1 (Check only CERTIFYING PNYSICIAN: To the best of my knowledge, dasth occurred at the time, deta and pieca, and due to the cause(a) and manner as stated. RAL 72 1 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNED (Month, Day, Year) 7 120 192 Susan on Schopio MD - remotologist D2 450 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) MEZUZ St. Argnes M. Schzpiro Hospital 900 Caton Ave, Belto MD ICN 31. DATE FILED 1011, 02 8" 1992 32. JEGISTRANO SIGNATURE POR DE LA SEGUE D

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2

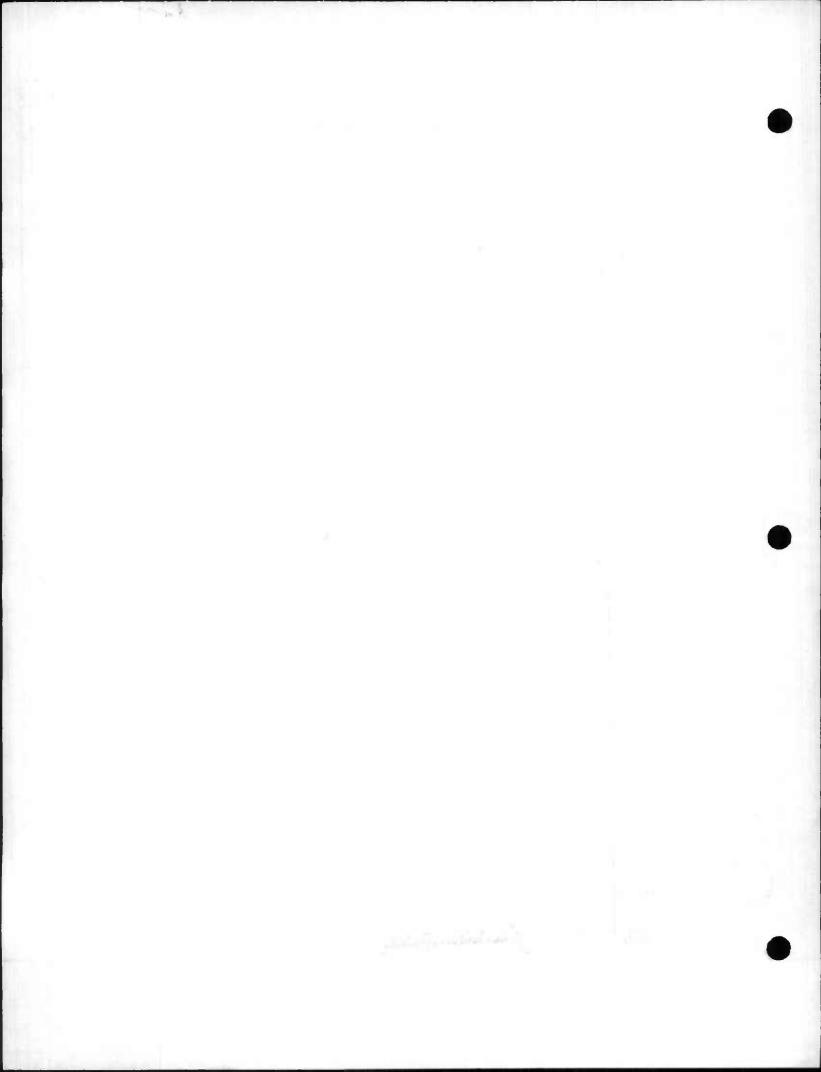
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3. TIME OF DEATH

YEAR

REG. NO.

2. DATE OF DEATH

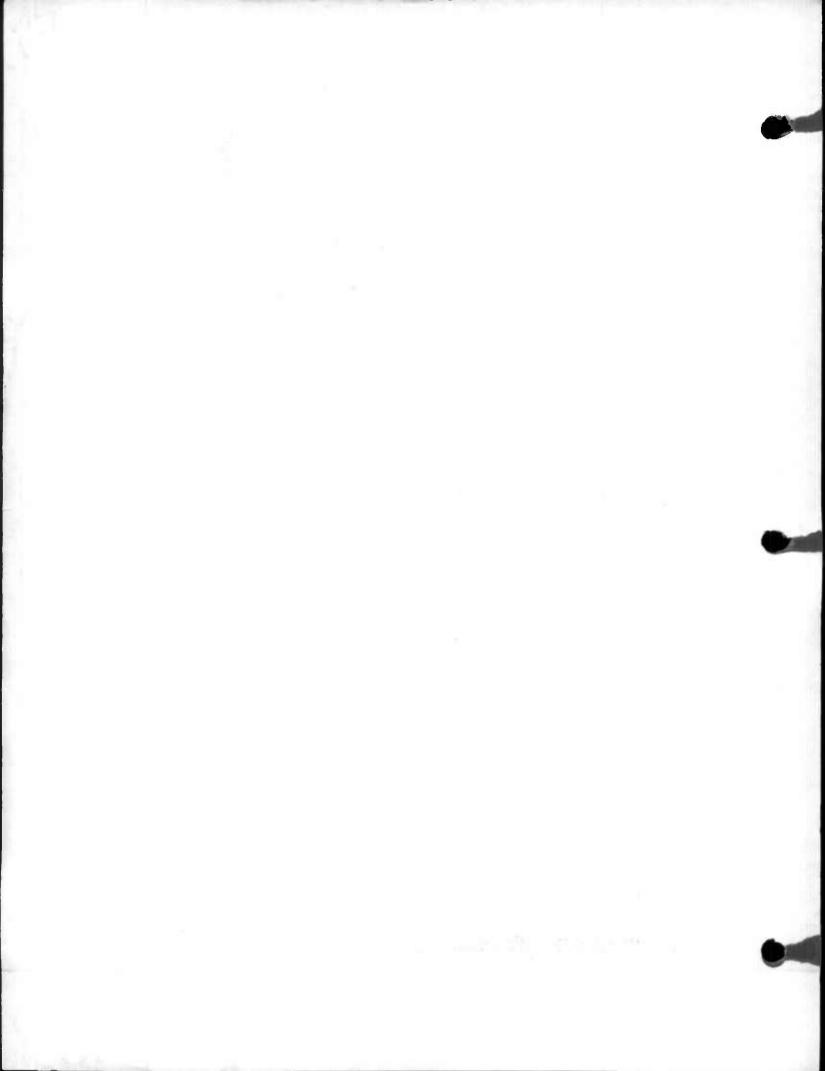


1 - FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First, Middle, La	est) \ f	+1	PI	01	\	2. DA	TE OF DEATH	MY	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. i	lest birthday)	IF UNDER 1 Y	EAR IF UNDER 24	HRS. 7. DAT	E OF BIRTH	5 4	BIRTNPLACE (State or Foreign	
0	192-18-6763	1 😡 M 2 🗆 F	67	YRS.	MONTHS D	NYS HOURS		10/25		Country)	
_	9e. FACILITY NAME (If not institution, gi	ive street and number)			96. CITY, TO	WN OR LOCATION		14/125	9c. COUNT	Y OF DEATH	
DIRECTOR	Holy Cross Hosp	pital			Silver Springs				Montgomery County		
E S	10e. STATE 10b. COL			10c. CIT	Y, TOWN OR I	OCATION				10d. INSIDE CITY LIMITS?	
	Maryland Mon-	tgomery Cour	ty	S	Silver Springs					1 YES 2 NO	
RA		m				10f. ZIP CODE	20004		EN OF WHAT COUNTRY?		
FUNERAL	2907 Strauss 11. MARITAL STATUS	Terrace 12. WAS DECEDENT E							US s or No — 1	4. RACE — American Indian,	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 I		_NO	1 TES 2 NO Specify: Specify:						
ETED	15. DECEDENT'S I (Specify only highest gi				USUAL OCCU	PATION og most of working	1	66. KIND OF BU	ISINESS/INDU	STRY	
ᆲ	Elementary/Secondary (0-12)	College (1-4 or 5+)		ducat				Coppin	State	College	
E COMPL	17. FATHER'S NAME (First, Middle, Last)				-	16. MOTHER	A'S NAME (Firs	t, Middle, Maiden	Sumame)		
00	19a. INFORMANT'S NAME (Type/Print)		1	19b, MAILING	ADDRESS (S	reet and Number or	Rural Route Nu	imber, City or Tox	vn, State, Zip C	Code)	
임	Judy Branzelle	2907 :	Straus	s Terra	ce, Si	lver Sp	rings	, MD 20904			
	20e. METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Date DATE 20c. LOCATION - City or To								ty or Town, State		
23	21. SIGNATURE OF FUNERAL SERVICE	LUCENSEE Ronald	Wade	, Dir	22. NAI	ME AND ADDRESS	OF FACILITY	State	Anat	comy Board	
- 1	Good B.	Town from	1771	27/92	655	W.Balti	more S	t, Balt	0.,MD	21201	
4	23. PART I. Enter the diseases,	or complications that core. List only one cause	used the	death. Do n	ot enter the	mode of dying	, such as co	ardiac or reap	iratory arre	st, Approximate	
	IMMEDIATE CAUSE (Final								. 1	Interval Between Onset and Death	
	disease or condition resulting in death)	a. Metast	atic	Squa	mous	Cell (Carci	noma	of lu	11 month	
	we serve on a surface of	- leaking	/Di	SCP (I	in A	boomin	dA	actic	Anou	and 96 hours	
CALION	disease or condition resulting in death) a. Metastatic Salvamous Cell Carcinoma of lung Due to (or as a consequence or): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Due to (or as a consequence or): Due to (or as a consequence or):								750		
	CAUSE (Disease Dr Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFI	resulting in death) LAST										
- 11									24b. WERE AUTOPSY FINDINGS		
MEDICAL	Anemia					.y.ng cause giv		PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE	
	COPD							1 1 163	270,100	OF DEATH?	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	4.55.500		OTHER:	6. PLACE OF DEA	TN (Check only	one)			
Z HA	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 EF		3 DOA		Nome 5 Resid		her (Specify)	INJURY OCCU	IRED	
-	1 Natural 5 Pending	(Month, Day, 1	(bar)	INJ	URY	WORK?					
3	3 Suicide 6 Could not determined	be 28e. PLACE OF IN	IJURY — At I (Specify)	home, farm, s	treet, factory,	office		OCATION (Street ity or Town, State		r Rural Route Number,	
PE		IYSICIAN: To the best of my	knowledge,	death occurre	d at the time.	date and place, as	nd due to the	cause(a) and ma	nner as stated	1.	
COMPL	One) 2 MEDICAL EXAM	fINER: On the basis of exem	Ination and/o	or Investigatio	n, in my opini	on, death occured	at the time, de	nte and place, a	nd due to the	cause(a) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTI	FIER	1	TAIT	Ja	29c. LICENS	E NUMBER	_	29d. DATE	SIGNED (Month, Day, Year)	
0	30. NAME AND ANDRESS OF PERSON	WHO COMPLETED CAUSE O	OF DEATH (IT		PRINK	T 1 1 3 5	045		1 7	-25-72	
- II			arangiii (11								
	PHILIP G. HE	VJUM, MI	> 13	5975	_	NECTIC	47 A	VE #	308	SS, MD 20506	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



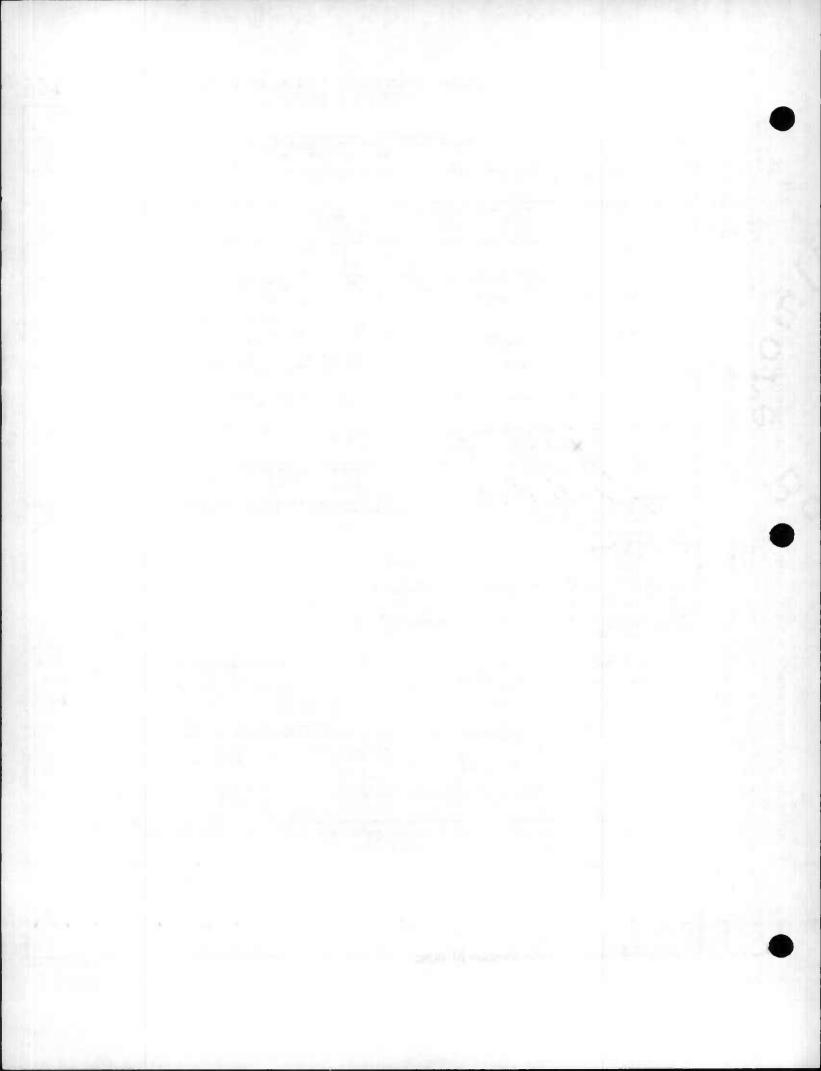
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
O fret voltant. To have a section of the section of
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH							
DECEDENT'S NAME (First, Middle, Lest)		Peter Basa	1vga		2. 0 M			
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	20	IF UNDER 24 HRS.	7, 0			

92 20766

1 - FOR STATE REGISTRAR	STATE OF M					EALTH AN DEATH	D MEN		YGIEN	-	92	207
1. DECEDENT'S NAME (First, Middle, Lest)		Peter	Basa.	lyga	a			NTE OF		199	YEAR :	10:45 P
4. SOCIAL SECURITY NUMBER 170-09-5951 98. FACILITY NAME (If not institution, give s	5. SEX	6. AGE (In yrs. I		MONTHS		IF UNDER 24 HR HOURS MIT	Aug	TE OF I	w. Year)	1919	Per	nsylvani
THE JOHNS HOPKII		AL			ALTIN	ORE	F OEATH			9c. COUNT BA	LTIN	
	De. STATE 10b. COUNTY				or Locat							IOd. INSIDE CITY LIMITS?
10. STREET AND NUMBER 2509 Foster Ave.				101	ZIP CODE	4				S.	A .	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No. 14. R if yes, specify Cuben, Mexican, Puerto Rican, atc.)					4. RACE -	- American Indien, White, atc.	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) (Give kind of work done during most of working life. Do NOT use retired.)									SINESS/INDU	STRY	
17. FATHER'S NAME (First, Middle, Last)	NA NA		bake.	L 31	iper.	18. MOTHER'S	NAME (Fir		Baker 16, Maiden		-	
Alexander Basalys	ga		ar acceptance				phan:		9			
Mary Basalyga (Wi	ife)					Number or Re						
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	20b. PLACE	2509 Foster Ave., Bal ACE AND DATE OF DISPOSITION (Name of ty, cremetory occupies place) agton Hills Cemetery					OATE 20c. LOCATION - City or Town, State RD1, Scranton, Pa.					
21. SIGNATURE OF FUNERAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home								
Interval Batween IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events List only one cause on each line. Interval Batween Onset and Death 2 4 4 4 5 5 5 DUE TO (of As A CONSEQUENCE OF): DUE TO (of As A CONSEQUENCE OF): DUE TO (of As A CONSEQUENCE OF): DUE TO (of As A CONSEQUENCE OF): DUE TO (of As A CONSEQUENCE OF):												
Change in mental Status								VERE AUTOPSY FINDI WAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH?				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	AL 28. PLACE OF OEATH (Check only one) NOSPITAL: OTHER:											
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Ninpatient 2 ER/Outpatient 28e. OATE OF INJURY (Month, Day, Year)			28b. TIME OF 1NJURY A WORK?			Recidence 6 Other (Specify) AT 28d. DESCRIBE HOW INJURY OCCUP 2 NO			RED		
2 Accident Investigation 3 Suicide 6 Could not be datermined 26e. PLACE OF INJURY — At home building, atc. (Specify)							26f. L	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	ICIAN: To the best of ER: On the bests of ex											and manner es state
296. SIGNATURE AND TITLE OF CERTIFIE MACUNE	THE STATE OF THE S	_mo				29c. LICENSE	NUMBER 76			29d. DATE :	SIGNEO (A	Worth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHEN AND ADDRESS OF PERSON WHEN ADDRE	US R	B UTL			mo			Jo	hus	Hope	uns	Hospi

DHMH-16 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

					/611111	ואטו		DEA	, , ,		HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM L.				DINE,	SR				2. DATE O	F DEATH	199	9 YEAR	3. TIME OF DEATH
				8. AGE (In yrs. I			R 1 YEAR	IF UNDER	24 HBS	7. DATE O				*LACE (State or Foreign
	212-01-518				MONTHS DAYS HOURS MIN.			July	Day, Year)	191	Country			
	9a. FACILITY NAME (If not inst	litution, give st	reet and number)			9b. CIT	Y, TOWN	OR LOCATI			10/		NTY OF DE	-
<u>و</u> ا	627 Opel Road						G1	en B	urn	ie		Anı	ne A	rundel
ច្ឆ	RESIDENCE OF DECE	10b. COUNTY			10c CIT	Y, TOWN	OR LOCA	TION						
. DIRECTOR	Maryland Anne Arundel							urni	е					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
IERAL	627 Opel Road						10	r. ZIP COD		1060				States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divorce		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	KXES 2	NO	13.	If yes, s		n, Mexica	NIC ORIGIN? en, Puerto Ri fy:		or No	14. RACE Black, Specify	- American Indian, White, etc. White
	15. DECEI	DENT'S EDUC	CATION	16a. [DECEDENT'S	USUAL C	OCCUPAT	ON	******	16b. I	KIND OF BUS	INESS/IND	USTRY	
COMPLETED	(Specify only I		College (1-4 or 5	r)	(Give kind of the Do NOT us Enaml		during m	ost of workin	ng	P1:	umbin	ıg Sı	upp1	y co.
ĕ I	17. FATHER'S NAME (First, Mide	die, Last)						18. MOTI	HER'S NA	AME (First, Mil	ddia Maldan	Sumamal		
BE C	William		L.	<u>.</u>	Во	din	е		inn			-	Le	onard
10	190. INFORMANT'S NAME (Typ) Mrs. Mary		ne	e	196. MAILING	pe1	s (Street RO	end Number a d	or Rural	en Bu	arnie	, State, Zip	Code)	21060
	20a. METHOD OF DISPOSITIO	3 🗆 Remo	oval from State		EANDDATE				rk	7/29,			City or Town	rn, State rnie, MD.
	21. SIGNATURE OF FUNERAL	SERVICE LIC	2)	7)		22 M	NAME A	ND ADDRE	ss of Fa	nera:	l Hon	ne o:	f Pa	sadena MD.21122
CERTIFICATION										Interval Between Onset and Death				
ERI	that initiated events resulting in death) LAST	L.	k	(OR AS A CONS	27031011913									
: MEDICAL	PART II. Other significant-ponditions contributing to death but not resulti					lil i	nderlyin Ž	g cause (given in	ocumen	PERFOR	MED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO	MEDICAL.					24. P	LACE OF D	EMH (CA	reck only one)				
THIS	27. MANUER OF DEATH 1 Natural 5 P		26e. DATE OF (Month, .D		256. TIM	-	28c. IN	JURY AT		*	RIBE HOW I	NUMY OCC	CURED	
<u>ا</u> «	2 Accident Investigation 3 Suicide 6 Could not be detarmined detarmined building, etc. (Specify)						M 1 YES 2 NO street, featury, office 28t, LOCATION (Street and founder or Rural Route Number City or Street)					ulir Alumber		
COMPLETED			CIAN: To the beat of R: On the beats of e											and ganner as stated.
TO BE C	296. SIGNATURE AND TITLE OF	M	100	mie	1 14	1)	29c. LICE	3 d	MBER 25	6	29d. DAY	Z/	27/92
	30. NAME AND ABORESS OF F	MI	RAMIK	EZ	ML	Sint)	84	OA	Ka	000	RO	6k	NBO	IRNIEML
	31. DATE FILED (Month, Day, Ye.		_	R'S SIGNATURE										

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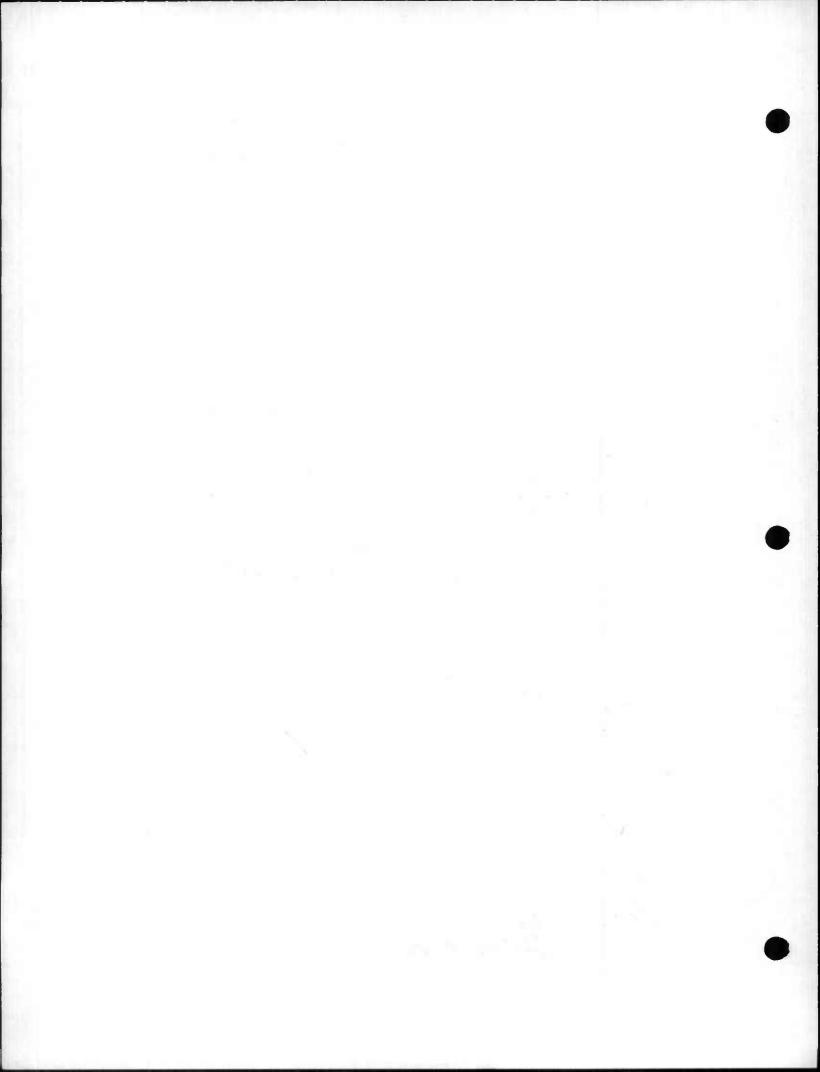
THE PRINTIAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

The Printial DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended by the atte

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



OTHE HIGHTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
THE HINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the start death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WINDERINAT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF H	EALTH AND I	MENTAL HYGIENE REG. NO.		20/00	
	1. DECEDENT'S NAME (First, Middle, Last	ELSIE BENNE	ETT			2. DATE OF DEATH DAY 7 25	YEAR 92	3. TIME OF DEATH 3:55 A M	
	4. SOCIAL SECURITY NUMBER 217-14-1139 A 90. FACILITY NAME (If not institution, give	1□ M XX F 97	YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-23-189	4 BIRT Coun	HPLACE (State or Foreign try) L'Yland	
TOR	Meridian Long		96		imore	ATH	9c. COUNTY OF	DEATH	
FUNERAL DIRECTOR		/A	Balti	MOYE	ON		10d. INSIDE CITY LIMITS? 1 VES 2 NO		
VERAL	6401 Loch			101.	ZIP CODE 2123		WHAT COUNTRY?		
BY	11. MARITAL STATUS XIXX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	S. ARMED	13. WAS DECE If yes, spe 1 YES	cify Cuban, Mexicar	HC ORIGIN? (Specify Yes or n, Puerto Rican, atc.)	s or No— 14. RACE — American Indian, Black, White, stc. Specify: White		
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION 16 completed) College (1-4 or 5+)	e. DECEDENT'S USL (Give kind of work life. Do NOT use re Payroll	done during mos tired.)	N t of working		usiness/industry anking		
BE CO	17. FATHER'S NAME (First, Middle, Last) Samuel Bennett					ME (First, Middle, Meiden Sur beth F. All			
70	Miriam Eslinger		196. MAILING ADI	kingbi	d Number or Rural A nd lane	Towson Md 2	State, Zip Code) 1286		
	20s. METHOD OF DISPOSITION 1 P Burlet Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of complex), cremetory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 7/28 Baltimore, Maryland								
	Dennis S.	Xenakis M	100640	6500 '	York Roa	hell-Wiedef d Baltimore	Maryla		
	23. PART i. Enter the diseases, or ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PCUTE DDE TO (OR AS A CO	iine.					Approximate Interval Between Onset and Death	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. ANTENUS CO	LEPOSTIC						
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):						
PHYSICIAN: MEDICAL	PART II. Other significant condition	na contributing to death but r	not resulting in th	ne underlying	cause given in i	Part I. 24s. WAS AN AU PERFORME 1 YES 2	D?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL;		HER:	ICE OF DEATH (Che				
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	1 ☐ Inpetient 2 ☐ ER/Outpetier 28e. DATE OF INJURY (Month, Dey, Year)	26b. TIME OF	28c. INJU WOR	S Pasidence 8 RY AT IK? ES 2 NO	B Other (Specify) 26d. DESCRIBE HOW INJU	JRY OCCURED		
	2 Accident 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — Af home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — Af home, farm, street, factory, office City or Town, State)								
COMPLETED		BICIAN: To the best of my knowledge ER: On the basis of examination an						a) and menner as stated.	
TO BE	296 SIGNATURE AND TITLE OF CERTIFIE	Ullumder A	1-9		29c. LICENSE NUM 0076	BER 29	Pd. DATE SIGNED	(Month, Day, Year)	
		vendes m.d.	PN 75		LEIL DY #	404 TOWSO	IN, MO	21204	
	JUL 28 1992	32. REGISTRAR'S SIGNATURE	due!						

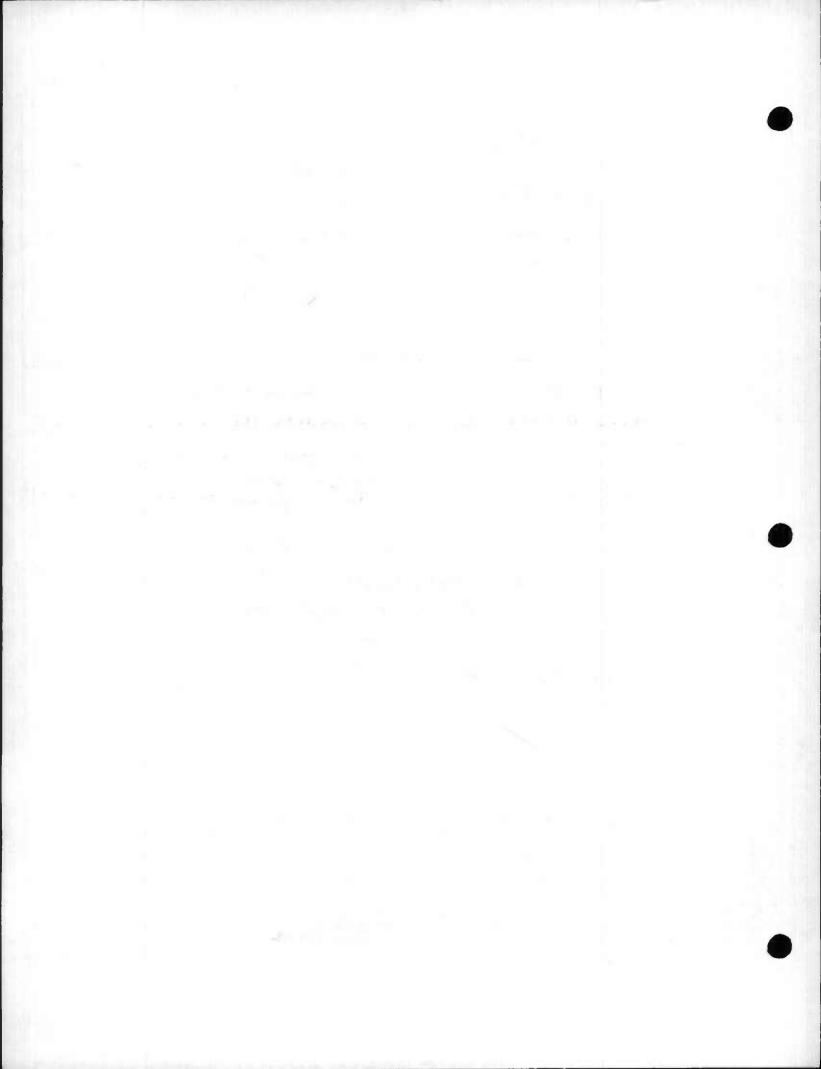
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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	-
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPA	RTMENT OF H	EALTH AND	MENTAL HYGIEN		2 20769			
	1. DECEDENT'S NAME (First, Middle, Last)		0=11111	TOATE OF	DEATH	REG. NO		3. TIME OF DEATH			
1	QUEENASIA S.	BRENT				JULY 23,	1992 YE	1:30 P M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	7. DATE OF BIRTH (Month, Day, Year) 2 - 2 - 90	8.1	BIRTHPLACE (State or Foreign Country)				
	9a. FACILITY NAME (If not institution, give s	(reet end number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH			
DIRECTOR	THE JOHNS HOPKIN	S HOSPITAL	IORE	BALTIMORE CITY							
	100. STATE 10b. COUNTY	Y		TY, TOWN OR LOCAT							
A	10+. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN	1 YES 2 NO OF WHAT COUNTRY?			
E	425 Eutaw St.			2	1201		11	S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2) NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	Black, White, atc. Specify: 1 a c k				
	15. DECEDENT'S EDU	CATION	16e. DECEDENT'S	S USUAL OCCUPATION	ON	16b. KIND OF BU					
COMPLETED	(Specify only highest grade	College (1-4 or 5+) Child	life. Do NOT	work done during mo use retired.)	st of working	chi	1.d				
O	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden					
BE C	Kingislem Bren	t				a Mapson					
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street e		Route Number, City or Tow	n, Stete. Zip Coo	(p)			
2	Kingislem Bren	t	3413								
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	2	0b. PLACE AND DATE	OF DISPOSITION (No	ime of	PATE 20c LO	CATION - City	or Town, State			
were .	4 Donetion 5 Other (Specify)	oval from State	emetery, cremetory or Greenm		meterv		timor				
	21. SIGNATURE OF FUNERAL BETWICE LIC	ENSEE			D ADDRESS OF FA	CILITY	<u> </u>	e , 1911			
	Simot	to K.C	Jones								
	23. PART I. Enter the diseases, Dr o	omplications that cause	ad the deeth. Do	not enter the mo	MARUH	h se cardles or man	01 F.	NORTH AVF			
	ahock, or heart fellure. iMMEDIATE CAUSE (Finel disease or condition reaulting in death)	Liet Dnly ona cause on	each line.					intervai Between			
	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	onaet end Death disease Dr condition reaulting in death) Due TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immadiate Onaet end Death Onaet end Death Onaet end Death Onaet end Death Due To (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immadiate										
2	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE O								
Ē	thet initieted events resulting in death) LAST	DOE TO (ON AS	A CONSEQUENCE (rr):							
E		ś									
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 24a, WAS AN AUTOPSY PERFORMED? 1 YES 2 NO										
A							'	OF DEATH? 1 YES 2 NO			
ž											
글	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)					
YS	1 - YES 2 NO	1 Supportion 2 ER/Ou			e 5 🗆 Realdence	8 Other (Specify)					
	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Yeer,			URY AT RK?	28d. DESCRIBE HOW I	NJURY OCCURE	D			
B	2 Accident Investigation				ES 2 NO						
COMPLETED	3 Suicide 4 Homicide S Could not be determined S Could not be determined S Could not be determined S Could not be determined S Could not be building, etc. (Specify) See. PLACE DF INJURY — At home, term, street, tectory, office building, etc. (Specify) Street, tectory, office City or Yown, State)										
7	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	wiedga, death occur	red at the time, date	and piece, and due	to the cause(s) end mer	nner ee stated.				
8								use(s) and mennar ee stated.			
Ü	29b. SIGNATURE AND TITLE OF CERTIFIER		1.1		29c. LICENSE NUI			NED (Morth, Day, Year)			
0		John Jehr	Me		T7975		→ →	23 92			
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type	e, Print)	9-17	600 ==	1107	200			
	JULIA SCHILLINGER	R, MD.	THE JOHNS	HOPKINS	HOSPITA	L, BALTIM	WOLFE M	ST · 21205			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG									
	JUL 28 1992 Ju	The form transfer - No.									

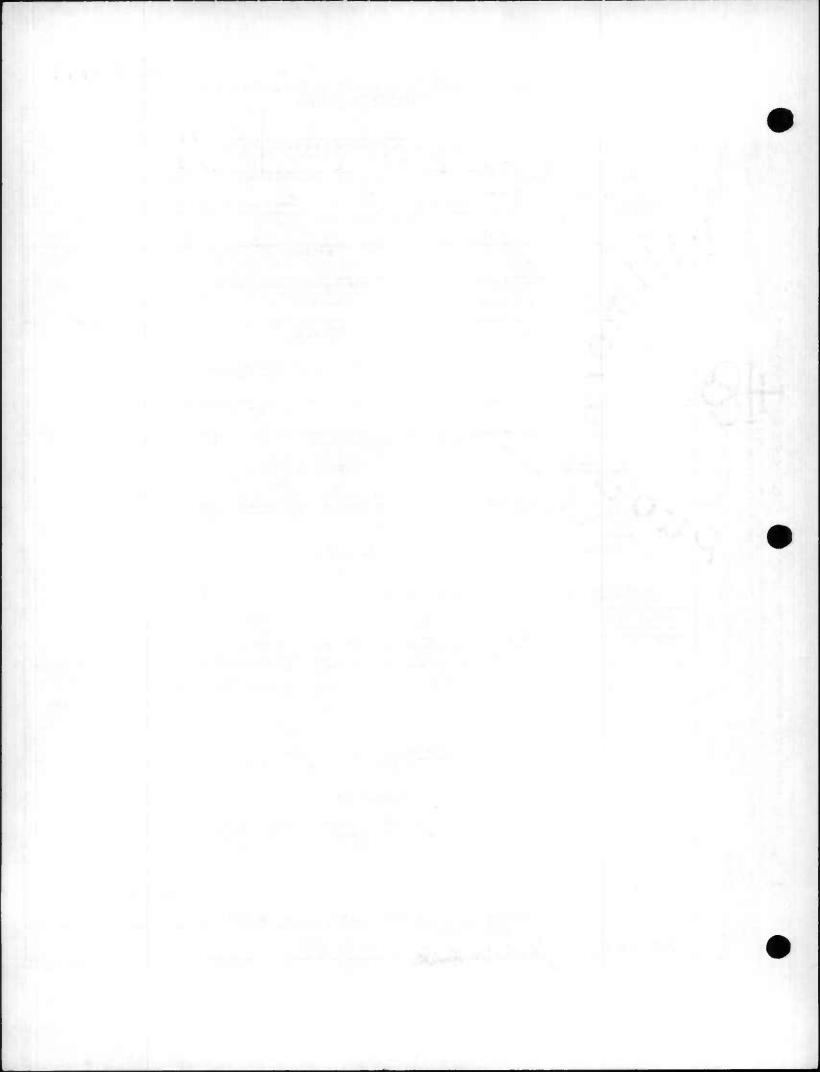
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR			MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	52 20110
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	3. TIME OF DEATH
	EDNAM. B	LACK WELL			MONTH 25 DAY	92 YEAR 4: 15 AM M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.		F UNDER 1 YEAR	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	217-22-0529	10 M 2 DF 76	D/S YRS.	ONTHS DAYS HOURS MIN.	(Morgth, Day, Year) 22	Country) M'D
œ	9a. FACILITY NAME (If not institution, give at	1		b. CITY, TOWN OR LOCATION OF DI	EATH 9c.	COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	altimore		Baltimen	un	- John Mil
R	10e. STATE 10b. COUNTY	0.10	10c. CITY,	TOWN OR LOCATION	- 1	10d, INSIDE CITY
	10e. STREET AND NUMBER	eltimore	13	altimore a	7	1 YES 2 NO
FUNERAL	3908 BOW	nan Ave		10f. ZIP CODE 7/2/3	10g	CITIZEN OF WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	ARMED	13. WAS DECENDENT OF HISPAI	NC ORIGIN? (Specify Yes or N	0— 14. RACE — American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		If yes, specify Cuben, Mexica 1 YES 2 NO Specif		Specify:
	15. DECEDENT'S EDUC		DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BUSINES	BOCK
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of worlife. Do NOT use	k done during most of working retired.)	TOUR KIND OF BOSINES	S/MOUSTAT
MP		2 445.	NUK	SE		
8	17. FATHER'S NAME (First, Middle, Lest)	-1/			ME (First, Middle, Meiden Surna	
BE	MILL HOLL	EY		SALL	IE HOLLE	
2	TRAVIS BL	ACKWELL	390 A	POARMAN	A A A	ro. Md. 21215
	20a, METHOD OF DISPOSITION 1 🔀 Buriel 2 🗆 Cremation 3 🗀 Remo	20b, PLAC	E AND DATE OF	DISPOSITION, Vina Man Dis		ON - City or Town, Stets Randalls-
	4 Donation 8 Other (Specify)	10	udon	Tan Cent	7-30-92 Ba	No, Mg town, Md.
	181,9	1 - /		MARCH FLNG	RAL HOME	- WEST
	23. PART I Enter the diseases, or o	complications that caused the	death Do not	14300 Wab		valto md. 21215
	shock, or heert fellure. I	Liet only one ceuse on each if	ne.	natory Ar		Interval Between
		DUE TO (OR AS A CONS	SEQUENCE OF:	,		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	ONE TO (OR AS A CONS	SEQUENCE OF):	of the	Massive 61	15lect 5.30
S	Cause. Enter UNDERLYING CAUSE (Disease or Injury	3) Acute	myoc	ardial fora	er:	
	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):	0.		
ER	resulting in death) Exs	1. () //wm.	Confr	USM		
AL (PART II. Other algnificant condition	a contributing to death but no	t resulting in	the underlying cause given in		
	Metast	which CA			PERFORMED?	COMPLETION OF CAUSE
ME						OF DEATH?
ä						
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Ch	ack only one)	
YSI	1 TES 2 NO	1 Inpetient 2 ER/Outpetient		THER: Nursing Home 5 Residence	6 Other (Specify)	
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TIME (Y WORK?	28d. OESCRIBE HOW INJURY	Y OCCURED
B	2 Accident Investigation	28e. PLACE OF INJURY — At	hama tama atau	M 1 YES 2 NO		
E	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	nome, term, stre	et, factory, office	28f. LOCATION (Street and Nu City or Town, State)	imber or Rural Route Number,
7	29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge.	death occurred	et the time, date and place, and due	to the cause(e) and manner of	o etelod
COMPLET	one) 2 MEDICAL EXAMINER	R: On the basis of examination end/	or investigation,	In my opinion, death occured at the	time, date and place, end due	to the ceuse(e) and manner se stated.
BE C	SIGNATURE AND TITLE OF CERTIFIER	07010 0	- 4	29c. LICENSE NUN	IBER 29d.	DATE SIGNED (Month, Pay, Year)
5	30, NAME AND ADDRESS OF PERSON WHO	BENITU PATA			•	7/25/92
	BENITO PA	TAMOQUE,	SIN +	s, of balti	none	
	31. DATE FILED (Month, Day, Year)	JUL 28 1992	2.2.	Savidson-Render		
	1100 192	JUL 2 8 1992	June	- North State of the State of t		

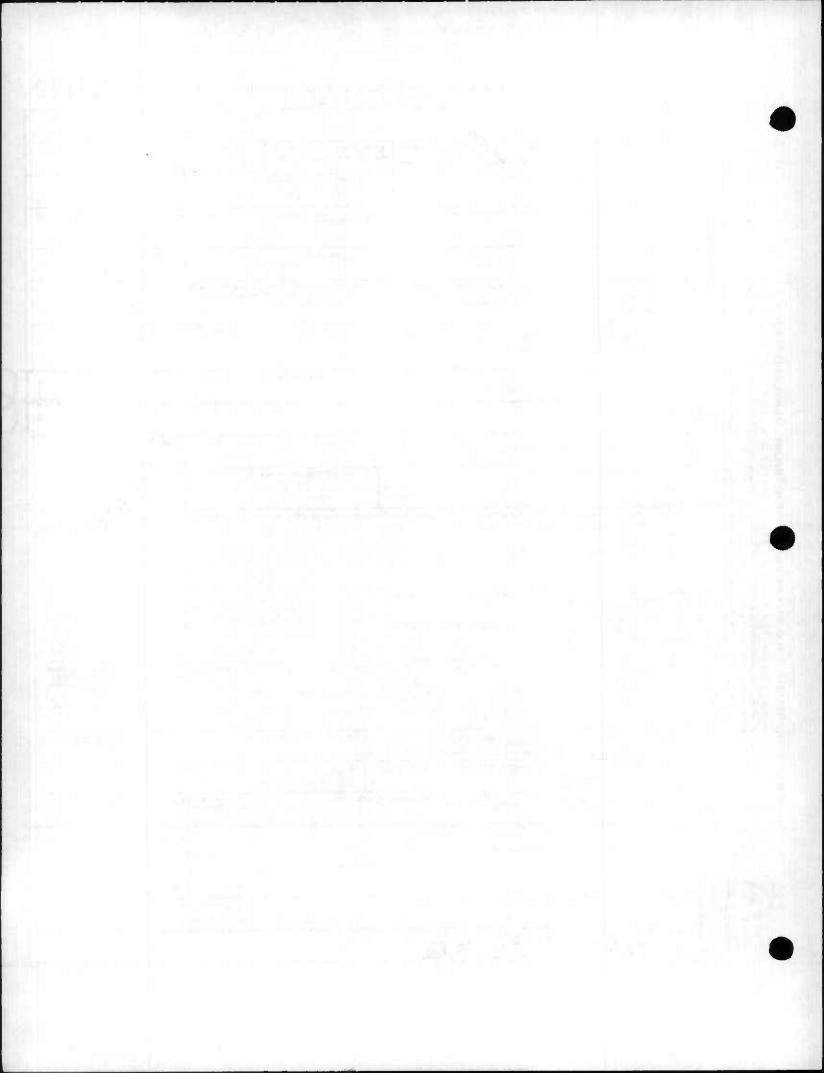


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W.	as Jeby	23
THE PLACE ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or at	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	FIRMT: If Item 28 is marked, or Item 23 shows any injury, or other traumade event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AN	MENTAL HYGIEN		20111	
1. DECEDENT'S NAME (First, Middle, Last		evieve Bu	tts	2. DATE OF DEATH MONTH	AV YEAR 7		
4. SOCIAL SECURITY NUMBER	1 🗆 M 2 😿 F	YRS. MOI	UNDER 1 YEAR IF UNDER 24 HR 1THS DAYS HOURS MIN	Month, Day, Year) 7/14/9	Z- Cou	THPLACE (State or Foreign vitry) Maryland	
94. FACILITY NAME (II not institution, give UNIVERSITY OF RESIDENCE OF DECEDENT	mary land	96	Baltimore	DEATH	Baltin	nore City	
	TY		timore			10d. INSIDE CITY LIMITS? 1 M YES 2 NO	
1509 Popli	in Street		10f. ZIP CODE 2122	26	10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
11. MARITAL STATUS 1XXX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Ma 1 YES 2 X NO Sp	xican, Puerto Rican, atc.)	Bie	CE — American Indian, ack, White, etc. ec/ly: White	
15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16e. DECEDENT'S USL (Give kind of work #fe. Do NOT use re	done during most of working	16b. KIND OF BU	F BUSINESS/INDUSTRY		
17. FATHER'S NAME (First, Middle, Last)	Curtis Fran		Jr. N	NAME (First, Middle, Meider [EV/a Fusor	n		
190. INFORMANT'S NAME (Type/Print) Curtis Butt	S		opess (Street and Number or A. Oplin Street			and 21226	
20a. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	netery, cremetory or other pleadowridge	sposition (Neme of plece) Memorial Pa	rk 7/22 Bal	timore.	Town, State Maryland	
21. SIGNATURE OF FUNERAL SERVICE I	ICENSEE Znameroe	wshi	22. NAME AND ADDRESS OF George J. Go 4001 Ritchie	nce Funeral	Home P.	Α.	
23. PART I. Enter the discess, or ahock, or heart failure immEDIATE CAUSE (Final disease or condition resulting in death)	a. Ventricul Due to (OR AS A	ach line.		nuch as cardiac or reap	Diretory arrest,	Approximate Interval Between Onset end Deati	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a Renal F DUE TO (OR AS A C. Respirator OUE TO (OR AS A d. Externe	CONSEQUENCE OF):	ss Syndrom				
PART II. Other algoriticent conditions S'testus - post	patent duc			in Part I. 24a. WAS APPERFO	RMED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☐ YES 2 ☑ NO	HOSPITAL:		26. PLACE OF DEATH [HER:				
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW			
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	t, factory, offica	281. LOCATION (Street City or Town, State		I Route Number,	
	SICIAN: To the best of my know VER: On the basis of examination					r(a) and manner as stated.	
296. SIGNAPURE AND TITLE OF CERTIFY 30. NAME AND ADDRESS OF PERSON W	LING T	imothy W f	20	NUMBER 590	29d. DATE SIGNE	7/9 Z	
	GREENE ST	. BALT		21208			
JUL 28 1992	Alia Varida A	and the				DHMH-18 Rev 1/6	



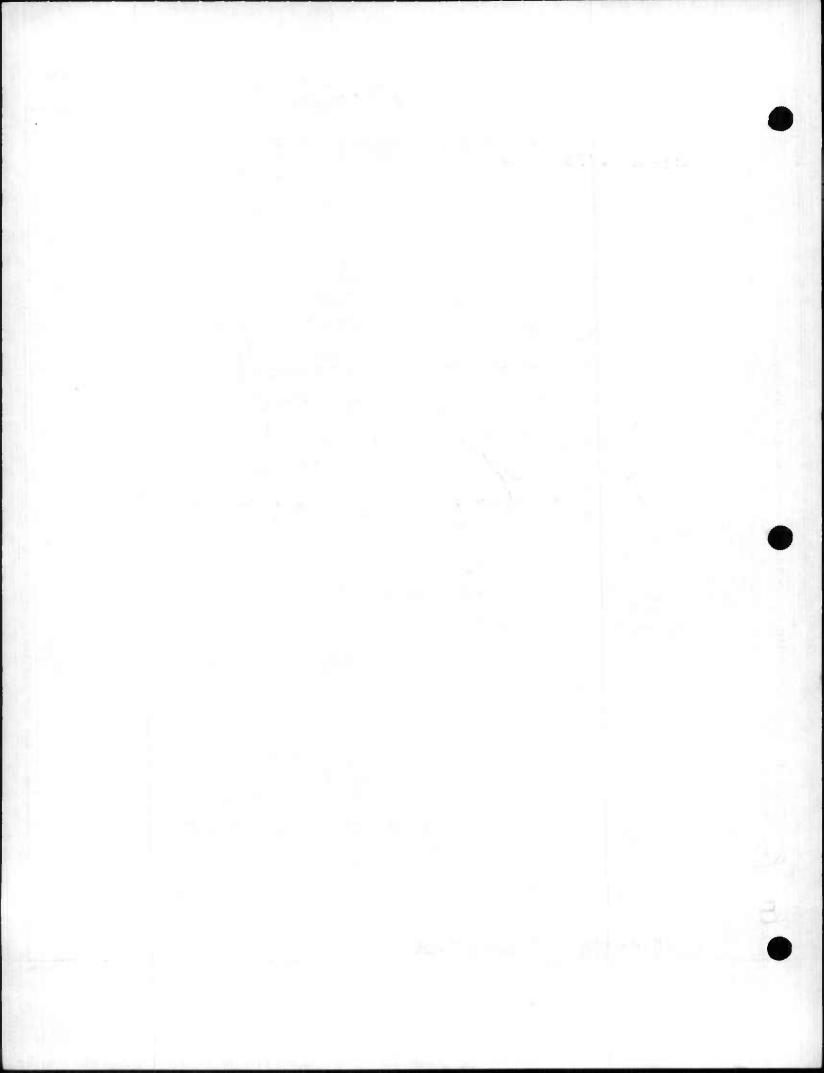
1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEP/	ARTMENT OF I	HEALTH AND I	MENTAL HYGIE		2 20772			
1. DECEDENT'S NAME (First, Middle, Last) TONA BLOTTE		Blottenh		DEATH	2. DATE OF DEATH	DAY Y	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 217 01 2165		AGE (In yrs. last birthda	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) Maryland			
9a. FACILITY NAME (If not institution, give a	The state of the s		on LOCATION OF DE							
Harbor Hospital RESIDENCE OF DECEDENT 100. STATE 100. COUNT Maryland Ann	y ne Arundel	10c. C	Baltimor				10d. INSIDE CITY LIMITS? 1 YES 2-7 NO			
100. STREET AND NUMBER 209 W. 3rd Av. 11. MARITAL STATUS		10	101. ZIP CODE 109. CITIZEN OF WHAT COU 21 225 U.S.A.							
3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 12. RACE—Black, Y Specify:						
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th Grade 17. FATNER'S NAME (First, Middle, Last)	chtary/Secondary (0-12) Coffege (1-4 or 5+) Hille. Do NOT use no Ch Grade Sales				t done during most of worlding stired.)					
	Francis	Blottenbe	erger	Lena	Huber					
D MESONANTIS HAME (T - D/-)				and Number or Rural I	Route Number, City or To	wn, State, Zip Co	de)			
Roland Tormollan	1		Brookwoo				yland 21225			
20s. METHOD OF DISPOSITION 1 Street 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	e, Maryland									
21. SIGNATURE OF PUNERAL SERVICE LIK	CENSEE	Davie	Geor	nd address of far ge J. Gor	nce Funera Hwy. Balt	1 Home	P.A.			
IMMEDIATE CAUSE (Final disease or condition resulting in death)	disesse or condition									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant condition	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?									
CERETMAL VA	scur 1				1 YES	2 (ANO	OF DEATH? 1 ☐ YES 2 AT NO			
CONGESTIVE HE CERESMAL VA A RULE PLOSUE R 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 — YES 2 Z NO 27. MANNER OF DEATN 1 DEATH	HOSPITAL:	Widnesteed 2 DOA	OTHER:	LACE OF OEATN (Chi						
27. MANNER OF DEATN 1 Netural 8 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day, Y	URY 28b. T	IME OF 28c. IN.	URY AT DRK7 YES 2 NO	a United (Specify) 28d. OESCRIBE HOW	INJURY OCCUR	EO			
a autota	28e. PLACE OF IN building, etc.	JURY — At home, farm (Specify)	n, street, factory, offic							
29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINE							suse(a) and manner se stated.			
296. SIGNATURE AND TITLE OF CERTIFIER	> .			HOUSE C			GNED (Morith, Day, Year) Y 2-2 1992			
JOSHUA IMPERIO	3001	SOUTH H		- आदहा	BALTIM	ore, m	D 21225			
JUL 28 1992	32. REGISTRAR'S									



BALTIMORE, MARYLAND 21215-0020

-DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	12 20110			
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. TIME OF DEATH			
	CAROLUN BROOK			7 22	92 0804 4			
	219-26-6773 10 M2 XF	56 YRS. MON	JNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Mar 22 19	a. BIRTHPLACE (State or Foreign Country) Marvland			
œ	9a. FACILITY NAME (If not institution, give street and number)	96.	CITY, TOWN OR LOCATION OF D	EATH 94	c. COUNTY OF DEATH			
DIRECTOR	Sinai Hospital		Baltimore					
E	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY LIMITS?			
<u>a</u>	Maryland Baltimore		Randallstown	n .	1X YES 2 NO			
3AL	10e. STREET AND NUMBER		101. ZIP CODE	10	g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	3550 Carriage Hill Circ				USA			
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 V VI VI VI VI VI VI VI VI VI VI VI VI V	ES 2 NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxico 1 YES 2 NO Specif	in, Puerto Rican, etc.)	No— 14. RACE — American Indian, Black, White, etc. Specify:			
	15. DECEDENT'S EDUCATION	Ta assessment			Black			
COMPLETED	(Specify only highest grade completed)	(Give kind of work life. Do NOT use ret	AL OCCUPATION done during most of working red.)	16b. KIND OF BUSINE	SS/INDUSTRY			
PL	Elementary/Secondary (0-12) College (1-4 or 5+) High School		ervisor	Naron C	andy Company			
OM	17. FATHER'S NAME (First, Middle, Lest)	Jup		ME (First, Middle, Maiden Surn				
BEC	John Henry Evans		Lilli	an William	ms			
10	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD	RESS (Street and Number or Rural					
-	Jessie Brooks	3550 C	arriage Hill	Circle 1	Randallstown, MD			
	1X Burial 2 Cremation 3 Removal from State	NOb. PLACE AND DATE OF DI	lacel		ION — City or Town, Stata			
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE)	Meadowrid	ge Mem. Park	17/25 Howa	ard Co, MD			
	· 1 + + 9				uneral Homes inc			
_	Carel 1 1 Eu	1	2501 Gwynns Baltimore,	Maryland	21216			
		S A CONSEQUENCE OF):		n aa cerdiac or reapirato	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that lettled events and experience of the lettled events.) Due to (or as a consequence of): Due to (or as a consequence of):							
F	thet initiated eventa resulting in death) LAST	,						
	PART II. Other eignificent conditions contributing to deet	but not resulting in the	e underlying cause given in	Part I. 24a. WAS AN AUT	OPSY 24b. WERE AUTOPSY FINDINGS			
ICAL			o underlying could given in	PERFORMED	O? AVAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDIC					OF DEATH?			
ä								
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	Low	28. PLACE OF DEATH (Ch	ack only one)				
YSI	1 YES 2 NO 1 Inpatiant 2 ER/O	utpetlant 3 DOA 4 D	Nursing Home 5 - Residence	6 Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Y 28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJUI	RY OCCURED			
		RY — At home, larm, street pecify)	factory, office	281. LOCATION (Street and It City or Town, State)	Number or Rural Route Number,			
٣	29a. CERTIFIER (Check only	Owledge, death occurred at	the time, data and place, and due	to the cause(s) and manner	an eleted			
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examine							
BE C	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NUI	ABER 29	d. DATE SIGNED (Month, Day, Year)			
2	MIST 120 ND				7/22/92			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print	: Hospital	05/640				
	31. DATE FILED (Month, Day: Year) 32. REGISTRAR'S SI	GNATURE						
	JUL 28 1992 John Savidson	Andell'						



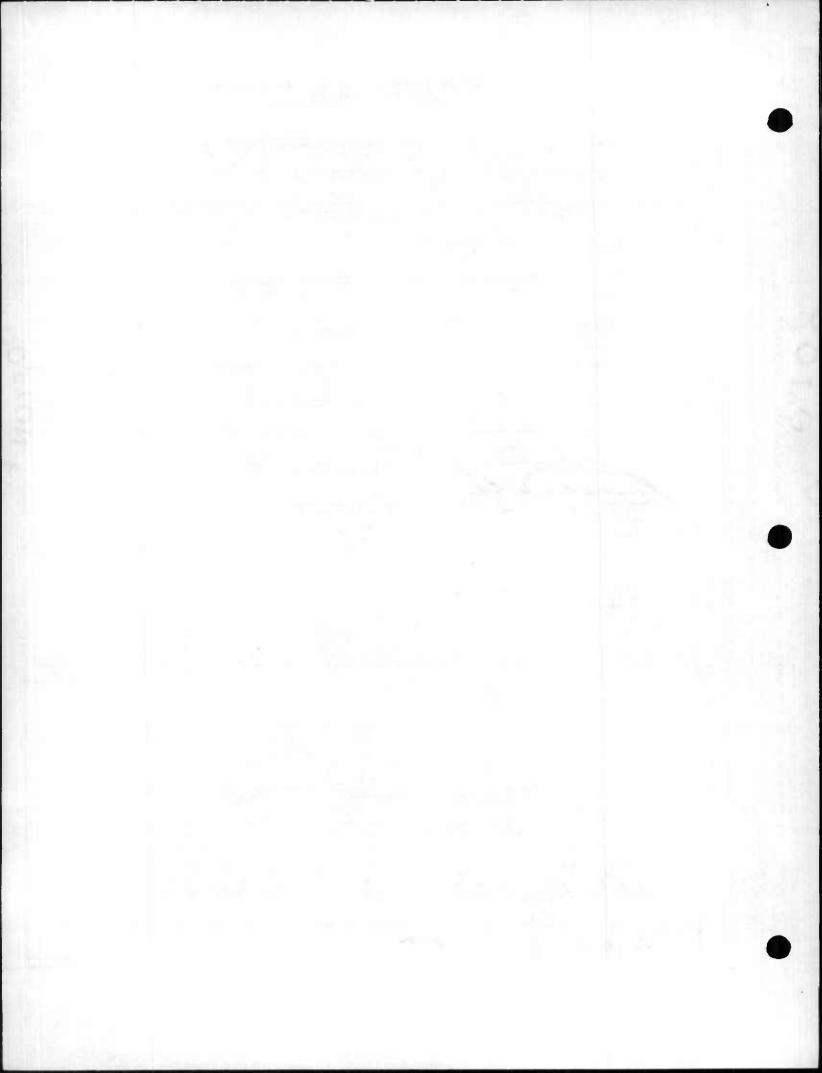
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

no the restrict OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FINAME DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train		
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3	FHM	where the prior of hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netlified at once.
8	10	Ļ	IMPO

	ME (First, Middle, Last,					· Or	DEATH	REG. 2. DATE OF DEATH MONTH		192 WEAR	3. TIME OF DEATH
4. SOCIAL SECURIT	V MIMBER	DOROT		BAK				17/	00/	72	9001711M
		5. SEX 1 ☐ M 2 1€ 18	8. AGE (In yrs. In	si birthday)	IF UNDER	1 YEAR DAYB	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Non	1000	Countr	PLACE (State or Foreign
219-01-4	(If not institution, give		72	THS.							YLAND
Section 1995	RLONNE DR				96. CITY, TOWN OR LOCATION OF DEATH CATONSVILLE			DEATH	BALTIMOI		
10a. STATE	10b. COUN	TY		10c, CIT	Dc. CITY, TOWN OR LOCATION						10d. INSIDE CITY
MARYLAN	BAL	TIMORE		CAT	CONSV	ILLE					1 YES AN NO
10e. STREET AND N	UMBER			1		101.	ZIP CODE		10g. CI	TIZEN OF W	HAT COUNTRY?
2112 AR	CONNE DRI	VE					21228			U.S	.A.
11. MARITAL STATU 1 Never Married 3 Widowed 4	2XXMarried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES ZXX		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 □ YES X NO Specify:			14. RACE Black Speci	— American Indian, , White, etc. fy: WHITE		
	15. DECEDENT'S ED	UCATION	18a. Di	ECEDENT'S	USUAL OC	CUPATIO	NM .	16b, KIND OF	BI ICINESS /IN	INIETOV	WILLE
Elementary/Seco	ectly only highest grad	College (1-4 or 5) (()	Give kind of to b. Do NOT ut	work done one retired.)		al of working		HOME		
12	/Eiret Miririte (est)		I no	MEMAK	LEK		40 4407110010				
	17. FATHER'S NAME (First, Middie, Lest) GEORGE STOCKSDALE 19e. INFORMANT'S NAME (Nype/Print)						ROSE	MADTE E	· · · · · · · · · · · · · · · · · · ·		
						(Charact o			MARIE FONSHELL Route Number, City or Yown, Statu, Zip Code)		
	F. BAKER	(HUSBANI						TONSVILLE			21228
20a, METHOD OF D	SPOSITION		20b. PLACE						LOCATION -		
1 Murial 2 C C 4 C Donation 5	remetion 3 🗆 Rei	moval from State	cemetery. cr								ARYLAND
	UNERAL SERVICE L	сеніве	- INLIGHT O	AIIIEI		_		-			
	sele a).'>	1								ERAL HOMES
/		X	ee.								E,MD.21228
23. PART 1. Ente	r the diseeses, or k, or heart feilure	complications the	t ceused the d	eeth. Do r	not enter	the mo-	de of dying, su	ich as cerdiec or re	spiratory a	rreet,	Approximate Interval Between
IMMEDIATE CAU	SE (Finei									Onset and Death	
disease or cond resulting in deal		a,		16	- 1/	41	Mali	11-	VISLUS E		
		DUE TO	(OR AS A CONSE	QUENCE O	F):						
Sequentially list if any, leading to cause. Enter UN	immediate	b	(OR AS A CONSE	QUENCE O	F):						
CAUSE (Disease	nts	DUE TO	(OR AS A CONSE	QUENCE O	F):						
that initiated ever resulting in deat		ons contributing to	deeth but not	reculting	in the un	derlying	j ceuse given i		AN AUTOPSY	7/ 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
resulting in deal	gnineant condition							1 🗆 YE	S 2 0 NO		OF DEATH?
resulting in deal	gnincant condition							1			1 TES 2 NO
resulting in deal	gnificant condition										
resulting in deal	gnineant condition										
PART II. Other s		Lucaniza.					ACE OF DEATH (Check only one)			
PART II. Other s	RRED TO MEDICAL	HOSPITAL:	ER/Outpetlent	3 DOA	OTHER	₹:	1/	Check only one)			
PART II. Other s 26. WAS CASE REFEXAMINER? 1 YES 2 2 27. MANNER OF DE	RRED TO MEDICAL		INJURY	28b. TIM	4 🗆 Nun	R: sing Hom- 28c, INJ WO	5 hesidence		W INJURY O	CCURED	
PART II. Other s 26. WAS CASE REFEXAMINER? 1 YES 2 2 27. MANNER OF DE	RRED TO MEDICAL NO NTH 5 Pending	1 □ Inpetient 2 □ 28a. DATE OF (Month, □ 28a. PLACE O	INJURY	28b. TIM	4 Num	R: sing Hom 28c, INJI WO 1 Y	e 5 Aesidence URY AT RK? 'ES 2 NO	8 Other (Specify)	eet and Numb		loute Number,

21228

WILLIAM McGRATH M.D 31. DATE FILED (Morrit), Day, Year) JUL 28 1992



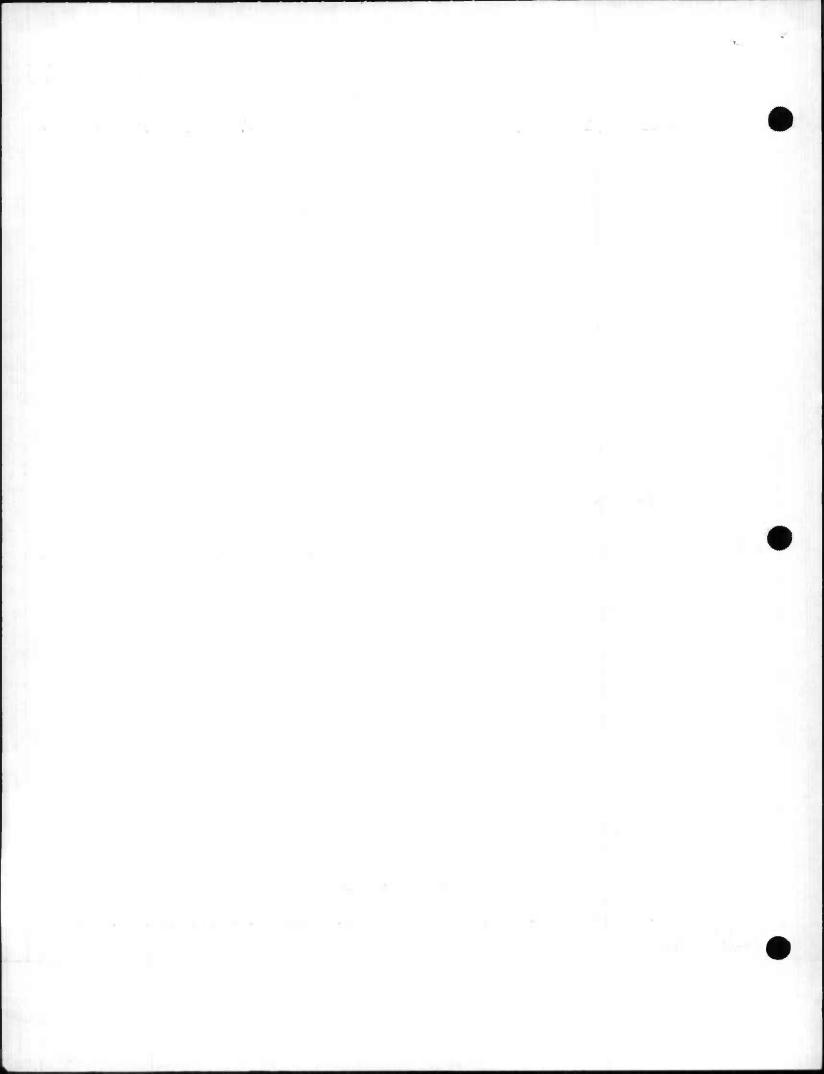
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to the hospital or attending physicia	TO THE FUNERAL DIRECTOR; After this cert be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, o

	FOR	CTATE OF I	SARWI AND	DEDA								92	20	775
	1 - STATE REGISTRAR	SIAIE UF I	/ MARYLAND /	UEPAI ERTIF	ICATE	OF H	DEAT	AND I	MENTA	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last, Rudolph Wayland					2. DATE	OF DEATH)ZAR	3. TIME OF DE.	pm			
- }	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	at birthday)	IF UNDER	t YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	PLACE (State or	Foreign
	215-03-8441	1 🔀 M 2 🗆 F	77	YRS.	MONTHS	DAYB	HOURS	MIN.		1, Day, Year)		Country	, land	
	9a. FACILITY NAME (If not institution, give	street and number)	9b. CITY, TOWN OR LOCATION OF I		ON OF DE									
l E	St. Agnes Hospit	al			Ва	altir	nore							
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ГҮ		10c CIT	Y, TOWN O	R LOCATI	ON						404 1110175 043	
뜸	Maryland Balt										10d. INSIDE CIT			
=	10e. STREET AND NUMBER	TROLE		La	Insdowne 100. ZIP CODE 100					10g. CITIZ	EN DE W	1 YES 2 N		
FUNERAL	224 Hazel Avenue					1	2122	7			0.5			
3	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. AR	MED		WAS DECE	ENDENT C	F HISPAN		I? (Specify Yes		ISA 14. RACE	- American Inc.	Hen,
BY F	1 Never Married 2 Married 3 M Widowed 4 Diverced	IF YES, GIVE V	X YES 2 1	10	1	yes, spe	cify Cuba 2 X NO	n, Maxicar Specify	n, Puerto I	Rican, etc.)		Black, Specif	V-	
		1											White	
	15. DECEDENT'S EDI (Specify only highest grad	e completed)	(G	CEDENT'S	USUAL OC work done d se retired.)	CUPATIO	N it of worldn	9	16b	. KIND OF BUS	SINESS/INDI	JSTRY		
1 =	Elementary/Secondary (0-12)	College (1-4 or 5	-)	erk	rearea.)					Th i mm i				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 01	CIV			18. MOTH	HER'S NAM		Shippi Middle, Maiden				
BEC						[oonia			
	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street ar	d Number	or Rural R	Route Numi	oer, City or Tow	n, State, Zip	Code)		
2	Robert Berry			224 1	Hazel	Ave	enue,	Lar	nsdov	vne, M	aryla	nd 2	21227	
5	20a. METHOD OF DISPOSITION 1 Buriel 2 12 Cremation 3 Ren	noval from State	20b. PLACE A			TION (Nar	ne of		OAT	E 20c. LO	CATION C	alty or Tov	vn, Stata	
	4 Donation 5 Other (Specify)		Bast	Wash	Crei	nato	ry	7	/129/	92 Lau	rel,	Mar	vland	
	21 SIGNATURE OF FUNERAL SERVICE L	CENSEE		(SS OF FAC	YTLIK	ome of				
	1000	+ (-		-3	27	19 H	Iammo	onds	Fr.	Rd. L	ansdo	wne.	Md. 21	1227
	23. PART i. Enter the diseases, Dr shock, or heart fellure.	complications the	t ceused the de	ath. Do i	not enter	the mod	le of dyl	ng, auch	aa cerd	llac or respi	retory arm	at,	Approxim	nate
	IMMEDIATE CAUSE (Fine)	ciar only one can	or on each line	•									Onset an	
	disease or condition resulting in death)	a. Ruptu	red ante	erola	itera	1 my	ocar	dial	inf	arct			2-3	lavs
3		OUE TO	(OR AS A CONSE	DUENCE O	F):									,
ERTIFICATION	Sequentielly list conditions,	b	(OR AS A CONSEC	TIENCE O	5.								-	
Į	If any, leading to immediate cause. Enter UNDERLYING	302 10	(OII AS A CONSEC	OENCE O).								i	
F	CAUSE (Disease or injury that initiated events	C. DUE TO	(DR AS A CONSEC	UENCE O	F):								-	
E	resulting in death) LAST	d												
÷ 0	PART ii. Other eignificant conditio	na contributing to	death but not r	eeultlaa	In the un	darlulas		sheen in f	Dona I					
MEDICAL		The second secon	dodn' bat not i	counting	in the uni	activing	ceuse g	liven in i	Paint I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY I AVAILABLE PRIOF COMPLETION OF	TO OT 9
								-	- 1	1 X YES 2	□ NO		DF DEATH?	
									-				1 X YES 2 _	ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			_	 	26. PLA	CE OF D	EATH (Che	ck only on	e)	_			
Sic	EXAMINER? 1 YES 2 TYNO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Nursi	:								
<u>∓</u>	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b, TIM	E OF	28c. INJU	RY AT			CRIBE HOW II	JURY OCC	URED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Di	ay, 10ar)	INJ	URY	1 Y	K? ES 2	NO						
	3 Suicide 8 Could not be	28a. PLACE O	F INJURY — At horotc. (Specify)	me, tarm, :	street, tacto	ry, offica			28f. LOC	ATIDN (Street a	nd Number o	or Rural Ac	oute Number,	
COMPLETED	4 Homicide determined	-	1-6-2-77						City (A ROWIN, SIERE)				
PLE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	my knowledge, de	ath occurr	d at the tir	ne, data s	and placa,	and dua t	to the cau	se(a) and man	ner aa state	d.		
OM	one) 2 MEDICAL EXAMIN												and manner as	stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIE	17	9 1				29c. LICE	NSE NUM	BER		29d. DATE	SIGNED ((Month, Day, Year,)
0 8		un a	5 X	-	du	9	D41	843			▶ 7-	-27-9	92	
*F	30. NAME AND ADDRESS OF PERSON WI	ID COMPLETED CAUS	SE OF DEATH (ITER	1 27) (Type,	Print)								-	

- Agnes Hospital - 900 S. Caton Ave. - Baltimore, Md. 21229

Dr. Ann Reed - St.

JUL 28 1992



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event,

MEDICAL

PHYSICIAN:

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COMPLETED

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UNITS 72 hours a

SPITAL

Pages 1, 2, 3 should

permit.

the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Mental Hygiene prior to burial, cremation, or removal. notified at 9 medical examiner ま traumatic or other signed by the shows any has been s Dept. of H n 23 shov this certificate h of the 28 is marked, DIRECTOR: After the hours after death

92 20776 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH RICHARD YEAR THOMAS BROCH, SR. 26, 1992 JULY 6:40 a.m 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 7. DATE OF BIRTH (Month, Day, Year) 05-3-1931 8. BIRTHPLACE (State or Foreign 215-28-1016 MONTHS DAYS HOURS MIN. 1 🛛 M 2 🗆 F MARYLAND 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ANNE ARUNDEL LINTHICUM 1 - YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 45 PATAPSCO ROAD 21090 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY Specify: 3 Widowed 4 Divorced KOREAN WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ring most of working College (1-4 or 5+) 12 NONE BOOK KEEPER TATE DODGE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) ERNEST C. BROCH. BE **GWENDOLYN** 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 EMILY N. BROCH (NEE NEW) PATAPSCO ROAD, LINTHICUM. MD 21090 20e. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 N Buriel 2 Cremation 3 L 4 Donetion 6 Other (Specify) cemetery, cremetory or other place)
MEADOWRIDGE MEMORIAL PARK 7/30 ELKRIDGE. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME Nava 1 SECOND AVE. S.W., GLEN BURNIE, MD 21061 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel Onset and Death disesse or condition resulting in death) DI Incl Cycliony opethy DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST

192

PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.

1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 Department 2 ER/Outpatient 3 DOA OTHER: 1 TES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 3 Suicide

24a. WAS AN AUTOPSY PERFORMED?

1 YES 2 NO

26e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be determined 4 Homicide 29e. CERTIFIER (Check only 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and menner ee stated.

2 ___ MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

L0640

Dand F. Wey MD - Halskell Tyen. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JOHNS Hopkins Hospital 600 N. Wolfe St Both DAVID WENG M.D. 31. DATE FILED (Month, Day, Year) 7/26

21205 DHMH-16 Rev 1/89

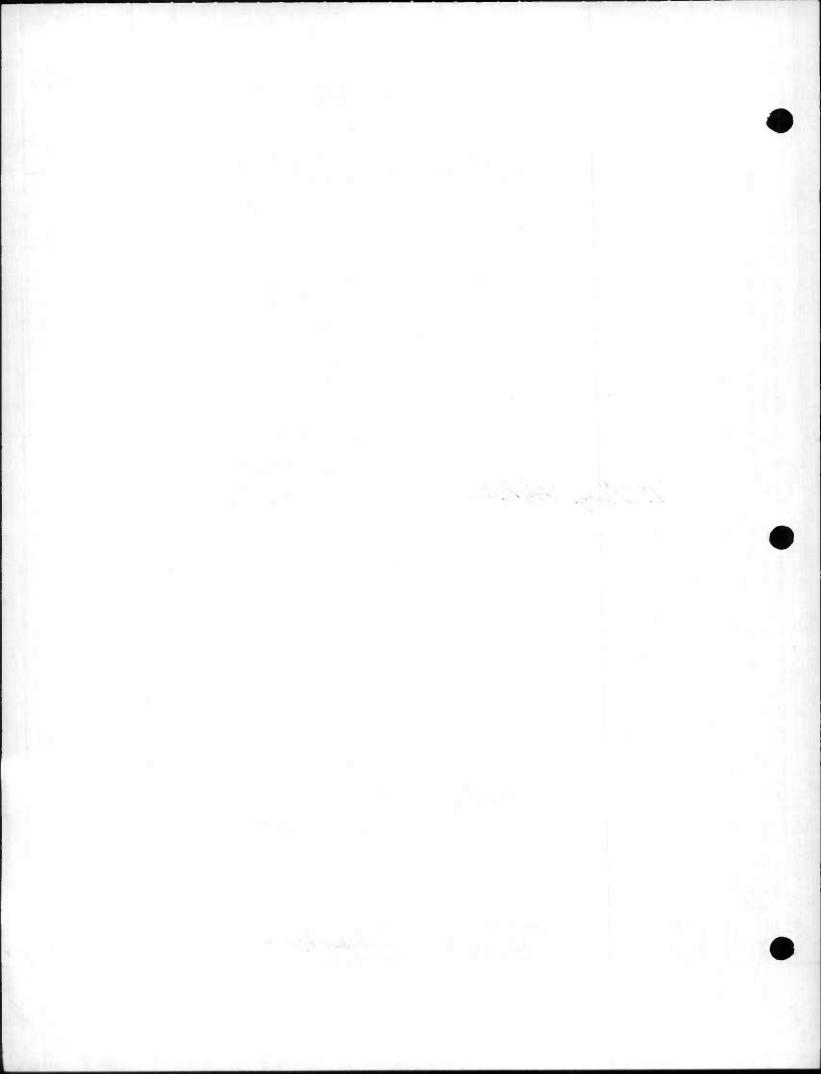
24b. WERE AUTOPSY FINDINGS

OF DEATH?

7/26/92

AVAILABLE PRIOR TO COMPLETION OF CAUSE



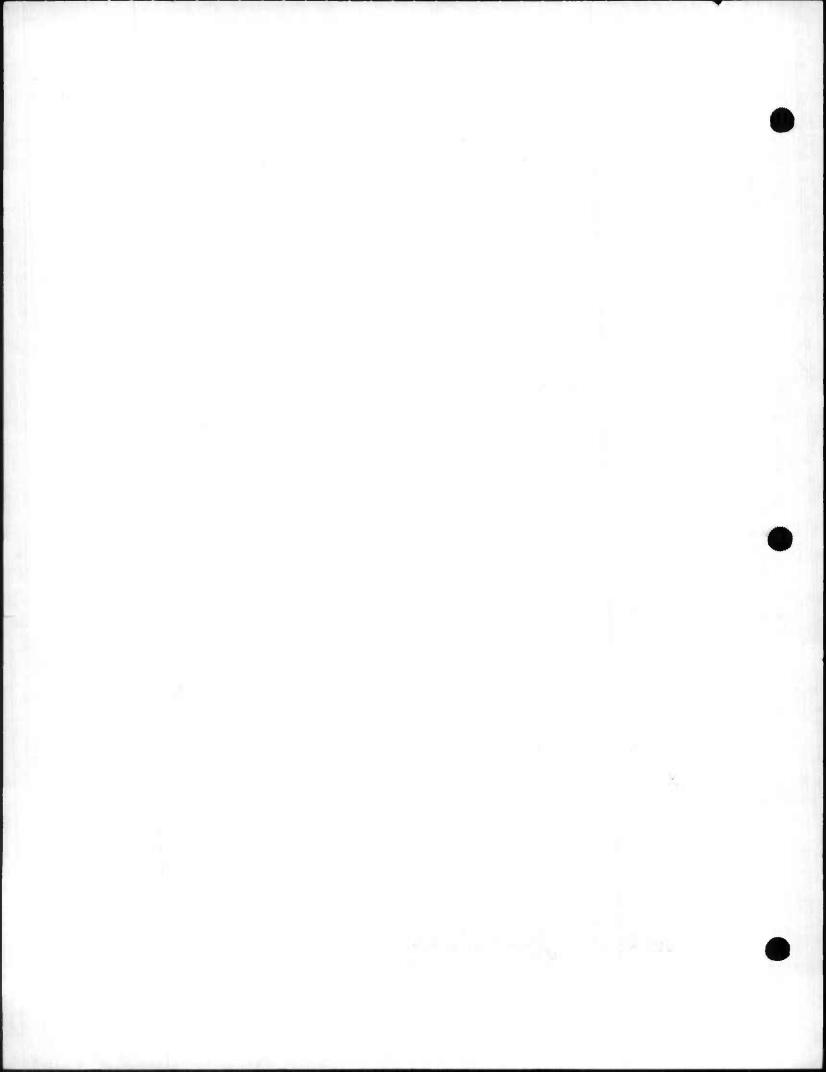


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	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAI CERTIF		OF HEALTH			GIENE	92 20777
	1. DECEDENT'S NAME (First, Middle, Last) Lee David	(David I	ee Branl BRANHAM	nam)		2	DATE OF DI		3. TIME OF DEATH
	215-46-5140	1XXM 2 F	GE (In yrs. last birthday)	IF UNDER	DAYS HOURS	8894	Month, Day,	Year)	BIRTHPLACE (State or Foreign Country) Maryland
TOR	9s. FACILITY NAME (II not institution, give stre Franklin Square		1	Baltimore County				44.45.676	more County
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Bal	timore			more Co	ountv			10d. INSIDE CITY LIMITS? 1 YES 2 XXIO
FUNERAL	10e. STREET AND NUMBER 4012 Issacs Roa	d			2122	E			N OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4XXDivorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES X X NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:			ocify Yes or No- 14	RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S EDUCA (Specify only highest grade co Elementary/Secondary (0-12)	TION impleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATION during most of working	ng	16b. KIND	OF BUSINESS/INDUS	зтяу
8 17. FATHER'S NAME (First, Middle, Lest) Andrew Branham Genevieve O'Connor									
10	19a. INFORMANT'S NAME (Type/Print) Genevieve 0 'Co	nnor	4012		sacs Ro			y or Town, State, Zip Co	
	29a, METHOD OF DISPOSITION 2012 Surial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	al from Stata	20b. PLACE AND DATE COME LOS C	of DISPOS	Ceneter	y 7/		20c. LOCATION — CR Baltimo	
	21. SIGNATURE OF FUNEBAL SERVICE LICEN	LANGE	N	22.	NAME AND ADDRE	ss of Facili	T Z		1 Eastery Ave
	23. PART I. Enter the disesses, or con ahock, or heart failure. Lie	mplications that cause o	sed the death. Do n sech line.	not anter	the mode of dy	ing, such a	a cardiac o	r raspiratory srres	t, Approximata interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	Hepati	C COMA	n.					Onset shu Death
NO	Sequentially list conditions,	Bleedi	ng Esophac	eal	Varices				
-ICATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury c.	Cirrho	SIS OF LI	ver					
CERTIFICATION	that initiated events resulting in death) LAST		as a consequence of	··):					
MEDICAL C	PART ii. Other significant conditions	contributing to deat	h but not resulting	in the un	derlying cause (given in Par		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF O	EATM /Check	active seal		
PHYSICIAN:	EXAMINER?	INDATION 2 ER/	Outpatient 3 🗆 DOA	OTHER				olfy)	
ву Рн	27. MANNER OF BEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUI (Month, Day, Yel		IE OF JURY M	28c. INJURY AT WORK?	_	Bd. DESCRIBE	HOW INJURY OCCU	RED
ETED	3 Suicide 8 Could not be 4 Homicide determined	28a, PLACE OF INJ building, atc. (URY — At home, farm, Specify)	street, fact	ory, office	28	Bf. LOCATION City or Town	(Street and Number or n, State)	Rural Route Number,
COMPLE		AN: To the best of my k							ause(a) and manner sa stated.
TO BE C	29K SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO		· (M, M)		29c. LICI	ENSE NUMBE	R	29d. DATE S	HGNED (Month, Day, Year)

HE L M, MD WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Typo, Print)

Dr Boon Lin MD 9000 Franklin Square Drive Baltimore Maryland 21237
31. DATE FLED MONTH OF 1992 June Davidson-Angeles

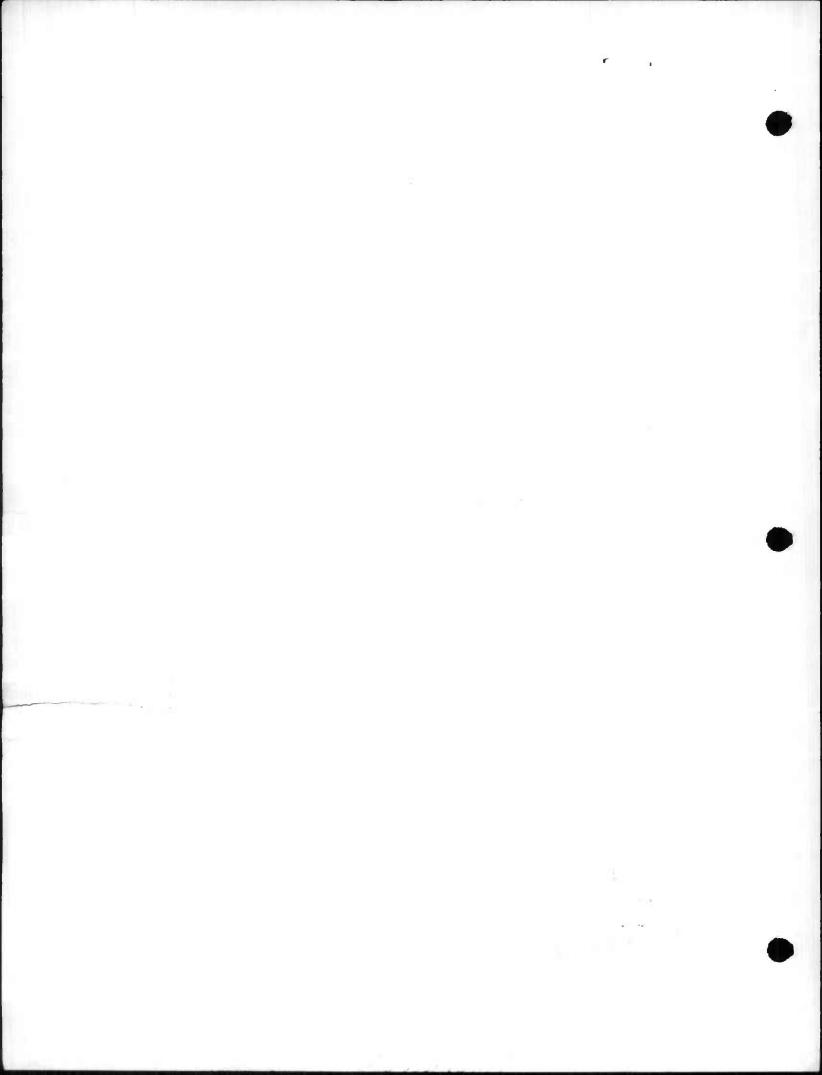


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IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND NTE OF DEATH	MENTAL HYGIE REG. N		0.00		
I	1. DECEDENT'S NAME (First, Middle, Last)	2000 1	D	1	2. DATE OF DEATH		3. TIME OF DEATH		
	Rosa Amanda Bond) 050 H	. bor	NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	m 22 4	M M M M M M M M M M M M M M M M M M M		
	- P P A2 110 000	□ M 2 □/F	yrs. last birthday) Ft MON		(Mooth, Day, Year)		ountry) MD		
E.	96. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH								
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10d. INSIDE CITY							
	-	omery Co		Silver Spr	ing		LIMITS?		
¥ I	100. STREET AND NUMBER SILVER	SPRING MANO	R CARE	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
岁	2501 Musgrove Road				904		USA		
FUNERAL	11. MARITAL STATUS 12 1 Never Merried 2 Merried	2. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF HISP If yes, apacify Cuban, Mexi		fea or No— 14.	RACE — American indian, Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ITES	1 TYES 2 NO Spe	olfy:		specify: White		
	15. DECEDENT'S EDUCAT.	ION	16a. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF E	USINESS/INDUST	RY		
	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of work of life. Do NOT use reti	ione during most of working	Phys	ician's	Assistant		
4	demand of the secondary (o-ta)	John Go (1-4 of 0 1)			Inys.	ician s	ASSISCANC		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S I	NAME (First, Middle, Maid	en Surname)			
BE	190. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Run	Il Route Number, City or 1	own, State, Zip Cod	(e)		
2	Peggy Collins		412 Trw	in St.Silver	Spring, MD	20904			
- 1	20e. METHOD OF DISPOSITION			N (Name of cemetery, cremetory of		LOCATION — City	or Town, State		
	1 Buriel 2 Cremetion 3 Remova 4 Donetion 5 Other (Specify)	Trom State	other place)						
Į.	21. SIGNATURE OF FUNERAL SERVICE LICEN	Ronald Wa	ade, Dir	22, NAME AND ADDRESS OF	FACILITY St	ate Ana	tomy Board		
	Count B.	204	7/24/92	655 W. Balt:					
7	PART I. Enter the diseeses, or con	nplications that coursed	the death. Do not e	nter the mode of dying, a	uch as cardlec or re-	apiratory arrest,	Approximate		
- 64	ehock, or heart feilure. Lie	t only one cause on e		1			interval Between Onset and Death		
	disease or condition	as	mint	in Thes	n neu-				
ŀ	resulting in deeth) e	DUE TO (OR AS A	CONSEQUENCE OF):	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
z									
음	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Diseese or injury								
E	thet initieted events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
5	d								
AL (PART II. Other algnificent conditions	The same of the sa		e underlying ceuse given		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
	Deguel		wise			2 NO	COMPLETION OF CAUSE OF DEATH?		
MEDIC	mul	trals V.	estelus	Tracter	w		- 1 TES 2 NO		
							~		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1000171		28, PLACE OF OEATH	Check only one)		/-		
SIC		OSPITAL: Inpetient 2 ER/Outp		THER: ☐ Nursing Home 5 ☐ Residence	e 6 Other (Specify)				
£	27. MANNER OF OEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	26c. INJURY AT WORK?	28d. DEŞCRIBE HO	W INJURY OCCUR	ED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 YES 2 NO					
	3 Suicide 6 Could not be	26e. PLACE OF INJURY building, atc. (Spec	- At home, farm, stree	t, factory, office	26f. LOCATION (Stre City or Town, Str		Rural Route Number,		
	4 Homicide determined						1/_		
COMPLETED	one)			the time, date end piece, end of my optnton, death occured at			suse(s) end menner ee stated.		
	29b. SIGNATURE AND TITLE OF CENTER			29c_LICENSE I	UMBER	29d. OATE SI	GNED (Month, Day, Year)		
H	1X La	unh		0171	35	•			
5	30. NAME AND ADORESS OF PERSON WHO	COMPLETEO CAUSE OF DE	ATH (ITEM 27) (Type, Pris	nt)					
	2415 MUSGO	OVERDSI	11TE 200	SILVEN	SORIA	(a) MO	20904		
		32. REGISTRAD'S SIGN	ATURE	1		/	/		
	JUL 28 1992 4	si Danism-R	A COD W						



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DIVISION OF VITAL RECORDS,	

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within forms after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Menial Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN	E
CERTIFICATE OF DEATH REG. NO.	

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM				HYGIENE REG. NO.	9	2 207	79
	1. DECEDENT'S NAME (First, Middle, Last)	MARIE GOS	SHORN BI	OUGH		2. DATE OF MONTH	DEATH	YEA	3. TIME OF DEAT	ГН
	MARI	E BLOUGH				worth.	_			40PM
	4. SOCIAL SECURITY NUMBER		140	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH lay, Ybar)	8. Bit	RTHPLACE (State or Fo	oreign
	066 38 4225	- ×	39 YRS.				-1902		ndiana	
œ	9s. FACILITY NAME (If not institution, give st	,		. CITY, TOWN O	R LOCATION OF DE	ATH	90	. COUNTY O	F DEATH	
DIRECTOR	PRINCE GEORGE'S HOSPITAL CENTER CHEVERLY, MARYLAND PRINCE GEORGE									
2	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.								10d. INSIDE CITY	1
		ce George Co	Mit	chellv:	ille				1 TES 2	NO
FUNERAL	10e. STREET AND NUMBER		-	101.	ZIP CODE		10	g. CITIZEN C	F WHAT COUNTRY?	
Ä		Rd, Apt 335			2072				USA	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe	ENDENT OF HISPAN cify Cuban, Mexice	n, Puerto Rica		В	ACE — American Indi lack, White, etc.	en,
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR OA	ITES	1 U YES	2 NO Specify	y:		S	White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT'S USI			16b, KI	ND OF BUSINE	SS/INDUSTR		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	tired.)	t or worlding					
₹	12 +	4						maker		
	Ezra Nicholas G	a a h a u u		}	16. MOTHER'S NA					
BE	19a. INFORMANT'S NAME (Type/Print)	JSHOLII	19b. MAILING AD	DRESS (Street at	LULA nd Number or Rurel I		arshbai			
임	Roy Blough				ord Road		,			
	20a. METHOD OF DISPOSITION 1 Surlet 2 Cremation 3 Remo		PLACE AND DATE OF D	ISPOSITION (Nat		OATE			Town, State	
	4 Q Donation 5 Other (Specify)		etery, crematory or other	place)						
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Ronald Wa	de, Dir	22. NAME AN	D ADDRESS OF FA	CILITY	Stat	e Ana	tomy boar	d
	Joseph B	You had	7/24/92	655 W.	Baltimo	ore St	.,Balt	o,MD	21201	
	S. PART I. Enter the diseases, or c	omplications that caused list only one causa on as	tha death. Do not	anter the mod	de of dying, suc	h as cardiad	or reapirate	ry arrest,	Approxim	
	IMMEDIATE CAUSE (Final	not only one odded on ac	ion ima.						Interval B	
	disease or condition resulting in death)	GRAM NEGATIV								
_			CONSEQUENCE OF):	RILE	NICT BY	CALLST	ONES			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Sequentially list conditions, oue to (or as a consequence of): CHOLANGITIS DUE TO (or as a consequence of): PORTAL VEIN THROMBOSIS										
8	Commission of the Commission o	PORTAL VEIN	I UKOMPO21	5						
AL	PART II. Other significant conditions	contributing to death be	it not resulting in t	he underlying	causa given in	Part I. 24	e. WAS AN AUT		24b. WERE AUTOPSY F	
2	Parkinisi.	A 1						NO NO	AVAILABLE PRIOR COMPLETION OF	
ME									1 YES 2	NO
ä										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26. PL	ACE OF DEATH (Ch	eck only one)				
ΗXS	1 VES 2 NO	ES 2								
	1 Natural 5 Pending (Month, Day, Year) INJURY WORK?							,		
BY	2 Accident Investigation 3 Suicide 6 Could not be building etc. (Specify) 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route)							ral Route Number,	_	
COMPLETED	6 Could not be determined building, etc. (Specify) City or Town, State)									
P.E.	29e. CERTIFIER (Check only	CIAN: To the best of my knowl	edge, death occurred a	t the time, date	end place, end due	to the cause(e) end menner	es stated.		
OM	mant	R: On the basis of exemination							se(e) end menner es s	teled.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 01	lead of Or		29c. LICENSE NUN		29	d. DATE SIGN	IED (Month, Day, Year)	
TO B	Don't ya	,	finding Ph		1250	77	•	7/2	13/72	
F	30. NAME AND ADDRESS OF PERSON WHO	, *	TH (ITEM 27) (Type, Prin	10 P	d. #10	1 /.	01.19.01	ma	20706	
	Don H. Yablanow			0-611	. 11 10	7 4	-401,	7.10		
	JUL 281992	22. BEGISTRAR'S SIGNA	medelli)							

92 20779

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transful be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN		2 20/80			
	1. DECEDENT'S NAME (First, Midd BERTRAN	BERTRAND M	SAMUEL	BERMA	N	2. DATE OF DEATH MONTH	3 %	S. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER.	1 M 2 🗆 F	and the same	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	,5 N	BIRTHPLACE (State or Foreign Country) 1ARYLAND			
TOR	9a. FACILITY NAME (If not institution of the state of the	HOSPITAL		BAL	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH			
DIRECTOR	10a. STATE 10b	COUNTY BALTIMORE		TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER PI Chalks	TONE DR.	APT. 3-A		SIP CODE	~	USA	N OF WHAT COUNTRY?			
ВУ	11. MARITAL STATUS 1 Never Married 2 Merr 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 ANO		cify Cuban, Maxica	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	RACE — American Indian, Black, White, etc. Specify: hite				
COMPLETED		it'S EDUCATION lest grade completed) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use RELOCAT	rk done during mo retired.)	DN st of working	BALTO RENEWA		RBAN			
BE CON	17. FATHER'S NAME (First, Middle, FRANK E	Last) BERMAN			18. MOTHER'S NAI	ME (First, Middle, Melder SACHS	Surname)				
TO E	DR. GEOFFREY	· ·		NDSONG		Poute Number, City or Tow LTO., MD 21		ode)			
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 4 Donation 8 Other (Spec	City) came	PLACE AND DATE OF elary, crematory or othe RETH TET	er place)	7/:	26/92		y or Town, State MORE, MD			
	21. SIGNATURE OF FUNERAL SET	Lilluan		SOL	LEVINSON REISTER	N & BROS.,		O.,MD 21215			
	23' PART I Enter the clean shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acule Due To (OR AS A	the death. Do no schillne.		de of dying, suci		iratory arrea				
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c.	CONSEQUENCE OF):								
AL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PRIFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inputer 2 ER/Outpstlem 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Inves	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ	JRY AT		1. DESCRIBE HOW INJURY OCCURED				
		d not be mined 28s. PLACE OF INJURY building, etc. (Speci	Al home, farm, str fy)	eet, factory, office		281. LOCATION (Street City or Town, State	LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	anal	IG PHYSICIAN: To the best of my knowle EXAMINER: On the basis of examination						ause(s) and manner as stated.			
TO BE	296. SIGNATURE AND TITLE OF C	CERTIFIED STATES	0		29c. LICENSE NUN		29d. DATE S	IGNED (Month, Day, Year) -23 -92			

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

C

32. REGISTRAR'S SIGNATURE
Julia Davidson-Handelle

ROSSKOAD

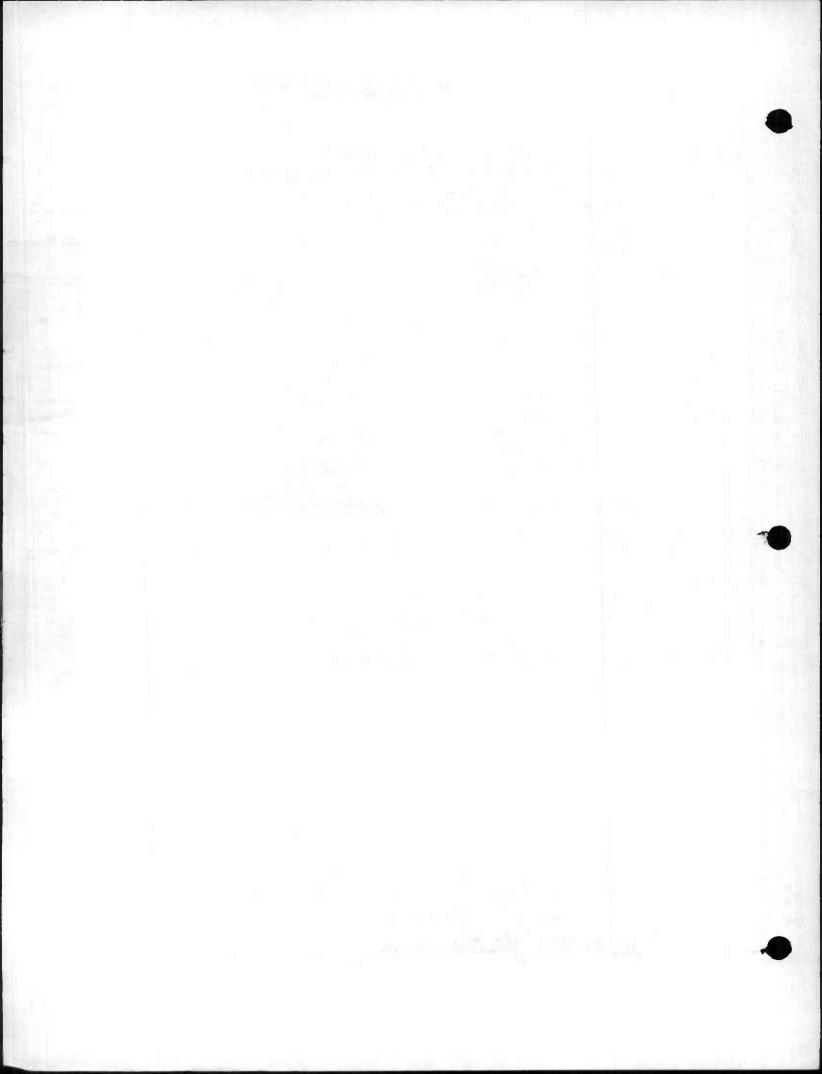
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QUAND

31. DATE FILED (Month, Day, Year)

JUL 28



BALTIMORE, MARYLAND 21215-0020

FIRAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after feath. Page 6 may be retained by the hospital or attending physician.

FRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

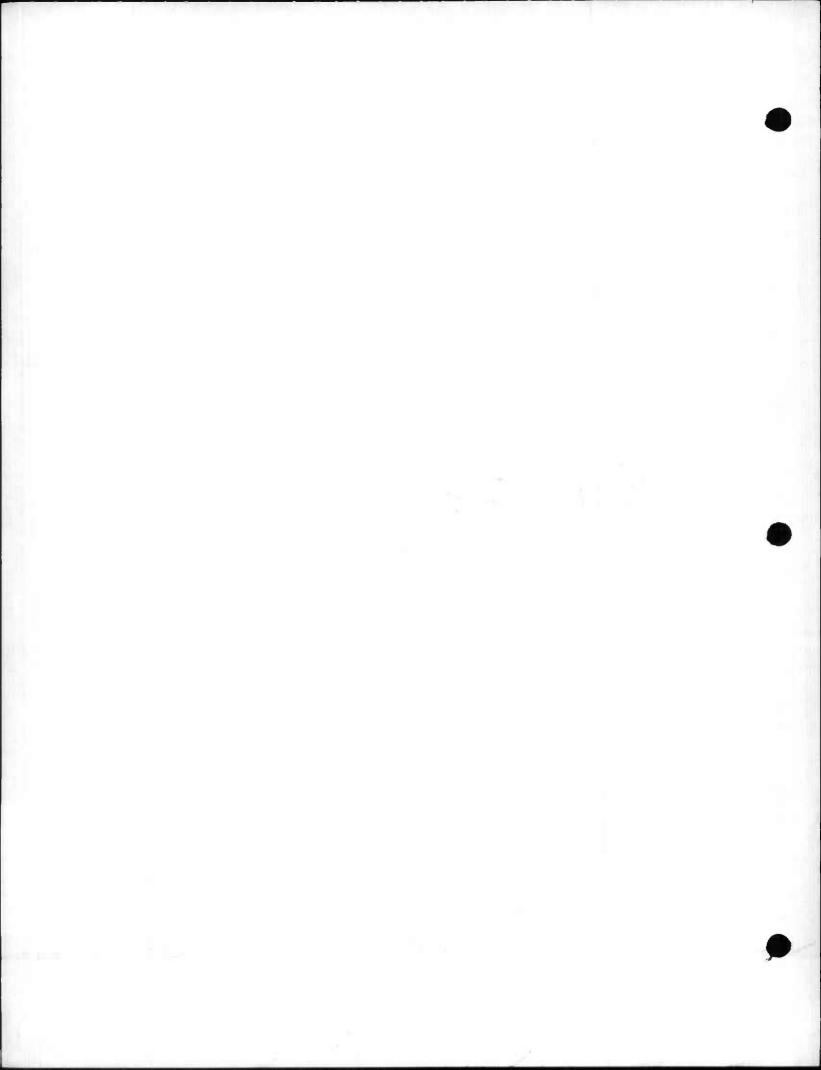
Fill them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last	JOSEPH	R. C	OOPER	848	A)	2. DATE OF DEATH MONTH	12 3	3. TIME OF DE		
	4. SOCIAL SECURITY NUMBER 217-24-5287 90. FACILITY NAME (If not institution, give	5. SEX 1 M 2 F	6. AGE (in yrs. ia		F UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH	MÅ	IRTHPLACE (State or RYLAND		
DIRECTOR	Frances Scott K RESIDENCE OF DECEDENT 100. STATE 10b. COUN	ey Medica	1 Cente	10c. CITY,	Baltimo	ore	EAIH	9c. COUNTY C	10d. INSIDE CI		
	Maryland 100. STREET AND NUMBER 2305 Pulaski Str	0.0.1		Bali	1.0	. ZIP CODE			1 YES 2 DF WHAT COUNTRY		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	X YES 2		13. WAS DEC	21217 ENDENT OF HISPA ecity Cuben, Mexico 2 2 NO Specia	NIC ORIGIN? (Specify Yeen, Puerto Ricen, atc.)		RACE — American In Black, White, etc.		
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondery (0-12)) (C	Give kind of wo	· ·	St of working ADMIN.	FEDERAL	SINESS/INDUSTR	ΥΥ		
BE	17. FATHER'S NAME (First, Middle, Lest) JOSEPH COOPER 18. MOTHER'S NAME (First, Middle, Melden Sumame) MARY TINSLEY COOPER 190. INFORMANT'S NAME (Type/Print)										
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) KELLY R. COOPER 20c. METHOD OF DISPOSITION 1 Squirle 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2305 Pulaski Street Baltimore, Maryland 21 20b. PLACE AND DATEOF DISPOSITION (Name of CARKISON or FUREST VET. CEM. 07-30-92 RANDALLS ADDWNS										
			GARRI	SON "FO	TREST VI	ET. CEM.	07-30-92 R	ANDALLS	ATOWNS MD		
	> SIGNATURE OF FUNERAL SERVICE E	ICENSEE					S FUNERAL LACE, BALT				
	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or As A Consequence of):										
ERTIFICATION	Sequentially list conditions, if enry, leeding to immediate ceuse. Enter UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) LAST b. ATN DUE TO (OR AS A CONSEQUENCE OF): c. Hand Resulting in death) LAST b. ATN DUE TO (OR AS A CONSEQUENCE OF): ATN DUE TO (OR AS A CONSEQUENCE OF): ATN DUE TO (OR AS A CONSEQUENCE OF): ATN DUE TO (OR AS A CONSEQUENCE OF): ATN DUE TO (OR AS A CONSEQUENCE OF):										
IAN: MEDICAL CE	PART II. Other algnificant condition HTN DM CRF on PD	ns contributing to	death but not	resulting in	the underlying) cause given in	PERFOR		24b. WERE AUTOPSY AWAILABLE PRIO COMPLETION OF DF GEATH? 1 YES 2		
SIC	EXAMINER? 1 YES NO 1 IN Input lent 2 FR/Output lent 3 DOA 4 Description 4 Part lent lent 4 Part lent 4 Part lent 4 Part lent 4 Part lent 4 Part lent 4 Part lent 4 Part lent lent 4 Part lent 4 Part lent lent lent 4 Part lent lent lent lent 4 Part lent lent lent lent lent lent lent len										
р ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. DATE OF (Month, D.	INJURY ay, Year) F INJURY — At ho	28b. TIME INJUI	OF 28c. INJI WO M 1 \square	URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW I	RIBE HOW INJURY OCCURED ION (Street and Number or Rural Route Number,			
COMPLETE	4 Homicide detarmined 29e. CERTIFIER (Check only	ICIAN: To the beat of	my knowledge, de	eath occurred	at the time, date	end placa, end due	City or Town, State) to the cause(s) end mer	nner ea stated.			
5	29b. SIGNATURE AND TITLE OF CERTIFIE		amination and/or	Investigation,	In my opinion, de	eath occured at the	time, date end place, en	d due to the caus	se(s) end manner es		



	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIFI	TMENT OF	HEALTH AND I	MENTAL HYGIEN REG. NO.	E 92	20782		
	1. DECEDENT'S NAME (First, Middle, Last)	ROSA LEE CO				2. DATE OF DEATH 07-22	y−92 YE	3. TIME OF OEATH 10:30 A _M		
	4. SOCIAL SECURITY NUMBER 249-56-3905	12(2KM 2 □ F 75	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAY	B HOURS MIN.	7. DATE OF BIRTH	17 Sd	BIRTHPLACE (State or Foreign OUTH CAROLINA		
TOR	9a. FACILITY NAME (If not institution, give to 1027 CATHEDRAL RESIDENCE OF DECEMENT	,		BALTII	N OR LOCATION OF DE MORE	EATH	9c. COUNTY	OF DEATH		
DIRECTOR	10a. STATE 10b. COUNT MARYLAND	Υ		TOWN OR LO				10d. INSIDE CITY LIMITS? TYPYYES 2 NO		
FUNERAL	100. STREET AND NUMBER 1) @& CATHEDRAL STR	REET	10f. ZIP CODE 21201		109. CITIZEN US	OF WHAT COUNTRY?				
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 A Widowed 4 Divorced	IIC ORIOIN? (Specify Yee n, Puerto Rican, atc.)		RACE — Americen Indien, Bleck, White, etc. Specify: FR. AMER,						
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	Cation completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w life. Do NOT us	ork done during	ATION most of working	16b. KIND OF BUS	SINESS/INDUST	RY		
BE CO	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Melden				
2	19e. INFORMANT'S NAME (Type/Print) KATIE INGRAM		196. MAILINO 522 PC	ADORESS (Street)	ROVE BALT	Number, City or Town IMORE, MAR	n, Stete, Zip Coo YLAND	21223		
	20a. METHOD OF DISPOSITION 1	comet WES	PLACE AND DATE Of the control of the	ner piece) AR CEMI	TERY 07-2	7⊢92 BALT	IMORE.	or Town, State MARYLAND		
	21. SIGNATURE OF PUNETIAL SERVICE LI	M. Esta	2	ESTI 1300	EUTAW PL	S FUNERAL	ORE. MA	RYLAND 21217		
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on each	ch line.	ot antar the	mode of dying, suci	as cardiac or respi	ratory arrest,	Approximata Interval Between Onset and Death		
NOI	Sequentially list conditions, if any, leading to immediate	b. OUE TO (OR AS A C	CONSEQUENCE OF	nohe	hear	Artron	1			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):										
AL C	PART II. Other significant condition	is contributing to death but	t not resulting in	the underly	ing cause given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
: MEDIC	High ble	defendant	ve	loge	Δ	1 TYES 2	□ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF OEATH (Che					
1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Norsing Home 8 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? 1 YES 2 NO 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rura City or Town, State) 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.								NJURY OCCURED		
								lural Route Number,		
								use(e) and menner es stated.		
O BE	296. SIGNATURE AND TITLE OF CERTIFIED	Mey MY)		29c. LICENSE NUM	7860	29d. DATE SK	SNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON WHI	COMPLETE CAUSE OF GEAT	1).	Print) ICE	ARNE	4 700	WAS	H BIUP		
	JUL 28 1992	Julia Davidson-V	andre				BIST	CSIS CIM		



use as the burial-transit permit. Pages 1, 2, 3 should

THE HIGH REPORTEDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital in PRECIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the man of the process after death with the State Dept. Or Health and Mental Hyginese pilot to burial, cremation, or removal.	must be notined at once.	The state of the s		200
	e 6 may be retained by the hospital rector, page 5 should be detached for must be notified at once.	THE HOS TALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the horst consistency of the function page 5 should be detached by the attending physician and completely filled in by the funeral director, page 5 should be detached a minute of the fourst after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IN CREMENT IN ITEM 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	AL OR ATTENDING PI L. DIRECTOR: After th Phours after death w	

	FOR	STATE OF M	ADVI AND	DEDAD	T1471	T 05 11					92	21	0783
	1 - STATE REGISTRAR	STATE OF M.		ERTIF					MENT	AL HYGIEN REG. NO	-	E (5705
	1. DECEDENT'S NAME (First, Middle, Last)	DORIS BE	ERLA	AMBI	ERLA	IN			MOI	TE OF DEATN	AY Y	/EAR	TIME OF DEATN
3	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. In:		IF UNDE	R 1 YEAR	IF UNDER		7. DAT	E OF BIRTH	-Y	BIRTHPL	ACE (State or Foreign
	219-12-4942	1 🗆 M 2 💢 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mo	O TO	25	Country)	aryland
TOR	90. FACILITY NAME (If not institution, give st WOVEY MLM (A	reet and number)	2N		9b. CIT	PACH MOVE 9c. COUNTY OF DEATH					н		
EC	10s. STATE 10b. COUNTY			10c. CIT	Y, TOWN	DR LOCAT	ION					10-	d. INSIDE CITY
FUNERAL DIRECTOR	Maryland Anne	Arunde	1		F	asa	dena				LIMITS? 1 ☐ YES 2 ♣ NO 10g. CITIZEN OF WHAT COUNTRY?		
ER/	1694 Grandview	Road					211						States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	RMEO NO	13.	WAS DEC	ENDENT C	OF NISPAN	n, Puert	GIN? (Specify Yes Rican, etc.)			American Indian,
	15. DECEDENT'S EDUC	ATION	160.05	CEDENT'S	1401144 6	COLIDATIO						· ·	WWC -
ETE	(Specify only highest grade of Elementary/Secondary (0-12)		(G	ive kind of a	work done	during may	st of working	19	- 1	Montg			int v
IPL	10			Bus	Dri	ver				Board	of E	duca	ation
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (F						t, Middle, Msiden			
BE (Walter	J.		tlif				itti				ley	
70	Mr. Olie R. Chamberlain 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1694 Grandview Road Pasadena, Md. 21122												
	20s. METHOD OF DISPOSITION 1 © Burles 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)												
	4 Donetton 5 Dother (Specify) Maryland Veterans Cem. 7/29/92 Crownsv: 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 122. NAME AND ADDRESS OF FACILITY								lle,MD.				
	► Taline X- (5		M		ully	r Fu	ner				sadena ,MD. 2112	
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line.											Approximate	
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. CAURC WEST											Onset and Death	
		DUE TO (C	OR AS A CONSE	OVENCE OF	j:	0.	-						
8	Sequentially list conditions, Due to (or as a consequence of):												
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING												
임	CAUSE (Disease or injury that initiated events	DUE TO (C	OR AS A CONSE	DUENCE DE	1. 00	WOVE	0						
F	resulting in death) LAST												
O	PART ii. Other algoriticant conditions	contributing to d	leath but not a	naulėlas I	n the	a da ulcilar a		ture to	0	T			
PHYSICIAN: MEDICAL	PERFORMED? AMAII										RE AUTOPSY FINDINGS IILABLE PRIOR TO MPLETION OF CAUSE		
	I VES 2 3 NO OF									DEATH?			
2	1 D YES 2 D NO										YES 2 NO		
X	25. WAS CASE REFERRED TO MEDICAL EVALUATED 28. PLACE DF DEATH (Check only one)												
SIC	EXAMINER? 1 YES 2 NO												
E	27. MANNER OF DEATN	NJURY (Year)	28b. TIM		28c. INJU			26d. DESCRIBE NOW INJURY OCCUREO					
ВУ	1 Natural 5 Pending 2 Accident Investigation				M		ES 2] ND					
	3 Suicide 8 Could not be 4 Nomicide determined	28s. PLACE OF building, et	INJURY — At ho	me, ferm, s	treet, fac	tory, offics				LOCATION (Street and Number or Rural Route Number, City or Town, State)			Number,
COMPLETED	29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of m										augala) and	d manner as stated
	29b. SIGNATURE AND TITLE OF CERTIFIER	_					29c. LICE			one place, sil			
TO BE	Jamela Amel	uso for	Karen	Kora	uck	mD	are, LIVE	NUN	JER		► 7 3	26 9	nth, Dey, Year)

PLETED CAUSE OF GEATH (ITEM 27) (Type, Patimore MD 21200

31. OATE FILEO (Month, Day,

2 8 1992

1. DECEDENT'S NAME (First, Middle, Last) E SWOTH

Abdullah

FOR STATE REGISTRAR

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 NO

Specify: Black

21216

Approximata

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

COMPLETION OF CAUSE 1 TES 2 NO

Onset and Death

REG. NO.

2. DATE OF DEATH

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 D F completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should rial, cremation, or removal. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Car 1 DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY IDC. CITY, TOWH OR LOCATION FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 04 21217 USA 490 HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 14. RACE -- American Indian, Black, White, etc. 1 Never Married 2 N If yes, specify Cuban, Mexican, Pu 1 ☐ YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a, DECEOENT'S USUAL OCCUPATION (GMe kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 76 Iam BE notified 19b. MAILING ADDRESS (Str. 2 9 20b. PLACE AND DATE OF DISPOSITION (Net 20c. LOCATION must Buriel 2 - Cremetion 3 - Removal from State ark Donation 5 Q Other (Specify) 7-29-9 medical examiner 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or haart fallure. List only one cause on each line. **IMMEDIATE CAUSE (Final** ef the prior to burial, cremation, disease or condition resulting in death) or other traumatic event, CERTIFICATION the attending physician and Mental Hygiene prior to bur Sequentially list conditions, sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY Health and shows any The certificate has been Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? the State D 25. PLACE OF OEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO -3 DOA 6 Other (Specify) 27. MANNER OF BEATH 26e. DATE OF INJURY marked, 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 1 Netural 2 Accident BY M 1 YES 2 NO O THE CONERAL DIRECTOR: After 1 and 12 hours after death I hours after death I hours after 25 is man 26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, Stele) COMPLETED 6 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the best of my kno riedge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the basis igstion, in my opinion, death occured at the time, date end place, end due to the ceuse(s) end m CONATURE AND TITLE OF CENTRAL 29d. DATE SIGNED (Month, Day, Year) 6

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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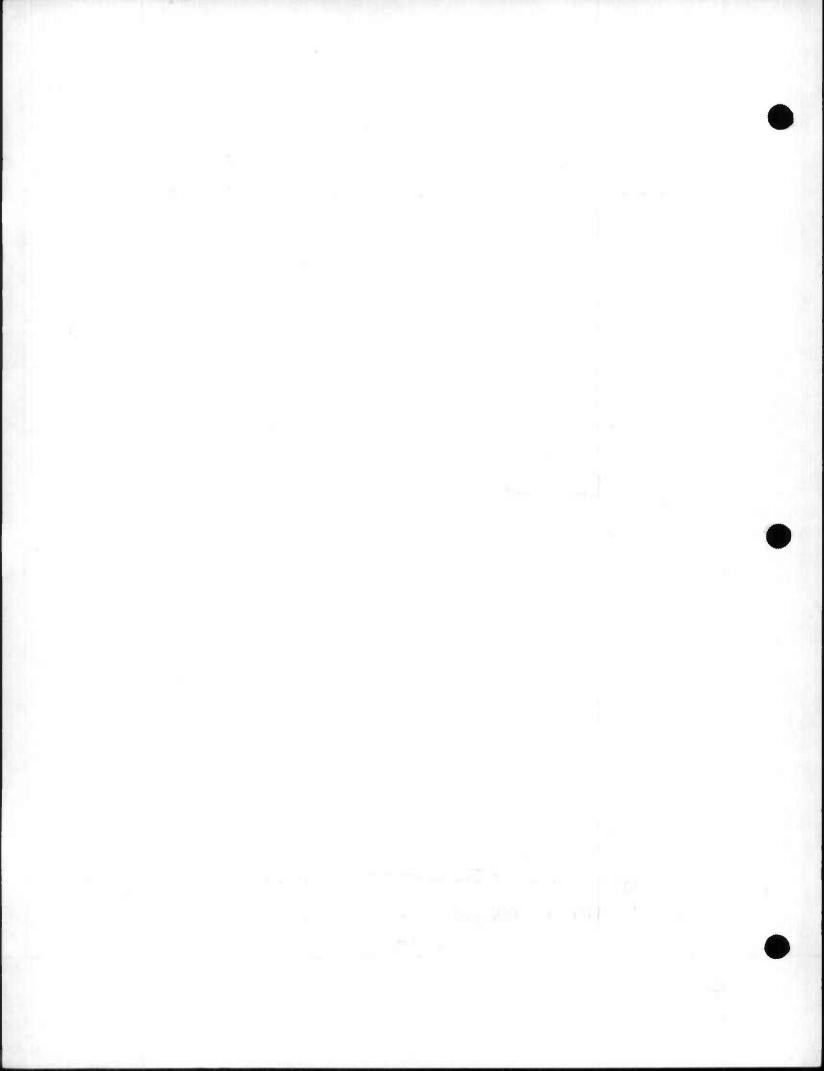
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	
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ittending physician.	e as the burial-transit permit Pages 1.2.3 should		
be executed within 24 hours after death. Page 6 may be retained by the hospital or atter			led, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE REPORT OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	LINERAL DIRECTOR: After this certificate has been signed by the attending physician and complete	with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial	TANT: If item 28 Is marked, or item 23 shows any injury, or other

	1 - FOR REGISTRAR	STATE OF M			RTMEN1				MENT		GIEN	E	92	2 2	207	85
	1. DECEDENT'S NAME (First, Middle, Last)						-			TE OF D				3. TIM	E OF DEATH	н
	JAMES ARTHUR CROCKETT 07									23		992		12:2	O.PM	
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. les				st birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH A BI			8. BIRT	IRTHPLACE (State or Foreign				
	214 20 2519	1 □XM 2 □ F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mc	onth, Day,	16ar)	1923	Count	try)	MORE	17
	9e. FACILITY NAME (If not institution, give stre	et and number)			9b, CITY	TOWN C	R LOCATI	ON OF DE					NTY OF		1101(1	
E	G.B.M.C6701	N CHARI	LES ST		то	WSON	r	. M	מו	2120	24	RZT	TTM	OPF	COU	יי זא ז
DIRECTOR	RESIDENCE OF DECEDENT					MOON		/		. 12(7	DAL	1 1 1 1 1 1	ONE	000	/ 14 1 1
H	10e. STATE 10b. COUNTY MARYLAND				10c. CITY, TOWN OR LOCATION									10d. IN	ISIDE CITY	
	BALT	IMORE		I	INT	HIC	UM							ES 2 1	NO	
M	10e. STREET AND NUMBER			101. ZIP CODE							10g. CIT	IZEN OF	WHAT CO	OUNTRY?		
FUNERAL	559 FOREST VIEW ROAD			21090				U.S.A.								
FU	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARI 1 □ Namer Marriard 2 ☑ Marriard 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 ☑ YES 2 □ N						VIC ORIG	IIC ORIGIN? (Specify Yes or No- 14. RAC				rican India:	n,			
ВУ	1 Never Married 2 N Married 3 Widowed 4 Divorced	IF YES, GIVE WA	À OR DATES	1 TYES 2 NO Specify:								410.				
	15. DECEDENT'S EDUCA	TION:		CEDENT'S USUAL OCCUPATION			W				HITE					
1	(Specify only highest grade co	ompleted)	(Gr		work done			g	1	6b. KIND	OF BUS	INESS/IN	DUSTRY			
J.		College (1-4 or 5+)			0000111	D										
COMPLETED	1.2 17. FATHER'S NAME (First, Middle, Last)	NONE	ME	AT C	UTTE	R						INES	S			
			ana	OIITE				HER'S NA	ME (Firs	t, Middle,	Maiden :					
BE	HOWARD 190. INFORMANT'S NAME (Type/Print)			CKET		(0)	RUT			41.0			HUGH	IES		
2		m			ADDRESS											
	DOROTHY L. CROCKET 200. METHOD OF DISPOSITION	1			REST			AD,		_						
	1 Spurial 2 Cremetion 3 Remov	ni Irom State	cametery, crer	AND DATE OF DISPOSITION (Name of matory or other place)			1					r Town, State				
	4 Donestion 5 Other (Specify) CEDAR HILL CEMETERY 7/27 BROOKLYN PARK, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY						K, N	MD								
							ETON			HOM	E					
	C INC	ship			1	SECO	ND A	VE.	S.W	7 (GLEN	BUR	NIE.	MD	2106	51
	23 PART I. Enter the diseases, or conshock, or heart fellure. Listing the condition resulting in death)	et only one cous	coused the dece on each line.		not enter	the mo	de of dyi	ng, suci	h as co	erdiac o	r raepli	ratory sr	rest,	A In O	pproximation of the province o	ta tween Death
	DUE TO (OR AS A CONSEQUENCE OF):															
2	Sequentially list conditions, ISCHEMIC CARDIOMYOPATHY DUE TO (OR AS A CONSEQUENCE OF):															
Ĕ	DUE TO (OR AS A CONSEQUENCE OF): if enty, leading to immediate cause. Enter UNDERLYING															
CERTIFICATION	CAUSE (Disease or injury															
Ē	thet initiated events resulting in desth) LAST															
8	d															
A.								UTOPSY FIN								
PHYSICIAN: MEDICA	HEPATITIS A							PERFORMED?			AVAILABLE PRIOR TO COMPLETION OF CAUSE					
NE I	CHRONIC RENAL FAILURE										OF DEATH?		.			
-	Ollitol 16 - K		X DUND													
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF DI	EATH (Che	ock only	one)						-
Sic		HOSP≀TAL: Xi Inpatient 2 □ I	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Re	aldence	8 🗆 Oti	her (Spec	iffv)					
Ě	27. MANNER OF DEATH	28a. DATE OF III		28b. TIM	E OF	28c. INJU	JRY AT					JURY OC	CURED			
ВУ	1 Netural 5 Pending (Month, Day, Year) INJURY 2 Applicant Investigation				M	WORK? M 1 YES 2 NO										
	3 Suicide 28e. PLACE OF INJURY — At home							281. LOCATION (Street and Number or Rural Route Number,				nber,				
1	4 Homicide detarmined building, etc. (Specify)															
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of m	y knowledge, des	th occurre	d at the ti	me, date	end place.	end due	to the c	ause(e)	nd man	ner as stel	ed.			
NO	one) 2 MEDICAL EXAMINER:													end ma	nner se sta	rted.
	290 SIGNATURE AND THILE OF CERTIFIER	9	_				29c. LICE								Day, Ybar)	
BE	(Armer ()	1	>-			- 1		362				•		23	12	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Type.	Print)									- 51		
1 CC + Alaca Control of the Al									10 21204-							
	6565 NOVTH 31. DATE FILED Month, Day, Your, 28 1992	32 REGISTRAB		STRE	EI		STE	411		1931	OT	. MC) 6	212	04-	_,



BALTIMORE, MARYLAND 21215-0020

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DR. HAGGERTY

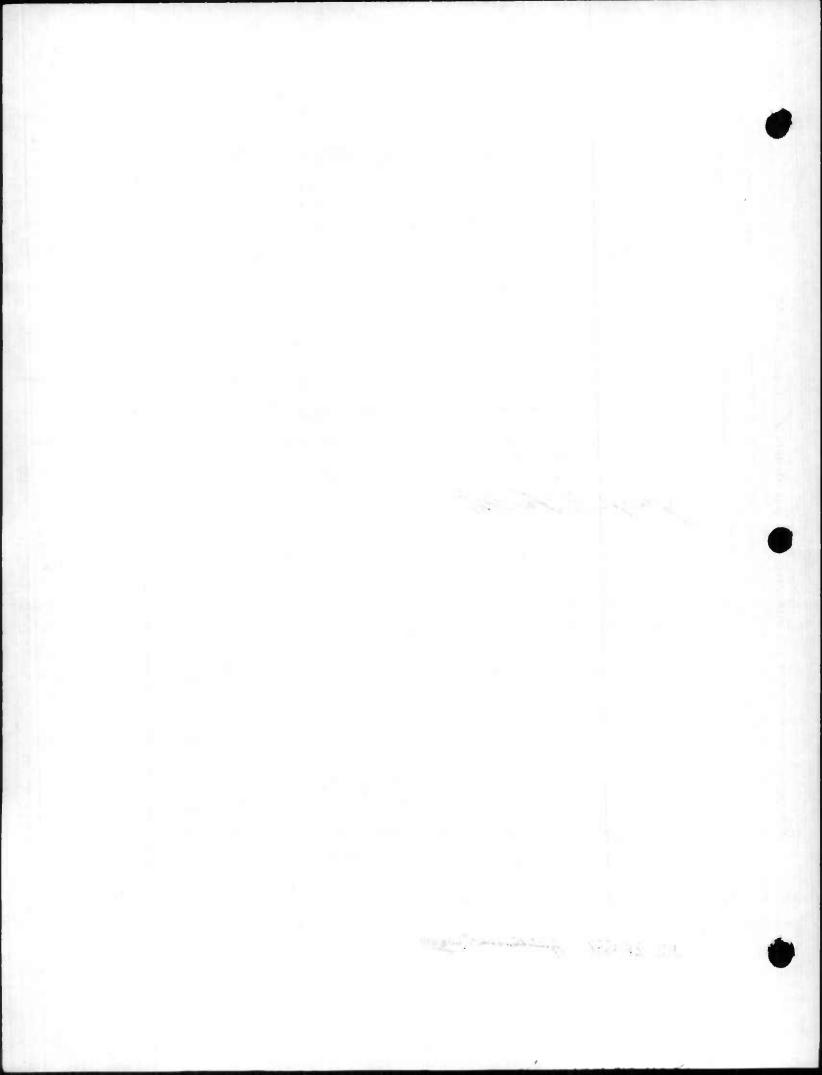
31. DATE FILED (Month, De 1992)

14808 913 Fasture (100

1. DECEDENT'S NAME (First, Middle, Lest) Merle Edward Cr. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest to the second of the second o	YRS. MONTHS DAY 96. CITY, TO ROC	EAR IF UNDER 24 HRS. AYS HOURS MIN.	2. DATE OF DEATH MONTH DA 7/17/92 7. DATE OF BIRTH (Month, Dey. Year) 8-3-1925	8. E	3. TIME OF DEATH 12:10 A BIRTHPLACE (State or Foreign			
4. SOCIAL SECURITY NUMBER 4.17 20 2030 1	yrs. Ph. City, to	AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. E				
417 20 2030	YRS. MONTHS DAY 96. CITY, TO ROC	AYS HOURS MIN.	(Month, Day, Year)	8. 6	BIRTHPLACE (State or Foreign			
306 Linthicum Street RESIDENCE OF DECEDENT 100. STATE MONTGOMERY COUNTY Maryland	Roc	WN OR LOCATION OF D	0-3-1925		Country) Iowa			
Tide y Laria			EATH	9c. COUNTY	OF DEATH			
TAGE Y EGILG		kville	MONTGOMERY COUNTY					
10e. STREET AND NUMBER		ocation hicum			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
CC		10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?			
306 Linthicum Street		2085	1		USA			
IF YES, GIVE WAR OR DATES	II ye	DECENDENT OF HISPA s, specify Cuban, Maxico YES 2 NO Specifi			RACE — American Indian, Black, White, atc. Specify:			
1 WW 11/ROTEATI					White			
(Specify only highest grade completed) 18a, DECE	DENT'S USUAL OCCUI kind of work done during NOT use retired.)	PATION og most of working	18b. KIND OF BUS	INESS/INDUSTI	RY			
College (1-4 or 5+)	770. 200 1011.00.)		Electricial Engineer					
12+ 6		18. MOTHER'S NA	AME (First, Middle, Malden Surname)					
Joseph Peter Crock			O'Hara					
19a INFORMANT'S NAME (Syna/Drief)	AILING ADDRESS (Str		Route Number, City or Town	n. State. Zio Codi	fe)			
			, Rockville					
20a. METHOD OF DISPOSITION 20b PLACE AND	DATEOFDISPOSITION			CATION - City of				
1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☑ Donation 5 ☐ Other (Specify)	tory or other place)				or rown, oraca			
PART I. Errier the disease, or complications that caused the deet shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSCOUR	Do not enter the		nore St, Ba					
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUE of LAST)								
PART II. Other eignificant conditions contributing to death but not ree	liting in the underl	ving cause given in	Part I 24n WAS AN	AUTOREV	24b. WERE AUTOPSY FINDINGS			
			PERT 248. WAS AN AUTOPSY 246.		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 IVNO	21	B. PLACE OF DEATH (Ch	ack anti-anal					
EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inputiant 2 ER/Outputient 3 II	OTHER:							
27. MANNER OF DEATH 28s. DATE OF INJURY 2	8b. TIME OF 28c.	Home 5 Realdenca		LIURY OCCURE	D			
	INJURY 1	WORK?	28d. DESCRIBE HOW INJURY OCCURED					
3 Suicida 6 Could not be 26e. PLACE OF INJURY — At home, building, atc. (Specify)	term, atreet, factory, o	office	26t, LOCATION (Street ar City or Town, State)	nd Number or Ru	iral Route Number,			
29a. CERTIFIER (Check only note) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death	occurred at the time, o	data and place, and dua	to the cause(a) and manr time, data and place, and	ner as stated.	se(a) and menner se stated.			

Physician Lane, Rockville, MD

20850



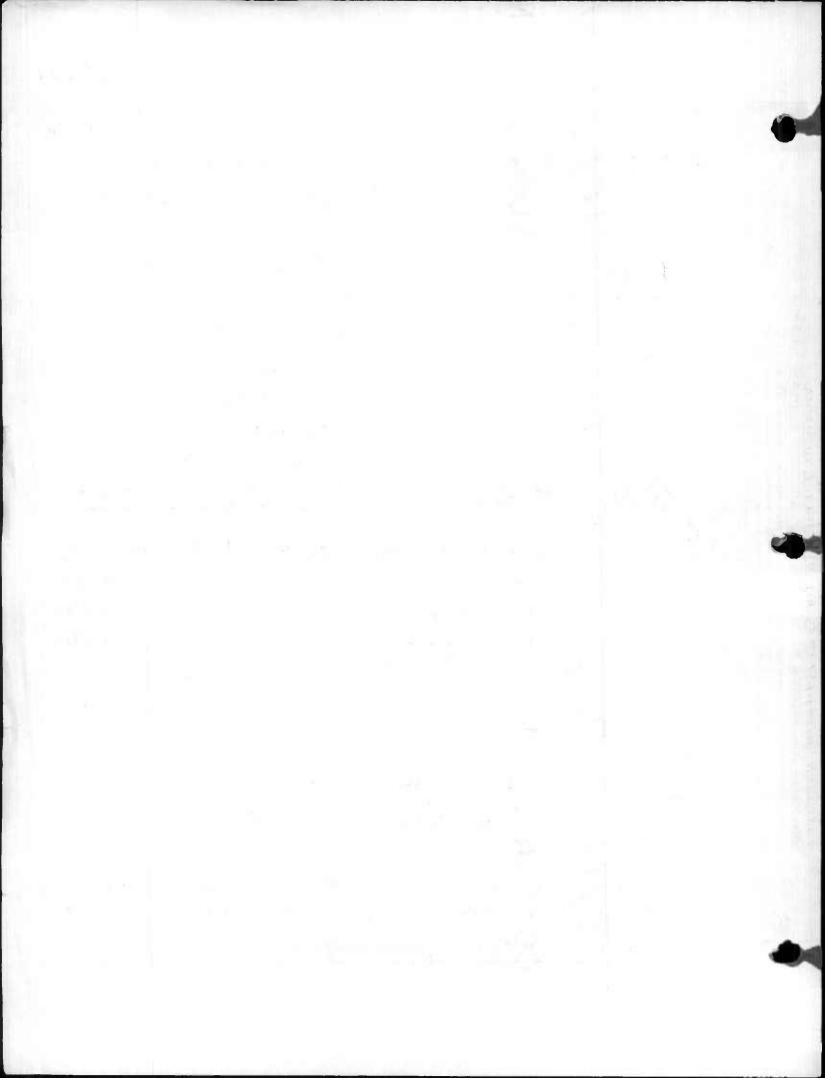
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2	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	at the attentions physician. The law requires that the death certificate be executed w
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TO RE COMPLETED BY FINERAL DIRECTOR	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	i filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	I THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely med in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3
negati, rage o may be retained by the nospital of attending physicial.	THE MUSTIAL UR ALLENDING PRINCIPLY. THE IAM REQUISES THAT HE DESCRIPTED TO STREET HE SHOW IN THE HEADING HISTORY HISTORY HISTORY.

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FOR 1 STATE	STATE OF MARYL						36	2010	
REGISTRAR	a .	CERTIFIC	ATE OF	DEATH	REG.				
1. DECEDENT'S NAME (First, Middle, Last	Ca 0				2. DATE OF DEATH		YEAR	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	18	BIRTHPLA	ICE (State or Foreign	
210-40-4237	1 M 2 🗆 F	42 YRS.	DAYS DAYS	HOURS MIN.	1 - 10 - 3	P P	_	vlvania	
98. FACILITY NAME (If not Institution, give FRANCIS SCOTT VAR RESIDENCE OF DECEDENT	0 - 1 ()			R LOCATION OF DE	ATH		Y OF DEATH	XXXXXXX	
10a. STATE 10b. COUN	auphin	10c. CITY, T	TOWN OR LOCATI	ION A X				d. INSIDE CITY LIMITS?	
100. STREET AND NUMBER	igh Rd		101.	ZIP CODE	V	10g. CITIZE	N OF WHAT	T COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO		ENDENT OF HISPAN Helfy, Cuban, Maxican 2/ NO Specify	n, Puarto Rican, etc.		4. RACE — Black, W Specify:	American Indian, hita, atc.	
3 Widowed 4 Divorced	NICATION .	40 000000000000000000000000000000000000					1	WHITE	
(Specify only highest gra		(Give kind of work life. Do NOT use n	k done during mos etired.)	nt of working		BUSINESS/INDU			
17. FATHER'S NAME (First, Middle, Last)		Piun	iber	16. MOTHER'S NAI	WE (First, Middle, Ma	lumbing			
Edward Carter				Mary	Malatt	,			
19e. INFORMANT'S NAME (Type/Print)		ODRESS (Street se	nd Number or Rural F		Town, State, Zip C	code)			
Corrine M. Cart				n Rd., Ha					
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 K Re 4 Donation 5 Other (Specify)	moval from State	b. PLACE OF DISPOSITI other place) iVerview M		2.22	100	LOCATION — CI		State	
21. BIGHATURE OF FUNERAL SERVICE			22. NAME AN	D ADDRESS OF FAC	CILITY			-	
*/K Show	allthe -			T C. ALT Harford					
	r complications that cannot be. List only one cause only	lach Ilna	antar tha mod	de of dying, such	n as cardiac or r	eapiratory srre	st,	Approximate interval Between Onset and Desti	
disesse or condition resulting in death)							WAX	Lyhrs	
Equantially list conditions, South Consequence of S								4wks.	
If any, leading to immediate cause. Enter UNDERLYING	Immediate							2 Will	
CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEQUENCE OF):							1 0	
resulting in death) LAST	a 4162 3 propos							6 WKs.	
PART II. Other significant condition	one contributing to death i	but not resulting in t	the underlying	csuse given in		S AN AUTOPSY		RE AUTOPSY FINDINGS	
						REFORMED?	CO	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
						1.0.120 5.0.10		1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL THER:	ACE OF DEATH (Che	eck only one)				
1 YES 2 NO 27. MANNER OF DEATH	1 Ippetient 2 ER/Out		-	e 5 🗆 Rasidence			IDEO		
1 Natural 8 Pending Accident Investigation									
3 Suicide 6 Could not b	28e. PLACE OF INJURY building atc. (Spe	281. LOCATION (SI Gity or Town,	reet and Number of State)	r Rural Route	Number,				
omal	YSICIAN: To the best of my know							nd menner as stated.	
29b. SIGNATURE AND TITLE OF CERTIF	FIER			29c. LICENSE NUN	IBER	29d. DATE	SIGNEO (Mo	onth, Day, Year)	
MICHAE A. SH					wins Hosp				
30, NAME AND ADDRESS OF PERSON OF ADDRESS OF ADDRESS OF PERSON OF ADDRESS O	TT. JOHNS HOP	EATH (ITEM 27) (Type, Pr	(TAL)	Cho CHR	STIME MI	ARYIN (155 B	MOCK	

Julia Davidson-Randall

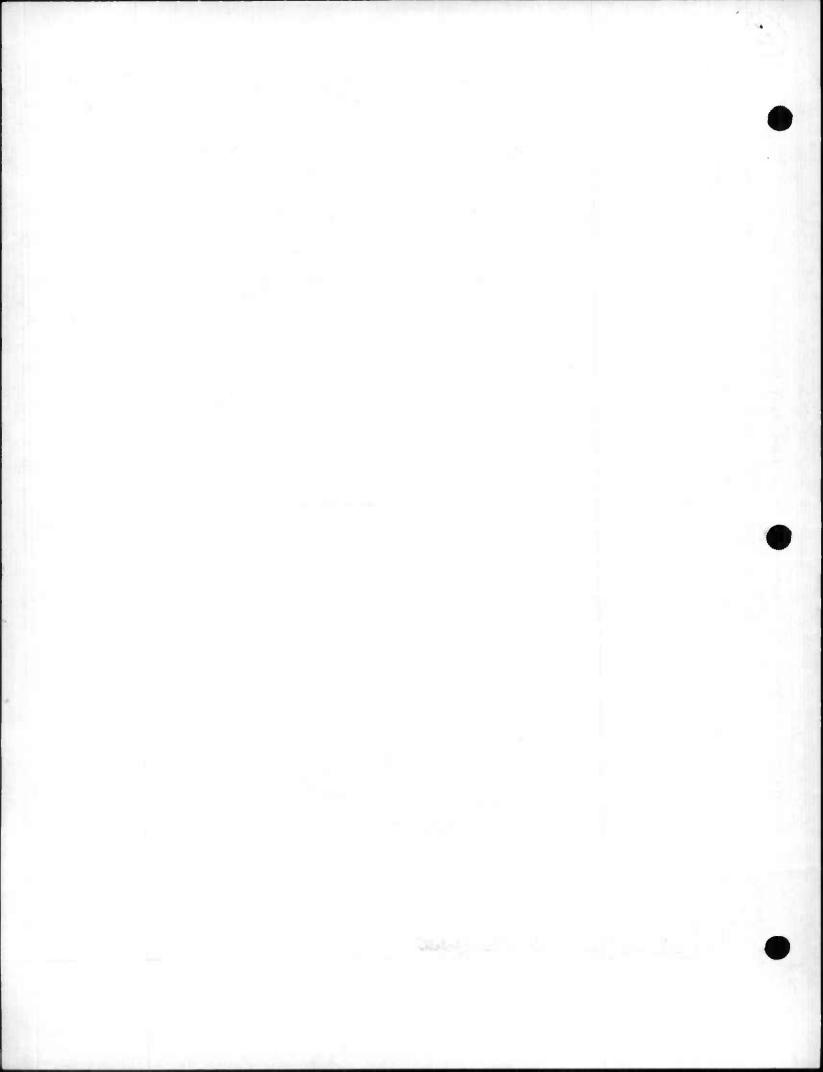
JUL 28 1992





FOR STATE OF MARYLAND / OEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last) MICHAE	S MICHAEI		2. DATE OF DEATH MONTH	5 19	3. TIME OF DEATH 2:45 PM		
COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 219-78-7615	1 M 2 🗆 F		UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Pay, Year)	17	BIRTHPLACE (State or Foreign Country) MARYLAND	
	9a. FACILITY NAME (If not institution, give s	treet and number) H C	98	BALTIHOR		9c. COUNTY		
	10a. STATE 10b. COUNTY MARYLAND	(BALT	OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 V YES 2 NO	
	100. STREET AND NUMBER 2920 SPE::MAN RO	AD		101. ZIP CODE 21225		USA	N OF WHAT COUNTRY?	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER FORCES? 1 XYES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 NO Specif	an, Puerto Rican, etc.)	200	. RACE — American Indian, Black, Whita, etc. Specify:	
	15. OECEOENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		16a. OECEDENT'S USL (Give kind of work life. Do NOT use re	done during most of working	16b. KINO OF BU		FR. AMER.	
	17. FATHER'S NAME (First, Middle, Last) WILLIE DAVI	S JR.		18. MOTHER'S NA	AME (First, Middle, Malder			
TO BE	19a. INFORMANT'S NAME (Type/Print) VICTO	RIA H. DAVIS	19b. MAILING AD 2920 SF	PELLMAN ROAD BA	Route Number, City or Tov	vn, State, Zip Co	ob) ND 21225	
	20g, METHOD OF DISPOSITION 1		b. PLACE AND OATE OF D	ISPOSITION (Name of		OCATION — City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ACCRESS OF FA ESTEP BROTHERS 1300 EUTAW PLA	FUNERAL I	HOME PA	A	
PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. DUE TO (OR AS	A CONSEQUENCE OF:		om a		t, Approximeta Interval Batween Onset and Daath	
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	CUI US	ed le	eleen	٧.		
	PART II. Other algnificant condition	a contributing to death b	but not resulting in ti	he underlying cause given in	Pert I. 24a. WAS AN PERFOI	RMEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEATH (CH		17	¥0	
HYS	1 U YES 2 NO 27. MANNER OF DEATH	1 Nopetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUPED						
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO				
ETED	3 Suicide 4 Homicide Solution of the detarmined Solution of the detarmined Solution of the detarmined Solution of the detarmined Solution of the detarmined solution of the detarm							
COMPLETED				the time, data and place, and due my opinion, death occured at the			ause(a) end manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Girles	MD	29c. LICENSE NUI			GNED (Months Day Was)	
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OF	eath (ITEM 27) (Type, Prin	" ON D	HHC		710	
	31. DATE FILED (Month, D.	32. REGISTRAR'S SIGN	ATURE	-				

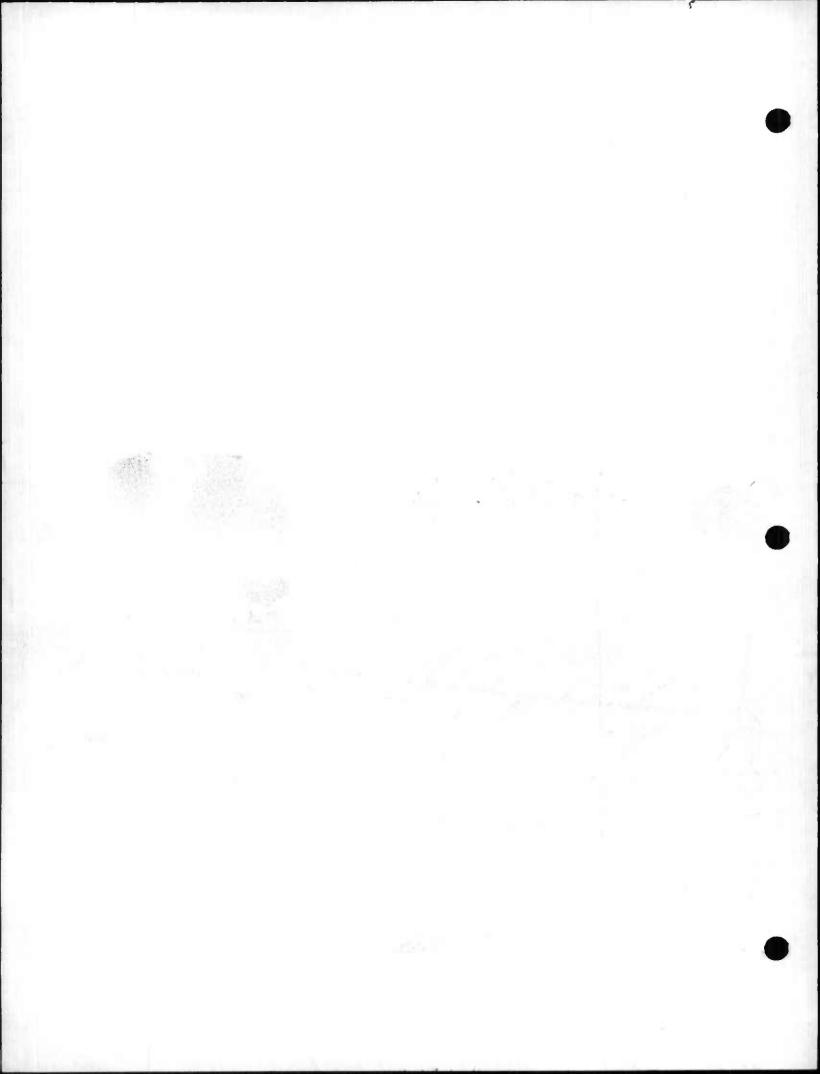


BALTIMORE, MARYLAND 21215-0020

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BOX 68760,	
P.O. 8	
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RECORDS	*
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IVISION OF VITAL R	The second of th
<u>×</u>	and other

ding physician.	s the burial-transit permit. Pages 1, 2. 3 should	
THE OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	PAR, UNEXTOR: After this certificate has been signed by the attending physician and completaly filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should for a human after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	miner must be notified at once.
srtificate be executed within 24 hours after deat	PAL UNEXTOR: After this certificate has been signed by the attending physician and completaly filled in by the fun If 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal	THIMM 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ISICIAN: The law requires that the death or	certificate has been signed by the attendight the State Dept, of Health and Mental Hy	d, or Item 23 shows any Injury, or
ATAL OR ATTENDING PHY	HAL DIFECTOR: After this in 72 hours after death with	T. If item 28 is marke

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPARTA CERTIFIC			ENTAL HYGIENI	E	
	1. DECEDENT'S NAME (First, Middle, Lest)	ALICE M.	DORSEY			2. DATE OF DEATH DAY 07-24-92		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-22-0895	1 □ M 2 🖾 F 66	YRS. MO	UNDER I YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-05-25	8. Bif Cor	RTHPLACE (State or Foreign untry) RYLAND
TOR	9a. FACILITY NAME (If not institution, give at 2840 OAKFORD AV RESIDENCE OF DECEDENT			ALTIMOR	R LOCATION OF DEA	ТН	9c. COUNTY O	FDEATH
DIRECTOR	MARYLAND 10b. COUNTY	·		OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2840 OAKFORD AVE			2	21215		USA	F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 XNO	If yes, spe	ENDENT OF HISPANIC ocity Cuben, Mexican, 2020 NO Specify:	ORIGIN? (Specify Yes Puerto Ricen, etc.)	Sp	ACE — American Indian, ack, White, etc. sectly:
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 16 completed) College (1-4 or 5 +)	Give kind of work ine. Do NOT use re	JAL OCCUPATIO done during mos tired.)	N st of working	16b. KIND OF BUS		
BE COM	17. FATHER'S NAME (First, Middle, Last) CLARENCE BEADS					E (First, Middle, Meiden S ATRICE BE	Surname) EADS	
TO B	19a. INFORMANT'S NAME (Type/Print) VLASTA McCOY					Ute Number, City or Town		21215
	20s. METHOD OF DISPOSITION 1	oval from State	ACE AND DATE OF D	CEMETER	RY 07-29	9-92 Balt	cation — city or cimore,	Town, State Maryland
	21. ВІЗМАТИНЕ ОГ ИЗМЕНДІІ. ВЕНУУВЕ ІЛС	M. Cal	Son I	ESTEP	TITAW PLAC	FUNERAL H	ORF MA	ARYLAND 21217
	23. PART I. Enter the dispuses, or on shock, or heart fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUL OR AS A CO	o ane. O CULAN	enter the mod	de of dying, such	as cardiec or respir	atory errest,	Approximate intervel Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Discose or Injury that initiated events resulting in death) LAST	oue to (or as a co	ON PASEQUENCE OF): LY CAI CA	iorasc	ular a	'sease		years years
PHYSICIAN: MEDICAL	PART II. Other significent condition	a contributing to deeth but	not resulting in ti	ne underlying	ceuse given in Pr	PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatie		THER:	ACE OF DEATH (Check			
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	26c. INJU WOR		LI Other (Specify)	JURY OCCURED	
8	2" Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, stree			6f. LOCATION (Street er City or Town, State)	nd Number or Run	al Route Number,
COMPLET		CIAN: To the best of my knowledg R: On the beels of examination en						e(s) end manner es stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER	W .			29c. LICENSE NUMBI		29d, DATE SIGNI ▶ 7/28	EO (Month, Day, Year)
2	Sheila Walker, Mi	COMPLETED CAUSE OF DEATH	CISON &	3/rd · 1.		E MARYE	AND	21216
Ì	31. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S SIGNATU	RE D					



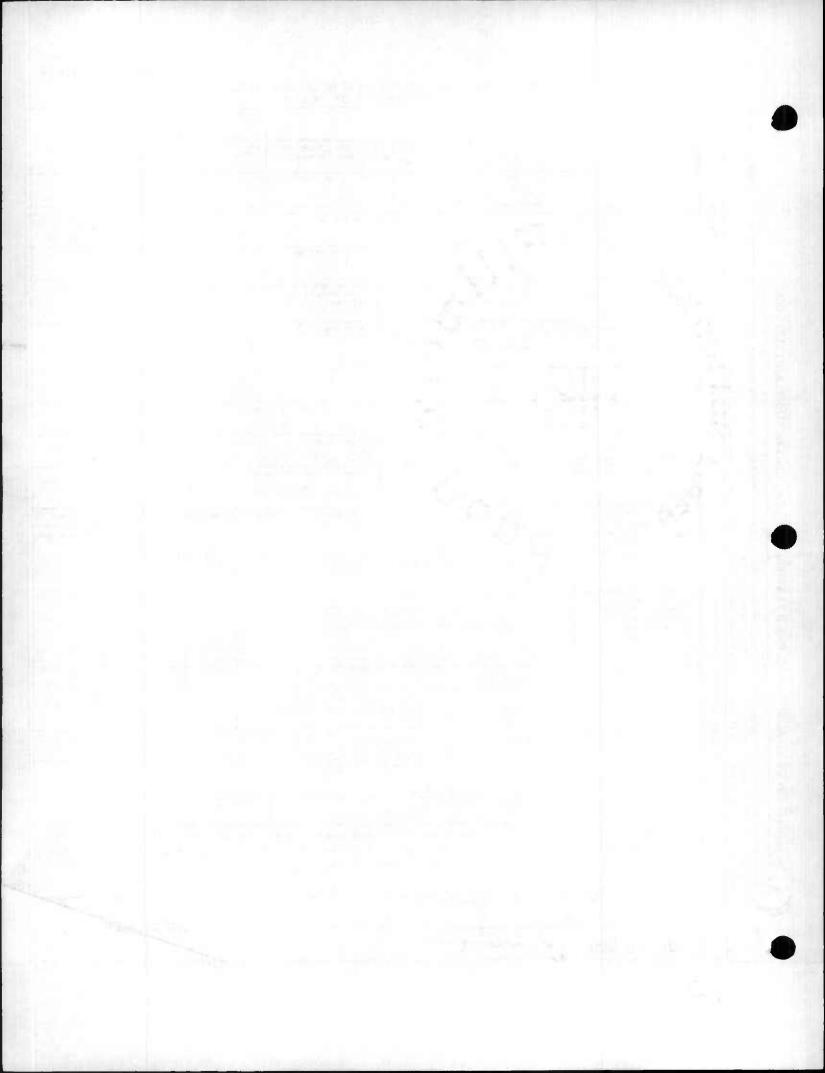
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME 4. SOCIAL SECURIT 1.25-1 9a. FACILITY NAME Frant RESIDENCE C 10a. STATE Md 10b. STATE Md 10c. STREET AND P 9811 11. MARITAL STATU 1 □ Never Married 3 □ Widowed 4 (S) Elementary/Secr. 8 t	FOR STATE REGISTRAR
125-1 9a. FACILITY NAME Fran RESIDENCE C 10a. STATE MC 10a. STATE MC 10a. STATE 11a. MARITAL STATU 1 Never Married 3 Widowed 4 (Sc Elementary/Secr	1. DECEDENT'S NA
9e. FACILITY NAME Fran RESIDENCE C 10e. STATE Md 10e. STREET AND N 9811 11. MARITAL STATU 1 Never Martied 3 Widowed 4 (St	4. SOCIAL SECURI
Fran RESIDENCE C 10e. STATE Md 10e. STREET AND N 9811 11. MARITAL STATU 1 Never Married 3 Widowed 4 (St. Elementary/Sect.	125-1
RESIDENCE C 10a. STATE Md 10a. STREET AND N 9811 11. MARITAL STATU 1 Never Married 3 Wildowed 4 (S) Elementary/Secr	9a. FACILITY NAME
10e. STATE Md 10e. STREET AND N 9811 11. MARITAL STATE 1 Never Married 3 Wildowed 4 (S) Elementary/Secr	Fran
Md 10e. STREET AND P 9811 11. MARITAL STATU 1 Never Married 3 Widowed 4 (Sc Elementary/Secre	RESIDENCE C
9811 11. MARITAL STATU 1 Never Married 3 Widowed 4 (Sp. Elementary/Secr.	10e. STATE M d
11. MARITAL STATU 1 Never Married 3 Widowed 4	100. STREET AND I
1 Never Married 3 Widowed 4 (Sr Elementary/Secr	9811
3 Widowed 4 (St Elementary/Sect	11. MARITAL STATU
(S): Elementary/Seco	1 Never Married
Elementary/Seco	3 Widowed 4
	(Sp
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAN			Entir	CALL	CF	DEA	П		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last)		DEFI	T O				2. DATE OF MONTH July	DEATH	f, 1	952	3. TIME OF DEATH 3:35 PM
Jennie 4. SOCIAL SECURITY NUMBER	5. SEX						_	-		t ,		
125-18-4617	1 M 2 XF	6. AGE (In yrs. I	YRS.	MONTHS	DAYS	HOURS	MIN.	July	BIRTH By Pag	191	2 County	PLACE (State or Foreign laryland
Sa. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DI				INTY OF D	
Franklin Sq	uare Ho	spital				ssv						re County
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TH											
Md. B	Altimor	Э	10c, CFT	Y, TOWN (DR LOCAT	TION	Mid	dle R	ive	2		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	D . 3				101	. ZIP COO		0.0		10g. CIT		THAT COUNTRY?
9811 Langs	Road						212	20			US	A
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2			If yes, sp	ENDENT Cooling	n, Mexica	NIC ORIGIN? (in, Puerto Rici y:	Specify Yes	or No		- American Indian, White, etc.
15, DECEDENT'S ED		16a, C	ECEDENT'S	USUAL O	CCUPATIO	ON		16b, K	ND OF BU	SINESS/IN	DUSTRY	
(Specify only highest grad Elementary/Secondary (0-12) 8th	College (1-4 or 5		Give kind of we to Do NOT us Hou!	e retired.)		at of worldir	ng					
17. FATHER'S NAME (First, Middle, Last)						10 MOT	HEDIG NA	ME (First, Mid	dla Maidea	Company 1		
Pietro DelC	ostello					10. MOII		izabe			e	
19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADORES	S (Street a	nd Number	or Rural i	Route Number,	City or Tow	n. Stete. Zi	p Code)	
Jennie Avena								Balti				.220
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	movel from State	20b. PLACI	rematory or of	of DISPOS ther place) art C	ofJe	me of	7/	0ATE 27/92	20c. LO BA	CATION —	Ore	Md.
21. SIGNATURE OF FUNERAL SERVICE L	Fine	al H	me			11y			ome	300M	aceA	ve.21221
Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Arrhyth oue to clostr	OR AS A CONS Mias (Or As A CONS	EOUENCE OF Diff:	icil	e I	nfe	ctio	on				
PART II. Other algnificant condition	d	desth but not	resulting i	n the un	derlyln	1 COURS (dven la	Part I 2	Ia. WAS AN	Allmoney	1000	WERE AUTOPSY FINDINGS
Renal Insuff	iciency								PERFOR	MED?	240.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF O	EATH (Ch	eck only one)				
EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	₹:			8 Other (S	necilia)			
27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIME	-	28c. INJ		J. Garage	28d. DESCR		NJURY OO	CUREO	
1 Natural 5 Pending 2 Accident Investigation	(Month, D		INJ		WO	RK?] NO	segun			JUNES	
3 Suicide 6 Could not be determined	28e. PLACE O building,	FINJURY — At I atc. (Specify)	ioma, farm, s	treet, lact	ory, affici)		281, LOCATION OF T	ON (Street a fown, State)	and Number	or Aural A	oute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIONE) 2 MEDICAL EXAMIN	SICIAN: To the best of IER: On the beals of a											and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE							NSE NUA					
Jane H. 7	Harie C	Ralling	1			>	209	_		29d. DAT	1/2 4	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (IT	EM 27) (Type,	Print)		<u></u>	-01				7-1	17 5
Marie Ch	atha m	> 9	000	Fran	thin	Sa	nar	e I	Dive.	; B	Him	or, Md
JUL 28 1992	July Davido	R'S SIGNATURE	R.)					21237



BALTIMORE, MARYLAND 21215-0020	beath. Page 6 may be retained by the hospital or attending physici	funeral director, page 5 should be detached for use as the burial-		xaminer must be notified at once.
RECORDS, P.O. BOX 68760,	THE MOST ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE TWIFTEN, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	we men when it hours after death with the state bept, of Hearth and Memia Hydiene phor to bunal, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN; The law	TO THE HIMERAL, DIRECTOR: After this certificate has be	A THE WILLIAM AT HOURS ARE DESTRI WITH THE STATE LIEDS.	IMPORTANT: If item 28 is marked, or item 23 s

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	FOR	OTITE OF MINNE							92	20791
	1 - STATE REGISTRAR	STATE OF MARY	CERT	ARTME	NT OF HI CE OF	EALTH AND DEATH	MENTAL	HYGIENE REG. NO.	-	
	1. DECEOENT'S NAME (First, Middle, Last)			-			2. DATE O			3. TIME OF OEATH
	James Dim:							26.19	992	M
		. ™u a □ e	(In yrs. last birthde	MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	F BIRTH Day, Year)	8. BIRT	THPLACE (State or Foreign nitry)
	212-30-8304 9a. FACILITY NAME (If not institution, give street		58 YRS			R LOCATION OF		7,1933		Arvland
E E				96. CI					COUNTY OF	DEATH
CTC	826 Chester	Road				Middle	Rive	er	BA	ltimore
DIRECTOR	Md . 10b. COUNTY	Baltimo	re loc.	CITY, TOWN	N OR LOCATION	MIddl	e riv	er		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 826 Chester	Road			101.	ZIP CODE	2122			WHAT COUNTRY? S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 , YES IF YES, GIVE WAR OR D	IN U.S. ARMEO 2 NO DATES	13	If yes, spec	NDENT OF HISPA city Cuban, Mexic 2 NO Spec	can, Puerto Ri	(Specify Yes or Notan, etc.)	Bla	CE — American Indian, ck, Whita, alc.
ED	15. DECEDENT'S EDUCATION Of the control of the cont	TION	16a. DECEDENT	'S USUAL	OCCUPATION	N	16b. I	IND OF BUSINES	S/INDUSTRY	White
ET		College (1-4 or 5 +)	(Give kind life. Do NO	of work don use retired	ne during most 1.)	t of working				
COMPLETED	9th		SI	nipp				Mart	in M	anietta
BE CO		imick Si				Ad	eline	Wools	lage	r
0	19a. INFORMANT'S NAME (Type/Print) Helen Dimick		19b. MAILI	NG ADDRE	SS (Street and	d Number or Rure	Route Numbe	City or Town, Sta	te, Zip Code)	
	.20a. METHOD OF DISPOSITION							more M		
	1 Burial 2 Cremation 3 Remove	il from State Cay	b. place and dat Teadow 1	E OF DISPO	OSITION (Name	eol eterv7	OATE	20c. LOCATIO	imore	
	21. SIGNATURE OF FUNERAL SERVICE LICEN					ADDRESS OF F		4 BAIL	THOLE	e MD.
	Connelly F.	mual	Hom	C	onnel	llyFun	eralH			Ave.21221
	23. PART I. Enter the diseases or cor shock, or heart tallure. Lis	nplications that ceuse	d the death. Do	not ente	er the mod	e of dying, su	ch as cardie	c or respirator	y arrest,	Approximata
	IMMEDIATE CAUSE (Final disease or condition		_	1)/	1	~	1		Interval Batween Onset and Death
	resulting in death)	COV	A CONSEQUENCE	mi	NI	ant	Va	Mu	1	15m
_		OLA .	A CONSEQUENCE	OF):	0	0.	,			241
RTIFICATION	Sequentielly list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE	OF):		M	ng			
CA	CAUSE (Disease or Injury						/			
H	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	OF):						
CER	d									
	PART II. Other aignificant conditions of	ontributing to deeth b	out not resultin	g in the u	underlying	cause given ir	Part I. 2	4a. WAS AN AUTO		b. WERE AUTOPSY FINDINGS
MEDICAL								PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME										OF DEATH?
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		OTHE		CE OF GEATH (C	heck only one)			
IYS	1 VES 2 NO 1	☐ Inpatient 2 ☐ ER/Out		4 🗆 Nu	ursing Home	5 Plesidence	1			
ВУ РЬ	1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. T	IME OF NJURY M	28c. INJUI WORK	RY AT K? S 2 NO	28d. OESCI	RIBE HOW INJURY	OCCURED	
-	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm cify)	, street, fa	ctory, office		281. LOCAT City or	ON (Street and Nu Town, State)	imber or Rural	Route Number,
9	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the heat of my tra	dedge death	mad at at	Alex di	ad also :				
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:	N: To the beat of my know On the basis of examination								a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	116	-)	////	/	29c. LICENSE NU				D (Month, Day, Year)
TO BE	30 NAME AND ADDRESS OF BERSON WHO C	and h	2 Su	UX.	ombo	- D1	1312			27-92

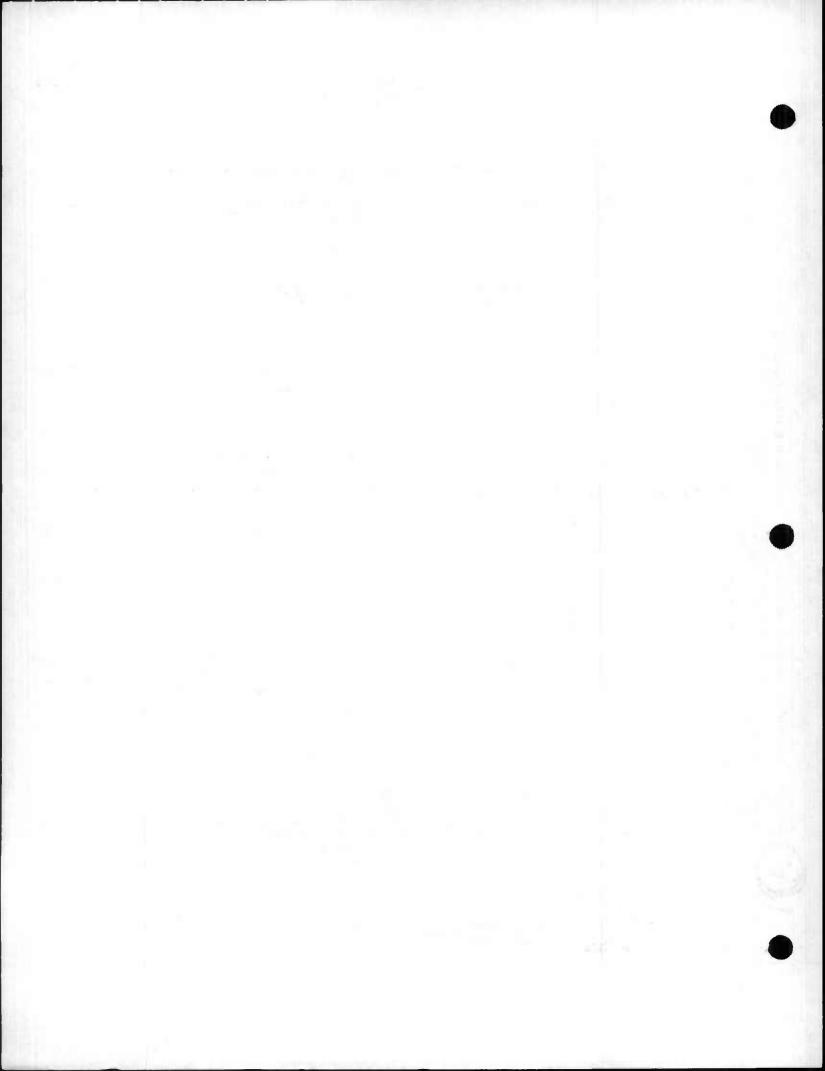
7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED
3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, street, fa-	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)
(Check only	CIAN: To the best of my knowledge,	death occurred at the	time, date end place, end du	a to the cause(a) and menner as atated.

31. OATE FILED (MORRITI, Değ. Yeser)

1 UL 2 8 1992 PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) (TYPO, Print)

A ERRITT B 4 V D 21 222

132. REGISTRAR'S SIGNATURE DE



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	les 1.2.3 should		
TO SHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit Pages 1 2 should	nation, or removal.	id, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
cate be executed with	hysician and complete	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	er traumatic event
that the death certifi	ned by the aftending p	Ith and Mental Hygien	any injury, or oth
JAN: The law requires	rtificate has been sign	he State Dept. of Hea	or item 23 shows
ATTENDING PHYSIC	ECTOR; After this cer	s after death with th	n 28 is marked,
TO THE HOSPITAL OR	TO THE FUNERAL DIRECTOR; After this	be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked

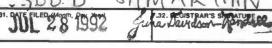
92 20792 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Delaney Margaret ARGAR 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Fore 177-20-5557 Aug. 13, 87 DAYS Pa. 1 M 2 X F 1904 9e. FACILITY NAME (If not institution, give etreet end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Good Samaritan Hospital DIRECTOR Baltimore City RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY M. Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1501 E. Cold Spring Lane 21218 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, atc. If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 2 NO 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Wildowed 4 Divorced BY Specify: White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Joseph Kunz Margaret Britton BE 19e. INFORMANT'S NAME (Type/Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Cool 1501 E. Cold Spring Lane Baltimore, Md. 21218 2 James W. Delaney Jr. 200. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State 1 Donation 8 Other (Specify) Buriel 2 Cremation 3 Removal from State cemetery, cremetory or other place)

Dulaney Valley Mem. July 27, 1992

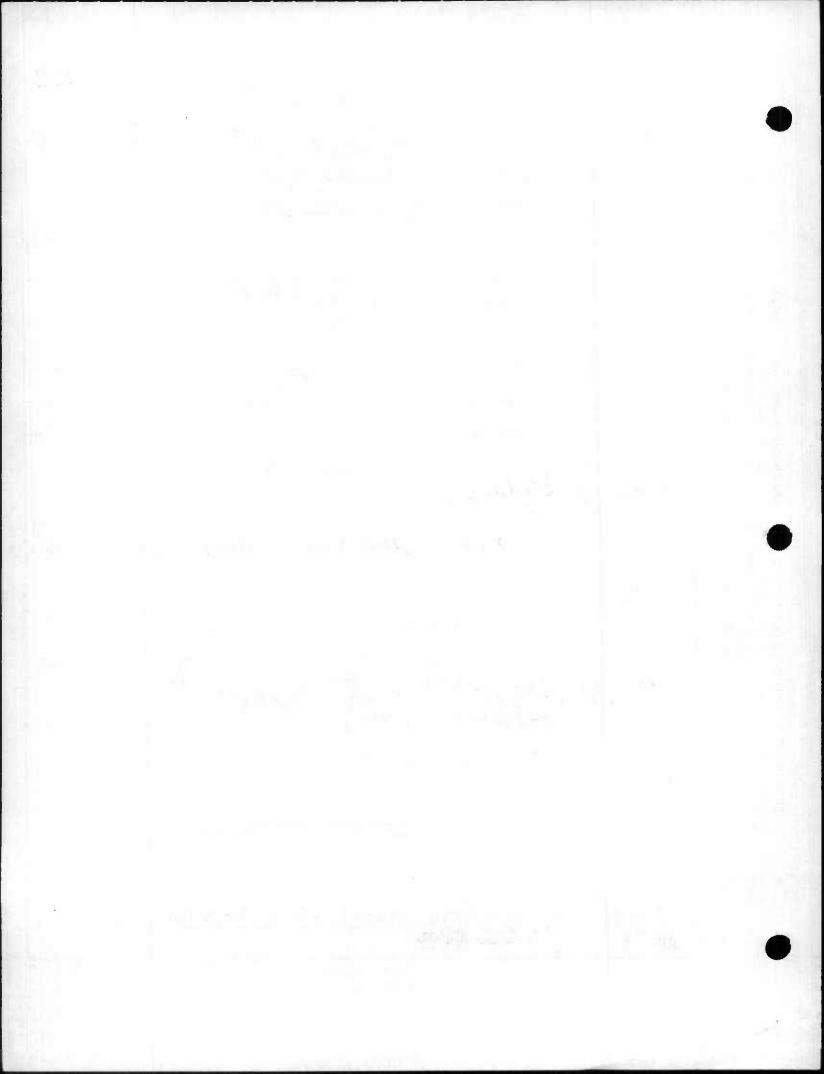
122. NAME AND ADDRESS OF FACILITY Timonium, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSES Hadden temes Leonard J. Ruck Inc. 5305 Harford Road 21214 23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one cause on sech line. Approximats Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 24a. WAS AN AUTOPSY PERFORMED? PROGRESSIVE PERIPHERUPI NEWEW 1 TYES 2 NO OF DEATH? 1 - YES 2 NO ARDIOMY PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: npatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, BE

560



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

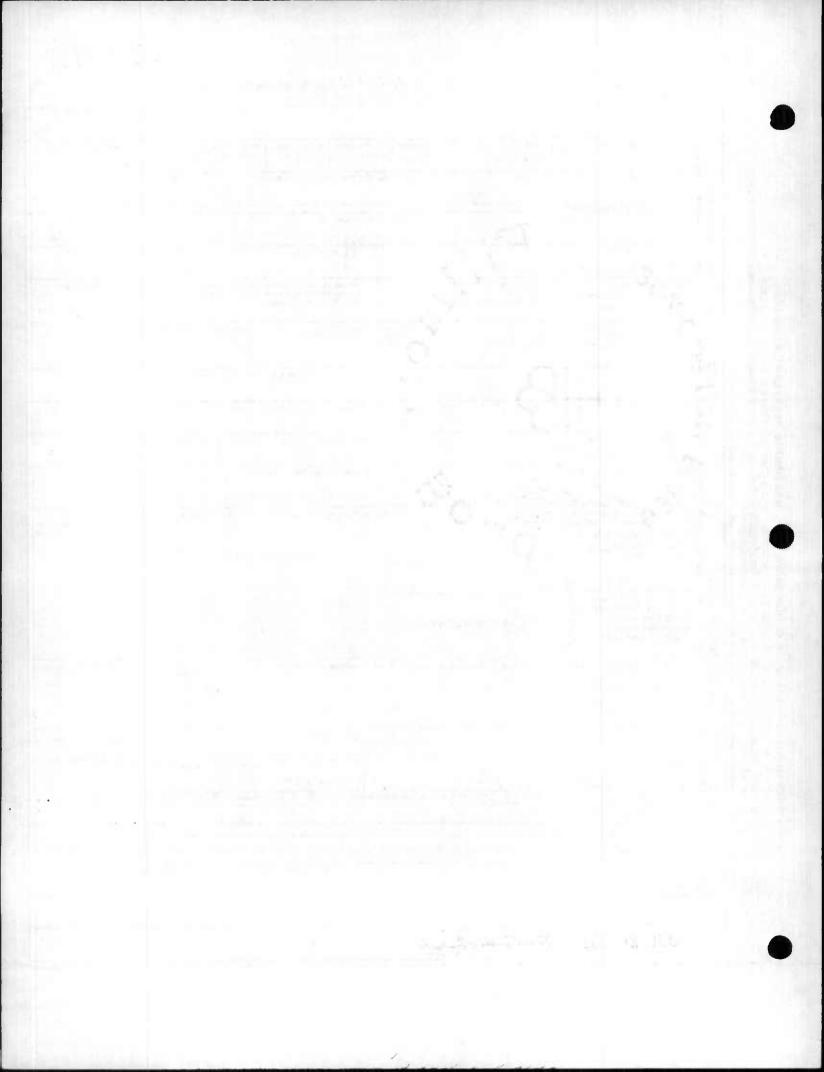
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Schould	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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physician	burial-tra		
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the hosp	detached		Once
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ge 6 ma	irector, p		r must
leath. Pa	funeral d		xamine
rs after d	by the	removal.	dical e
24 hou	y filled ly	ation, or	the me
ted within	complete	al, crem	event
De execu	ian and	or to burn	aumatic
VSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ng physic	Jiene pric	other tr
death ce	attendir	ental Hy	ITY. OF
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The law	nte has b	ate Dept.	em 23
SICIAN:	s certifica	th the St	d. or It
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ATTEN!	RECTOR:	be filed within 72 hours after death with the	m 28 is
PITAL DI	ERAL DIF	in 72 hou	T. If Ite
THE HOS	THE FUN	iled withi	ORTAN
2	6	De f	M

DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	F DEATH DAY	YEAR	3. TIME OF DEATH
BABY	BOY]	EVANS		07	07	92	1:34
SOCIAL SECURITY NUMBER	5. SEX 6. AG		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS Mm.	7. DATE OF (Month, I	F BIRTH Day, Year)	Coun	(HPLACE (State or Foreignty) Lryland
. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN	OR LOCATION OF	DEATH	9c.	COUNTY OF	
PRINCE GEORGES G			CHEVE			P.	RINCE	GEORGES
	oe George Co		Lando					10d. INSIDE CITY LIMITS? 1 YES 2 NO
• STREET AND NUMBER 7101 Kenttown Di	rive	-	10	1. ZIP CODE		109	g. CITIZEN OF	WHAT COUNTRY?
MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS OECEOENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	ES 2 NO	If yes, sp	CENDENT OF HISPA secify Cuban, Mexic 2 NO Speci	an, Puerto Ric	(Specify Yea or N ean, etc.)	10- 14, RAC	CE — American Indian, ck, White, etc.
15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION le completed) Coffege (1-4 or 5+)	16a. DECEDENT'S U. (Give kind of wo life. Do NOT use	rk done during me	ON ost of working	16b. K	IND OF BUSINES	SS/INDUSTRY	DIACK
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Mid	Idle, Maiden Sumi	ame)	
a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	and Number or Rural	Route Number,	City or Town, Sta	ate, Zip Code)	
OCME METHOD OF DISPOSITION Burlel 2 Cremation 3 Ren	novel from State	20b. PLACE AND DATE OF cometery, cremetery or other		ame of	OATE	20c. LOCATIO	ON — City or T	Town, State
Donation 5 Other (Specify)	n state	lade Dir		ND ADORESS OF F	S	TATE AN		
SIGNATURE OF FUNERAL SERVICE LI	n state CENSEE Ronald	od the death. Do not each line.	655 7	W.Baltim	S ore St	, Balto	, MD 2	
3. PART I. Effer the diseases, or shock, or heart feilure. IMEDIATE CAUSE (Final sease or condition suiting in death)	Complications that cause on the control of the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause on the cause of t	od the death. Do not each line.	655 t	W.Baltim	S ore St	, Balto	, MD 2	1201 Approximate Interval Baty
B. PART I. Effer the diseases, or shock, or heart feilure. IMEDIATE CAUSE (Final sease or condition sutting in death)	CENSEE RONALD Complications that cause List only one cause on a. DROWNIN OUE TO (OR AS	od the death. Do not each line.	655 t	W.Baltim	S ore St	, Balto	, MD 2	1201 Approximate Interval Baty
SIGNATURE OF FUNERAL SERVICE LI 3. PART I. Effer the diseases, or shock, or heart fellure. IMEDIATE CAUSE (Final sease or condition suiting in death) sequentially list conditions, any, leading to immediate ruse. Enter UNDERLYING AUSE (Disease or injury at initiated events	Complications that cause List only one cause on OUE TO (OR AS	od the death. Do not each line. G S A CONSEQUENCE OF: S A CONSEQUENCE OF:	655 t	W.Baltim	Ore Stone cardia	, Balto	ry arrest,	1201 Approximate Interval Baty
SIGNATURE OF FUNERAL SERVICE LI B. PART I. Effer the diseases, or shock, or heart fellure. IMEDIATE CAUSE (Finel sease or condition suiting in death) Pequantially list conditions, any, leading to immediate ruse. Enter UNDERLYING AUSE (Disease or Injury at initiated events suiting in death) LAST ART II. Other algnificant conditions and the conditions are referred to MEDICAL EXAMINER?	CENSEE RODAL DECENSEE RODAL DE COMPLICATION EN LA CAUSE ON A COMPLETO (OR AS C. DUE TO (OR AS D. DUE TO (OR	od the death. Do not a each line. G S A CONSEQUENCE OF: S A CONSEQUENCE OF: a but not resulting in	655 to enter the mo	W. Baltim de of dying, aud g couse given in	ore St ch ea cardla	4a. WAS AN AUTO PERFORMED	ry arrest,	Approximate interval Bety Oneet and D
SIGNATURE OF FUNERAL SERVICE LI 3. PART I. Effer the diseases, or shock, or heart fellure. IMEDIATE CAUSE (Finei sease or condition sulting in death) Equantially liet conditions, any, leading to immediate ruse. Enter UNDERLYING AUSE (Disease or injury at initiated events sulting in death) LAST ART II. Other algnificant conditions and the conditions of the conditions	Complications that cause List only one cause on a. DROWNIN OUE TO (OR AS DUE TO (OR AS	od the death. Do not each line. G S A CONSEQUENCE OF): S A CONSEQUENCE OF): but not resulting in turpetient 3 □ DOA ☐ Y 28b. Time (INJUE)	the underlyin 26. Pt THER: Nursing Hom Nor Not Not Not Not Not Not Not Not Not Not	W. Baltim de of dying, aud g ceuse given in ACE OF DEATH (C) to 5 GRESIDENCE STORY ATT	Part I. 2. 1 Part I. 2. 1 part I. 2. 2 part I. 2. 1 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 2 part I. 2. 3 part I. 2. 4 part I. 2. 5 part I. 2. 2 part I. 2. 4 part I. 2. 5 part I. 2. 5 part I. 2. 5 part I. 2. 5 part I. 2. 6 part I. 2. 5 part I. 2. 6 part I. 2. 6 part I. 2. 6 part I. 2. 7 part I. 2. 6 part I. 2. 7 part I. 2. 6 part I. 2. 7 part I. 2. 6 part I. 2. 7 part I. 2. 7 part I. 2. 8 part I. 2. 9 part I. 2. 1 pa	4a. WAS AN AUTO PERFORMED Specify)	O, MD 2'ry arrest,	Approximate interval Bety Oneet and D
SIGNATURE OF FUNERAL SERVICE LI B. PART I. Effer the diseases, or shock, or heart fellure. IMEDIATE CAUSE (Finel sease or condition suiting in death) equantially list conditions, any, leading to immediate ruse. Enter UNDERLYING AUSE (Disease or Injury at initiated events suiting in death) LAST WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	CENSEE RODALD COMPLICATION THAT CAUSE List only one cause on a. DROWNIN OUE TO (OR AS b. OUE TO (OR AS d. DUE TO (OR AS d. LIST ONLY TO (OR AS d.	od the death. Do not a each line. G S A CONSEQUENCE OF): S A CONSEQUENCE OF): In but not resulting in utpatient 3 □ DOA Y 28b. TIME (NJUE U k n RY — At home, ferm, stropocity)	the underlying the underlying the Nursing Homory WG	G couse given in ACE OF DEATH (C) TO ST AREA OF STATE (C) THE STATE (C) THE STATE (C) THE STATE (C) THE STATE (C) THE STATE (C) THE STATE (C) THE STATE (C) THE STATE (C) THE STATE (C) THE STATE (C) THE STATE (C)	Part I. 2. Deck only one) 6 Other (S 28d. OESCR U N K 28f. LOCATI City or	4a. WAS AN AUTO PERFORMED Specify) RIBE HOW INJUR N O W N ION (Street and Ni. Town, State) 4 9	DPSY 241 NOCCUREO	Approximate interval Baty Onset and D b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO
SIGNATURE OF FUNERAL SERVICE LI 3. PART I. Effer the diseases, or shock, or heart feilure. IMEDIATE CAUSE (Finei sease or condition suiting in death) equantially list conditions, any, leading to immediate ruse. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST ART II. Other algnificant conditions and the conditions are referenced to medical examiner? I VES 2 NO MANNER OF DEATH MANNER OF DEATH MANUAL S. Pending threatingston and colored to determined the condition of the colored and certified and certi	CENSEE RODALD Complications that cause List only one cause on a. DROWNIN OUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS A. DUE TO (OR AS DUE	ded the death. Do not a sech line. G S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): The but not resulting in the second of t	t enter the mo	W. Baltim de of dying, aud g ceuse given in ACE OF DEATH (C) to 5 Residence URY AT RK7 YES X NO	Part I. 2. Deck only one) G Other (S 28d. OESCR UNK 28f. LOCATI City or Wash at to the cause	4a. WAS AN AUTO PERFORMED ASSPECITY) RIBE HOW INJUR N O W N ION (Street and No. Town, State) 4 9 in o t o n (a) and manner a	DPSY 241 PHO PY OCCUREO	Approximate interval Baty Onset and D b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUTOF DEATH? 1 YES 2 NO Route Number, Senning R
SIGNATURE OF FUNERAL SERVICE LI 3. PART I. Effer the diseases, or shock, or heart feilure. IMEDIATE CAUSE (Finei sease or condition suiting in death) equantially list conditions, any, leading to immediate ruse. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST ART II. Other algnificant conditions and the conditions are referenced to medical examiner? I VES 2 NO MANNER OF DEATH MANNER OF DEATH MANUAL S. Pending threatingston and colored to determined the condition of the colored and certified and certi	Complications that cause List only one cause on a. DROWNIN OUE TO (OR AS DUE TO (OR AS	ded the death. Do not a sech line. G S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): The but not resulting in the second of t	t enter the mo	W. Baltim de of dying, aud g ceuse given in ACE OF DEATH (C) to 5 Residence URY AT RK7 YES X NO	Part I. 2. Deck only one) G Other (S 28d. OESCR UNK 28f. LOCATI City or Wash a to the cause time, deta an	4a. WAS AN AUTO PERFORMED PERFORMED Specify) RIBE HOW INJUR N O W N ION (Street and Ni Town, State) 4 9 in g t o n (a) and manner and diplace, and dua	DPSY 24H PY OCCUREO TY OCCUREO TY OCCUREO TY OCCUREO TO THE OCCUREO TO TH	Approximate interval Bety Onset and D b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAUTOF DEATH? 1 YES 2 NO Route Number, S on n ing R

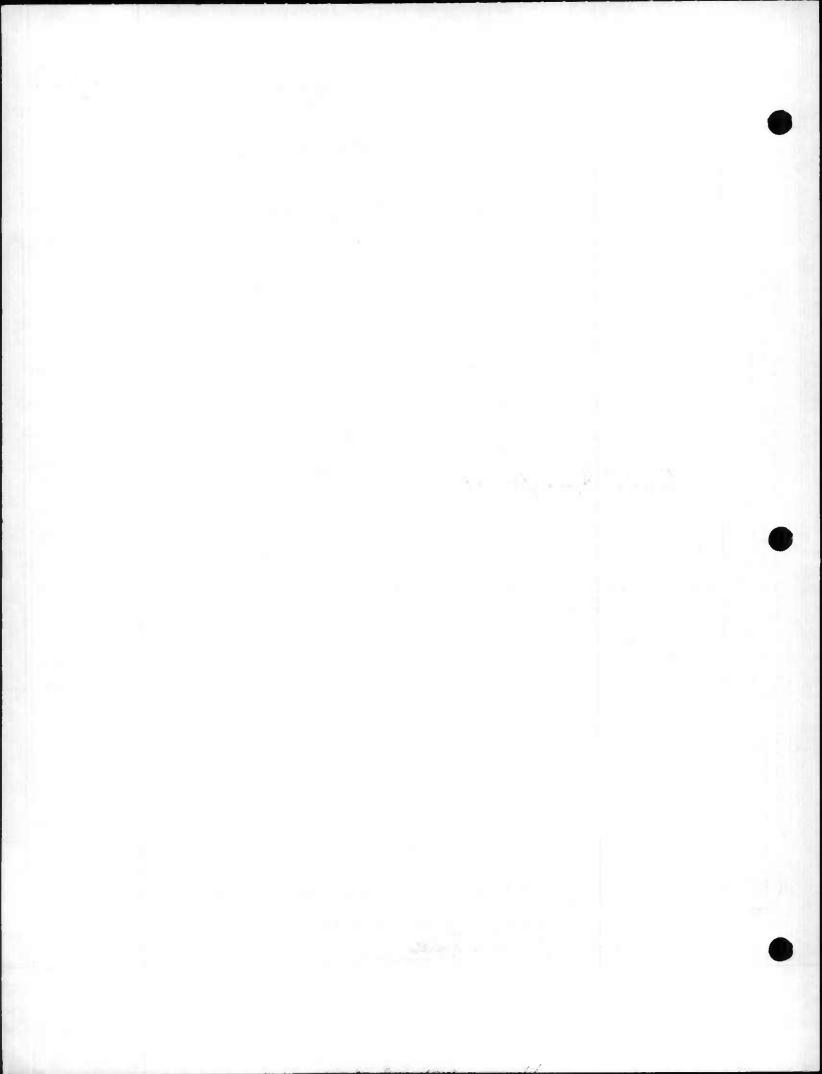


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO STITL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 24 hours after death. Page 6 may be retained by the retained by the transition or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made and the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made and the page 1, 2, 3 should be detached for use as the burial-transit permit. MPORTAN': If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO.

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) NAOMI CAP	IF FSFR				2. DATE OF DEATH	92	3. TIME OF DEATH 6:30A
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.			
	212-07-3004	1 - M 2 K F 8		MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 4/24/11	6.	BIRTHPLACE (State or Foreign Country) Maryland
	9a. FACILITY NAME (If not institution, give s	,		9b. CITY, TOWN	R LOCATION OF DEA	тн	9c. COUNTY	OF DEATH
5	8202 Thornton Ro	ad		To	wson		Balt	imore
딥	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	1	10c, CITY	TOWN OR LOCA	TION			10d. INSIDE CITY
ä	Maryland Bal	timore		Towson				LIMITS?
7	10e. STREET AND NUMBER	CIMOTC			, ZIP CODE		10a CITIZEN	OF WHAT COUNTRY?
FUNERAL DIRECTOR	8202 Thornton Ro	ad			21204		USA	or what coomer
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specify Yea		RACE — American Indian, Black, White, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Vivorced	FORCES? 1 YE IF YES, GIVE WAR OR	DATES		NO Specify:	, Puarto Rican, atc.)		Specify: White
	15. DECEDENT'S EDUI (Specify only highest grade	CATION completed)	18a. DECEDENT'S to	SUAL OCCUPATION	ON at ad working	16b. KIND OF BUS	SINESS/INDUST	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during mo retired.)	SI OF WORKING			
₹ I			Assemb]	y Work		Marti	n Mari	etta
8	17. FATHER'S NAME (First, Middle, Last)					E (First, Middle, Maiden	Surname)	
BE	Daniel Albert C	apie				Lacer		
2		~				oute Number, City or Town		.,
	Marilyn Lee Bolto					son Maryl		
	1 Design 5 Other (Specify)		ob. PLACE AND DATEO emetary, crematory or off UIANEY Val	ecplece) Ley Men	orial	7/25 Lut		le, Maryland
	21. SIGNATURE OF FUNGBAL WAYNE US	WXOnal	20	1 1 1		chell-Wie	defeld	Home
-	Dennis Step	hen Xenakis		6500	York Road	Baltimor	e, Mar	yland 21212
	23. PART I. Enter the disease, or cannot shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	each line.			se cardiac or respi		Approximate Interval Between Onset and Death
,		DUE TO (OR AS	A CONSEQUENCE OF	i:	FT		1111	16
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF					7
LIFIC	CAUSE (Disease or injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF	*				
H	resulting in death) LAST	1						
	PART II. Other algnificant condition	s contributing to deeth	but not resulting in	the underlying	cause given in P	art I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS
EDICAL						PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
						_ ' ' '	·	OF DEATH?
Σ								1 123 2 1 110
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Chec	k only one)		
Š	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		OTHER: 4 - Nursing Hom	e 5 🗆 Rasidence 8	Other (Specify)		
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WO	URY AT RK?	28d. DESCRIBE HOW IN	JURY OCCURE	D
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJUR building, atc. (Sp	RY — At home, farm, st			281. LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,
	20. CENTIFIED							
COMPLETED		CIAN: To the best of my kno R: On the basis of examinati						use(a) and manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	mo			29c. LICENSE NUMB	886	29d. DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D			2 DRII	1/2 - C	ito	501-
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	0000		To	11 FA A	1 MU 2120
	JUL 28 1992	y ne vendoon	Mandelle !			101	W-101	1 20 2020



THE IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE YUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the fittin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

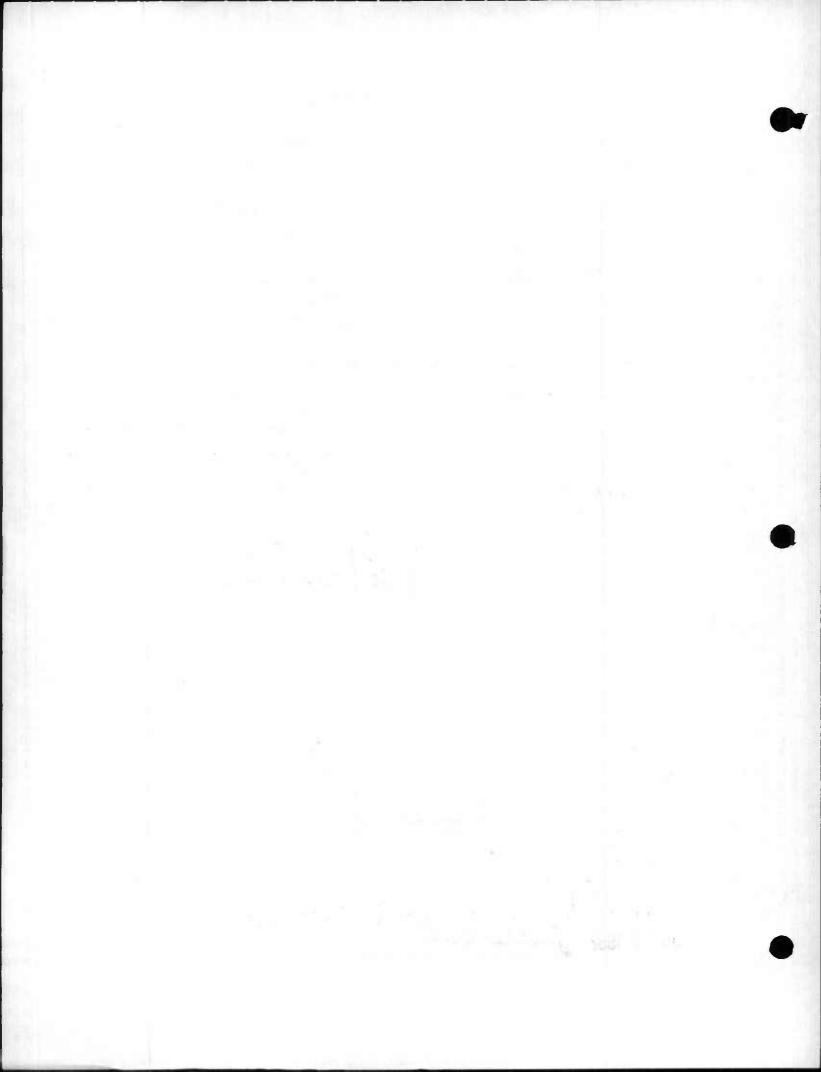
THE OFFICIAL SHOWS AFTER THE MOST AFTER THE ACCURATE THE OFFICIAL SHOWS ANY INJURY, or other traumatic event, the medical examiner must be notified at once.

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	REGISTRAR		CERTI	FICATE	OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	N DAY	YEAR	3. TIME OF DEATH	
	Clifford Amo						July 2		92		M
	4. SOCIAL SECURITY NUMBER 229-03-8469	5. SEX 6. A	NGE (In yrs. lest birthday, 7 6 YRS.	MONTHS	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Dec. 8,	r)	Coun		
	9a. FACILITY NAME (If not institution, give str			+	TOWN O	R LOCATION OF DI			V1	rginia	_
DIRECTOR	12213 Phila		Road			radshaw			larf		
E C	10a. STATE 10b. COUNTY		10c. C	TTY, TOWN OR						10d. INSIDE CITY	_
DIR		Harford				adshaw				LIMITS?	X
FUNERAL	10e. STREET AND NUMBER		- 7		101.	ZIP CODE		10g. CIT		WHAT COUNTRY?	
N.	12213 Phi	1 Lade Lphi 12. WAS DECEDENT EVE		Lanu		2102			US		
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 Y	YES 2 NO	H y	yes, spe		NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:		14. RAC Blac Spec	CE — American Indian, ck, White, etc. White White	
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT	'S USUAL OCC	CUPATIO	N of working	16b. KIND OF	BUSINESS/IN	DUSTRY		_
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of work done during most of working life. Do NOT use retired.)							
MP	7th 17. FATNER'S NAME (First, Middle, Last)		Ston	e Cru	shi				sta	r	
		D11:-					AME (First, Middle, Mail	all b			
BE	Phillip I. 19a. INFORMANT'S NAME (Type/Print)	Ellis	T 105 MAU II	10.1000000	2000		ly Blan			fith	
2	Anita Cleo E	ลาวเล								wa 210	2 7
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remov		20b. PLACE AND DATE	F OF DISPOSITI	ION /Ner	me of	DATE 20c	LOCATION	Olty or T	Md. 2102	<u> </u>
	4 Donation 6 Other (Specify)	- 74 (2-42) 10/11	Chodenso	off Pari	thC	Cemeter	y7/29.9	2 Ros	svi	lleMd.	
	Cornelly Fo	mual	Home) Co:	nne	_	eralHom			Ave.21221	L
	23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that cau	ised the desth. Do	not enter th	ha mod	de of dying, auc	h as cerdlec or re	spiratory ar	reat,	Approximata	
	IMMEDIATE CAUSE (Finel			0	ſ	4				Interval Batwe	
	disease or condition resulting in death)	. CHROY	110 res	ral	a	lune					
		DUE TO (OR /	IS A CONSEQUENCE	OF):	1					1911	
S	disease or condition a. CHRONIO New Julium Due TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING								10		
를 II	CAUSE (Disease or injury that initiated events	DUE TO (OR /	AS A CONSEQUENCE (OF):							-
E	resulting in death) LAST	l									
- 19	PART ii. Other significant conditions	contributing to deal	th but not requiting	in the und		elua la	I una		T	1	
EDICAL	Tall in out of the control of the co	Continuating to deal	A par nor resummy	In the unue	BLIANIA	Cause given in	PERI	AN AUTOPSY FORMED?	248	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE	
							1 YES	2 NO		OF DEATH?	
×							-			1 TES 2 NO	
X	25. WAS CASE REFERRED TO MEDICAL				26. PL/	ACE OF DEATH (Chi	eck only one)				
PHYSICIAN: M		HOSPITAL: 1 Inpatient 2 ER/C	Outpatient 3 🗆 DOA	OTHER:		3 /	6 Other (Specify)				
E	27. MANNER OF DEATN	28e. DATE OF INJUI	RY 26b, TII		8c. INJU WOR	JRY AT	28d. DESCRIBE NO	W INJURY OC	CURED		
8	1 Natural 5 Pending 2 Accident Investigation			M	1 YE	ES 2 NO					
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJU building, etc. (S	URY — At home, ferm, Specify)	, street, factory	y, office		26f. LOCATION (Stree City or Town, Ste	et end Number	r or Rural i	Route Number,	
	200 CENTEUR										
COMPLET	(Check only	CIAN: To the best of my kr									
00	MEDICAL EXAMINER:	t: On the beste of axamins	ation and/or investigati	ion, in my opin	nion, de	ath occured at the	time, date end place,	end due to th	he ceuse(i	s) end manner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1. X				29c. LICENSE NUM	ABER	29d, DAT	E SIGNED	(Mogth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO	CONTROL EXTER CALLER OF				17583	-34	> /	12	7192	
	(INDA FY	1 EILICT	DEATH (ITEM 27) (Type	e, Print)	Du	LOOP R	van B	Da	M	22101	-
	JUL 28 1992 Ju	32 PEGISTRAR'S C	and le							0.7474	
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FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. E	The same of the sa
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		Λ		2 . 2 - 1+						2. DATE OF MONTH		AY_	YEAR 3	. TIME OF DEATH
		Ruby		verett						07	20	5 9	72	1230 AM
		4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. les		UNDER 1 YE		ER 24 HRS.	7. DATE OF (Month, E	BIRTH			ACE (State or Foreign
		220-24-75	581	1 M 2 F	+4	L YRS.	NTHS DA	YS HOURS	MIN.	01/2	25/1	8	Country)	c1
9		Se. FACILITY NAME (If not in		treet and number)		91	b. CITY, TO	WN OR LOCA	TION OF DE		0.7.	9c. COUN	TY OF DEA	7H
1	E	Church	HOSPI	+1			_							
C 10	DIRECTOR	RESIDENCE OF DEC	EDENT	ral			Ва	ltim	ore_					
1	E I	10a, STATE	10b. COUNTY	1		10c. CITY, T	OWN OR LO	DCATION					1	Od, INSIDE CITY
	E	Md.				Da	1 4 4							LIMITS?
E .		10e. STREET AND NUMBER				Ва	ltim							XXYES 2 NO
8.	\$							101. ZIP CO	DE			10g. CITIZ	EN OF WH	AT COUNTRY?
physician burial-trans	FUNERAL	1817 E. F	Pratt	Street					2123	1		U.5	S.A.	
physician burial-trar	5	11. MARITAL STATUS		12. WAS DECEDEN	YES 2 N	MED	13. WAS	DECENDENT	OF HISPAN	NC ORIGIN? (Specify Yes		14. RACE	- American Indian,
	ВУ	1 Never Married 2 3 3 Widowed 4 Divo		IF YES, GIVE V				YES 2XXX		n, Puerto Ric	an, etc.)		Specify:	White, etc.
attending se as the		4/L/Widowed 4 Divo	rced					, , , ,						ite
atter Se a	9	15. DEC	EDENT'S EDUC highest grade	CATION		CEDENT'S US				16b. K	IND OF BUS	SINESS/IND		
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bed .	필	12 th		20000		usewi	fo							
the hospital or detached for u	COMP	17. FATHER'S NAME (First, M.	iddle, Lest)		11100	JOCWI	10	10. 10.	THED'S NA	ME (First, Mid	dla Adaidea	Comment		
a a a	EC	Hakaawa							Jnkn		uro, merueni	Surname)		
par pa	00	UNKNOWN 19a. INFORMANT'S NAME (7)	ime/Drint)		F-11									
5 should notified	2		,,,	,		MAILING AD								
be n		Barbara Je		unt		04 Ba	r Ha	rbor	Roa	d,Pas	ader	na, Mo	1. 2	1122
E 2 2		20a. METHOD OF DISPOSITI tX□XBurlal 2 □ Crematio		wal from State	20b. PLACE A	ND DATE OF D	ISPOSITION	N (Name of		DATE		CATION C		
e 6 ma rector, p		4 Donation 5 Other		SVAI ITOM STATE	Garde	ensory or other	f Fa	ith (Cem.	1	Ba	altin	nore	.Md.
in 24 hours after death. Page 6 may be retained by the hospit if filled in by the funeral director, page 5 should be detached atton, or removal. The medical examiner must be notified at once.		21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE	1	4	7	E AND ADDR		CILITY		A = 0 = 11		, , , , ,
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waf.		din	1119	1/1/2	unle		Lil	1 v &	Zei	ler I	nc.	1901	1 Eas	stern Ave
nours after of in by the or remove medical		23. PART I. Entar the di	sesses, or c	omplications tha	t ceused the de	th. Do not	enter the	mode of d	ying, suci	h as cardie	or reepi	ratory arre	est.	Approximate
D P P		snock, or he IMMEDIATE CAUSE (Fin	eert fellure. I	List only one ceu	ise on each ilne.									Interval Between
wrtnin 24 npietely fille cremation,		disease or condition	iai	MI	1:1.0	}	0	1	_	- 1/				Onset and Death
ompleteh ompleteh al, crema event,	H	resulting In death)	→ ,	/////	OF AS A CONSEC	rgan	Dy	sten	1	allu	re			24 15
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e be executed sician and cor rior to burial, traumatic e	S	Sequentially list conditi	ons.	Sudi	den C	ardio	20_	Dec	ath					1045 1045
ian a	CATION	If any, leading to immed	diata		(OR AS A CONSEQ	UENCE OF):			-					
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endi i Hy	EH	resulting in death) LAST	'	1. 144	perten	SION								
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ures that the death certhics signed by the attending phe Health and Mental Hygiene we any Injury, or other	EDICAL	PART II. Other signification			death but not re	esuiting in t	he underl	ying ceuse	given in	Part I. 24	e. WAS AN			ERE AUTOPSY FINDINGS MILABLE PRIOR TO
an a me	8 1	Diabet	es Mi	Mitis						_ 1	☐ YES 2	-	C	OMPLETION OF CAUSE
	-	Hepatic	Enla	ropen par	/								1	F DEATH?
law requals been Dept. of 23 she	2	7		Jeneral						_			1 '	☐ YES 2 ☐ HO
Dept 23	A I	25. WAS CASE REFERRED TO	MEDICAL											
rhysician: the law req this certificate has been with the State Dept. of rked, or item 23 sho	PHYSICIAN:	EXAMINER?	MEDICAL	HOSPITAL:		0	THER:	B. PLACE OF	DEATH (Che	ock only one)				
or in	₹S	1 YES 2 NO		1 Pinpatlant 2	ER/Outpatient 3			Home 5 🗆 F	Residence	6 Other (S	pecify)			
this c	E	27. MANNER OF DEATH		28a. DATE OF (Month, Di		28b. TIME OF		INJURY AT WORK?		28d. DEŞCR	IBE HOW IN	JURY OCCI	URED	
fler this ceath with marked,	B≺		Pending nvestigation					YES 2	□ NO					
R. After of death		2 D Sulaida	Could not be	28e. PLACE O	F INJURY — At hon	ne, farm, stree	t, tectory, o	office		26t. LOCATIO		nd Number o	or Rural Rou	te Number,
28 after	9		detarmined	bulloing,	etc. (Specify)				i	City or 7	own, State)			
DIRECT	4	29a, CERTIFIER												
1 2 A E	8	(Check only		CIAN: To the best of										111
10 THE MUSPIAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death IMPORTANT: If Item 28 is mai	COMPLET	2 L MEDIO	CAL EXAMINER	t: On the basis of a	camination and/or in	westigation, in	ny opinio	n, death occi	ared at the	time, data and	d place, and	d due to the	cause(s) a	nd mainer as stated.
T T N E	m I	296. SIGNATURE AND TITLE	OF CERTIFIER	/				29c. LIC	ENSE NUM	BER		29d. DATE	SIGNED (M	onth, Day, Year)
NPOR E	0	Attalan	11 1	PISMAI	MD-	Dhur.		D	27	149	1 I	DO:	7/2	1195
3 =	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CALLS	SE OF DEATH STEAM	27/5/	CIOH	-	07	177		. 0	1/26	0/12
		CL	11	0 = -	MATTER TO SERVICE	21) (type, Pfir	. 4	1		1	1		1	
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		31. DATE FILED (Month, Day,)	har)	32. REGISTRA	R'S SIGNATURE									
		JUL 2	8 1992	Jule !	person-16	made								
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

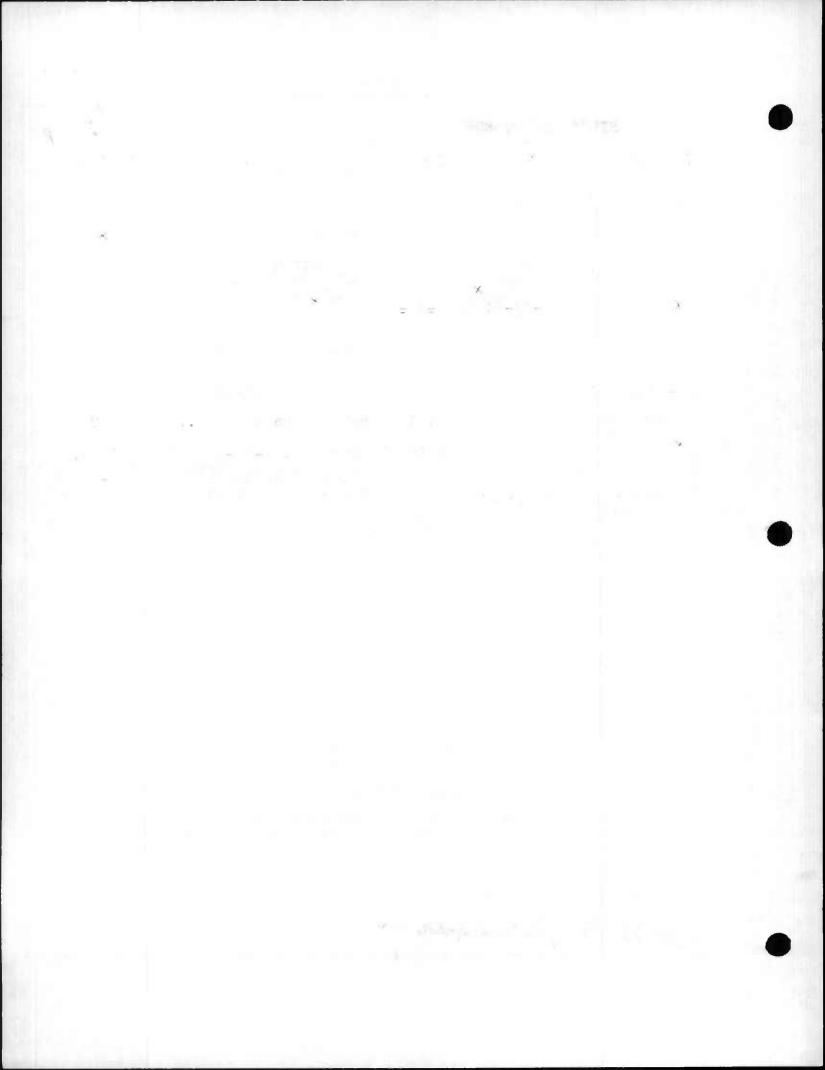
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RECORDS
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DIVISION

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG NO

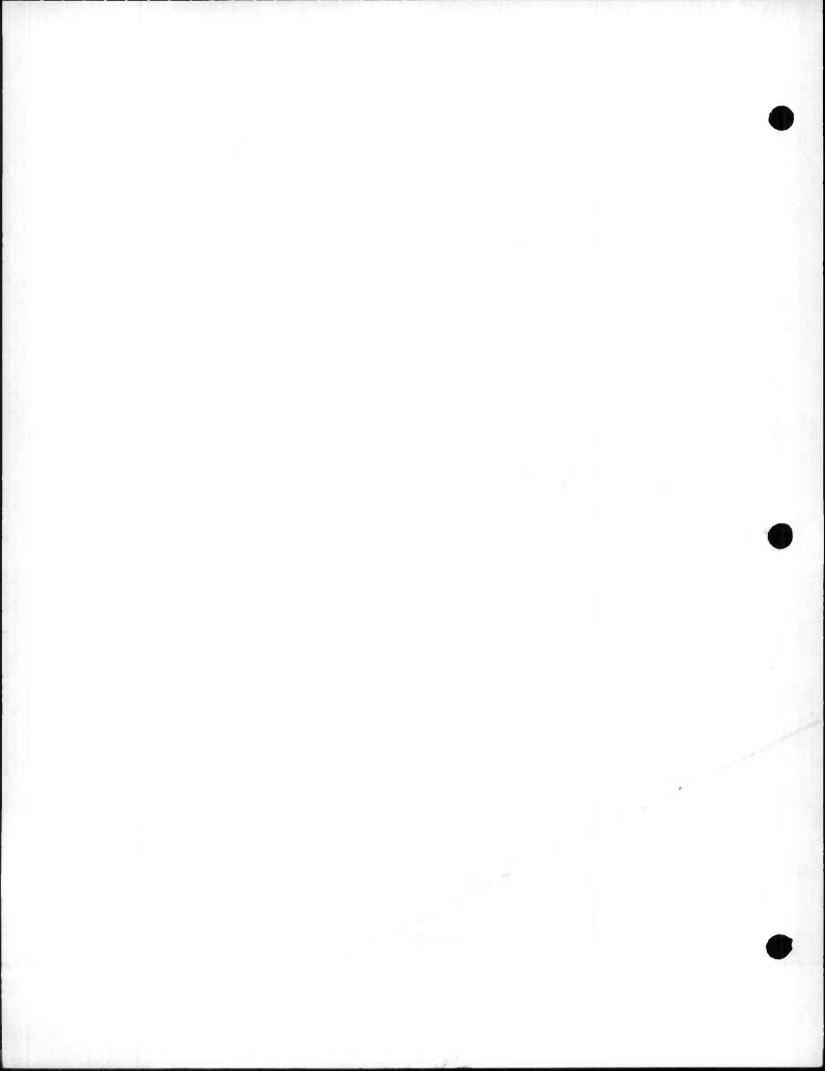
	1. OECEOENT'S NAME (First, Middle, Last) PERCY SILMAN FO	ORD, SR.				2. DATE MONT	OF DEATH DAY	975	3. TIME OF OEATN
No. of the last	217-24-55891	XM2□F	62 YRS. MC	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH	29 Vi	RETNPLACE (State or Foreign ountry) .rginia
DIRECTOR	9e. FACILITY NAME (If not institution, give street	Rey HOSPK		BALL	. Md a	212	0/	9c. COUNTY O	OF DEATH
	10e. STATE 10b. COUNTY 10b. COUNTY 10c. STREET AND NUMBER	14	200	altim	ore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	1610 Barclay Str	reet		101	21202			USA	OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	. WAS DECEOENT EVER IN U. FORCES? 1 TY YES : IF YES, GIVE WAR OR DATE : 23-51 to	2 NO	If yea, ap	endent of NISPA ecify Cuben, Mexic 2 7 NO Speci	an, Puerto I		8	ACE — American Indian, Black, White, etc. Specify: Black
PLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12) 9th	ON 16	Give kind of work life. Do NOT use re Steelw	UAL OCCUPATION done during months of the don	ON st of working		KIND OF BUSH	NESS/INOUSTR	
COMP	17. FATHER'S NAME (First, Middle, Last)						Widdle, Maiden St	urname)	
BE	Hilton Ford 190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	Ruth H			State Zin Code	
5	Tyree Ford				y Stree				120 2
		OHIA OHE CERES OH SEC.	t line.	aurai ma mo	de of dying, aud	ch aa cerd	nec or reapira	story arrest,	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Prochate (onal W			•		story arreat,	Interval Baty
ERTIFICATION	disease or condition	Prostate (ONCO W ONSEQUENCE OF):			•		tory arreat,	Interval Baty
N: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CO	ONSEQUENCE OF):	nh Me	t overt	0 Bot		UTOPSY IED?	Interval Bate Onset and D
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause cause. Enter the cause of the cause cause of the cause ca	DUE TO (OR AS A CO	ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF):	the underlying	Ceuse given in	Part I.	24a. WAS AN AI PERFORM 1 YES 2	UTOPSY ED7	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU: OF DEATN? 1 YES 2 NO
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	e retained by the hosp	5 should be detached		notified at once.
	death. Page 6 may by	e funeral director, page	7	examiner must be
	d within 24 hours after	ompletely filled in by th	h the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	h certificate be execute	ending physician and co	Hygiene prior to buria	or other traumatic
	requires that the deat	wen signed by the atte	of Health and Mental	shows any injury,
	PHYSICIAN: The law	This certificate has b	h with the State Dept.	arked, or item 23
	MEPITAL OR ATTENDING	MERAL DIRECTOR: After	In 72 hours after death	NT: If Item 28 is ma
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		MENTAL HYGIEN	E	10130	
	1. DECEDENT'S NAME (First, Middle, Last) HEDWIG	IDA FINN				2. DATE OF DEATH DATE TO THE DATE OF DEATH DATE TO THE DATE OF DEATH DATE TO THE DATE OF T			
	4. SOCIAL SECURITY NUMBER	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/17/10	8. Bif	THPLACE (State or Foreign intry)			
3		213-10-3152 1 M 2 XF 82 YRS. MONTHS DATE HOURS MIN. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEAT						nryland DEATH	
TOR	Meridian Cromwel		BALT	IMORE					
DIRECTOR	Maryland Ba	ltimore		r, town on Loca Baltimor				10d. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN O	1 VES 2 X NO F WHAT COUNTRY?	
FUNERAL	231 Murdock Road	12. WAS DECEDENT EVER IN	U.S. ARMED		21212	NIC ORIGIN? (Specify Yes		ISA	
BY	1 Never Married 2 Married XXXVIIII	FORCES? 1 YES	2V VNO	If yes, sp		an, Puerto Rican, etc.)	9 or No 14. RACE — American Indian, Black, White, etc. Specity: White		
COMPLETED	15. DECEDENT'S EDUCJ (Specify only highest grade of Elementary/Secondary (0-12)	ompleted)		USUAL OCCUPATION done during more retired.)		16b, KIND OF BUS	INESS/INDUSTRY	200	
MPL	Unk.	College (1-4 or 5 +)	Cas	hier		Fo	bod		
8	17. FATHER'S NAME (First, Middle, Last) Matthew Mytka					AME (First, Middle, Maiden	Surname)	;	
TO BE	19a. INFORMANT'S NAME (Type/Print)		1			Route Number, City or Town			
	Patricia M. Fil	20h	PLACE AND DATE O	EDISPOSITION (N	me of	pare 20c. Los	vland 2		
	4 Doyceton 5 Cother (Specify)	ral from State came	tery, crematory or of Stanis	laus Cer	neterv	7/25 Bal			
	Dennis Stephe	Henake	M00640	22. NAME AI	ID ADDRESS OF FA	KCILITY	l-Wiede	feld Home	
	23. PART I. Enter the diseasea, or co ahock, or heart fellure. LI	mplications thet caused	the deeth. Do n	ot enter the mo	de of dying, auc	ch ea cerdiac or reepl	ratory arrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel	arterios		Con	nay as	Tery de	rear	Onset and Death	
Z	Sequentially list conditions, b.	OUE TO (OR AS A	CONSEQUENCE OF	·):	-				
CATIC	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
	PART II. Other algolficant conditions		it not resulting !	n the underlying	ceuse given in			4b. WERE AUTOPSY FINDINGS	
BY PHYSICIAN: MEDICAL	Der	nentin				PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Z: ME								1 TES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)			
HYS	1 TYES 2 NO	1 Inpetient 2 ER/Outpe 28a. DATE OF INJURY	tient 3 DOA	4 Nursing Hom		e Other (Specify) 26d. DESCRIBE HOW IN	HIRY OCCURED		
3Y P	1 Natural e Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1 1	RK? 'ES 2 NO				
	3 Suicide e Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Special	— At home, farm, s	treat, factory, offic		281. LOCATION (Street a. City or Town, State)	nd Number or Rurs	l Route Number,	
COMPLETED		AN: To the best of my knowle On the basis of exemination						e(a) and manner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	. 0 .			29c. LICENSE NUI			ED (Month, Day, Year)	
TO	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type	Print)	12010	000	▶ 7-2	3-9-	
	M.C. Karx	Unejei M	13 8	604 t	torfuel	ud 21	234		
	31. DTULE 28 1992 g	132. REGISTRAR'S SIGNA WAR DOWN COOK- MA	ndell		7				



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DIVISION

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF H	EALTH AND DEATH	MENTAL HYGI		2 20199			
	1. DECEDENT'S NAME (First, Middle, Last)	Willian				2. DATE OF DEATH	DAY	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 2/2-1:0=3582	5. SEX 6. AGE	(In yrs. lest birthday) IF YRS. MOR	UNDER t YEAR ITHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Cay, Year	198	BIRTHPLACE (Stafe of Foreign Country) Maryland			
TOR	98. FACULTY NAME (If not inalitation, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 96. COUNTY OF DEATH 134CTIMENCE										
DIRECTOR	10a. STATE 10b. COUNTY	ctimeau	10c. CITY, TO	WN OR LOCAT	on Lochearn			10d. INSIDE CITY LIMITS? 1 YES 2 40			
FUNERAL	10e. STREET AND NUMBER 11. MARITAL STATUS	12. WAS DECEDENT EVER I	ad	10.7	212			en of what country?			
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 NO	if yes, spe	ENDENT OF HISPA city Cuban, Maxle 2 ANO Specia	NIC ORIGIN? (Specify an, Puario Rican, etc.) fy:	Yea or No— 1	4. RACE — American Indian, Black, Whita, atc. Specify: White			
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MP S	12+ 17. FATHER'S NAME (First, Middle, Last)	44	Lië	lwyer			land Ca	us Co.			
	JOHN C, FRANK					AME (First, Middle, Meid					
TO BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street at		L. SOHN Route Number, City or		ode)			
F	LOIS COLLINGE		13417	Blenfi	eld Rd,	Phoenix	, MD 2	1131			
	20a. METHOD OF DISPOSITION 1 Gurlel 2 Cremation 3 Ramon 4 Donation 5 Other (Specify)	ral from State cem	PLACE AND DATE OF DI etery, crematory or other p	SPOSITION (Na				ty or Town, Sista			
	21. SIGNATURE OF FUNERAL SERVICE LICE	Ronald Was	de, Dir 7/24/92		D ADDRESS OF FA	State		my Board			
	23. PART I. Enter the diseases, or co ahock, pr haart fallure. Li	mplications that caused	the death. Do not a	enter the mod	le of dying, aud	h as cerdiec or re	spiratory srres	Approximete			
	IMMEDIATE CAUSE (Finel disease or condition reaulting in death)	Dementia		al de	eath			Interval Between Onset and Death			
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
EDICAL	PART II. Other algorificant conditions Peripheral or	contributing to desth be		e underlying	ceuse given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?			
N N	Bilathal a	low knee	amputati	نمیہ		_		t YES 2 LINO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Ch	eck only one)					
Is≽i		I inputient 2 ER/Outp	atient 3 DOA 4 🕭	Nursing Home		8 Other (Specify)					
ВУ РЕ	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	28b. TIME OF INJURY	M 1 Y		28d. DESCRIBE HO	V INJURY OCCU	RED			
	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, atc. (Speci	— At home, farm, street	, factory, offica		28f. LOCATION (Stre City or Town, Ste	et and Number or te)	Rural Route Number,			
COMPLET		AN: To the best of my knowl On the bests of examination						cause(a) and manner as stated.			
ш	20b. SIGNATURE AND TITLE OF CERTIFIER	30			29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Year)			
10 B	Maryrose Eiche	Merger					1 7,	23/2			
	30. NAME AND ADDRESS OF PERSON WHO Union Memorial A	ospital 201	TH (ITEM 27) (Type, Print E. Universit	/ gary	ose Erch	e lberger Seltimae	me on	1218			
	JUL 28 1992	REGISTRAR'S SIGNA	ATURE .	/	0	7					

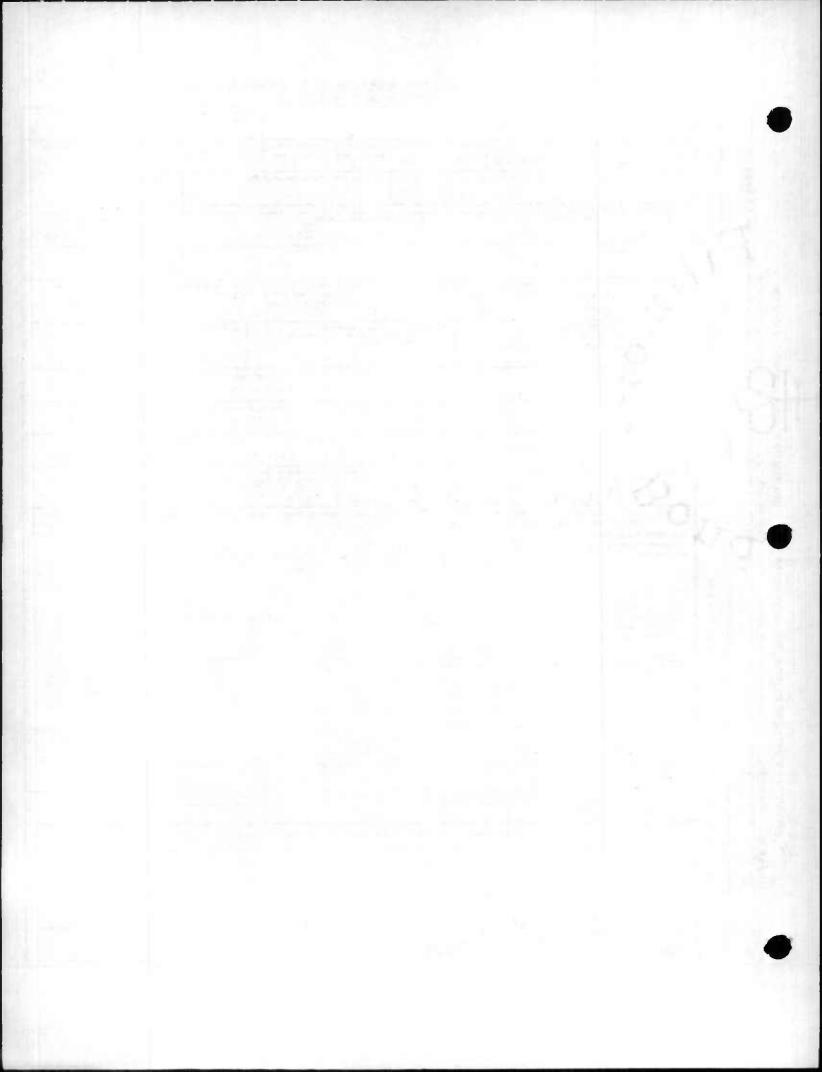
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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	HAV CHECTOR Are the conficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HAV CIPECTOR. Are the comficate has been signed by the attending physician and completely filled in by the fine The new state of the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E if tem 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE EG. NO.

99. FACILITY NAME (If not institution, give street and number) 99. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR NORTH ARUNDEL HOSPITAL ASSOCIATION MESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. STREET AND NUMBER 1 0 0 7 Thomas Road 11. MARITAL STATUS 1	TEAR IF UNDER 24 MMS. MAYE HOURS MAIN. DWN OR LOCATION OF DEA GLEN BURNIE LOCATION BURNIE 101. ZIP CODE 2106 S DECENDENT OF HISPANI See, apocity Cuban, Mexican 1 YES 25 MO Specify: UPATION Ing most of working BURNIE 18. MOTHER'S NAN Elizab Street and Number of Rural A AS ROAD ON (Name of COTY, Inc. ME AND ADDRESS OF FAC CULLY Fun 04 Mountai	100 IO IO IO IO IO IO IO IO IO IO IO IO IO	a. SHTHPLACE (State or Foreign Maryland . COUNTY OF DEATH A.A. COUNTY 10d. INSIDE CITY LIMITS? 1 YES XIX NO g. CITIZEN OF WHAT COUNTRY? nited States 14. RACE - American Indian, Black, Whita, atc. Specify: White SS/INDUSTRY Service-U.S.Go ame) Hebers Hebers Hebers Hebers Hebers Hebers City or Town, Stata Baltimore, MD. Of Pasadena Adena, MD. 21122
4. SOCIAL SECURITY NUMBER 2.15-12-5369 96. FACILITY NAME (If not institution, give street and number) 96. FACILITY NAME (If not institution, give street and number) 96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR THE ARUNDEL HOSPITAL ASSOCIATION RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland Anne Arundel 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12. WIS DECEDENT'S EDUCATION (FYES, GIVE WAR OR DATES) 13. WM 14. Divorced 15. DECEDENT'S EDUCATION 16. DECEDENT'S USUAL OCC (Give kind of work done dur line. Do Not wor relieved) 16. DECEDENT'S USUAL OCC (Give kind of work done dur line. Do Not wor relieved) 17. FATHER'S NAME (First, Middle, Last) 17. FATHER'S NAME (First, Middle, Last) 18. DO T Thoma 20. METHOD OF DISPOSITION 18. MARILING ADDRESS (STATE) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NA 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the shock, or heart feliure. Liet only one cause on each line. 18. MARE (Ause (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	DWN OR LOCATION OF DECIDENT BURNTE LOCATION BURNIE 101. ZIP CODE 2106 S DECENDENT OF HISPANN Sea, specify Cuban, Mexican 1 YES 2500 Specify: 18. MOTHER'S NAM Elizab Street and Number or Rural A S Road ON (Name of COTY, Inc. ME AND ADDRESS OF FAC Cully Fun 14. Mountai e mode of dying, such	7. DATE OF BIRTH (Morth, Day, Year) 4/27/1923 ATH 9c. 100 100 100 100 100 100 100 100 100 1	a. BIRTHPLACE (State or Foreign Maryland . COUNTY OF DEATH A.A. COUNTY 10d. INSIDE CITY LIMITS? 1 YES XIX NO g. CITIZEN OF WHAT COUNTRY? nited States 14. RACE - American Indian, Black, White, sic. Specify: White SS/INDUSTRY Service-U.S.Go Hebers Hebers Approximeta Approximeta Approximeta Interval Between Approximeta Interval Betwee
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(Give kind of work done during like. Do NOT use retired.) 12 Letter Ca 1.2 Letter Ca 2.2 Letter Ca 2.2 Letter Ca 2.2 Letter Ca 2.2 Letter Ca 2.3 Letter Ca 2.4 Letter Ca 2.5 Letter Ca 2.6 Letter Ca 2.7 Letter Ca 2.8 Letter Ca 2.9 Letter Ca 2.9 Letter Ca 2.0 L	Ing most of working Arrier 18. MOTHER'S NAM Elizab Street and Number or Aural A AS Road ON (Name of COTY, Inc. ME AND ADDRESS OF FAC Cully Fun 04 Mountai e mode of dying, such	Postal S ME (First, Middle, Melden Surne Deth Solen Burnie DATE 20c. LOCATIO 7/24/92 E Burnie Theral Home In Rd. Pasa ass cardiac or reapirator	Service-U.S.Go Hebers Hebers Md. 21061 ON - City or Town, Stata Baltimore, MD. of Pasadena adena, MD. 21122 ry srrest, Approximeta interval Between
1.2 — Letter Ca 17. FATHER'S NAME (First, Middle, Lest) John E. Gray 19a. INFORMANT'S NAME (Type/Print) Mrs. Audrey A. Gray 20a. METHOD OF DISPOSITION Buriel 2 M Cremetion 3 — Removal from State Donation 6 — Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE And MC 22. NAMC 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OF): Due to (OR AS A CONSEQUENCE OF):	18. MOTHER'S NAM Elizab Elizab AS Road G ON (Name of COTY, Inc. ME AND ADDRESS OF FAC Cully Fun O4 Mountai e mode of dying, such	ME (First, Middle, Melden Surne Deth Novie Number, City or Town, State Glen Burnie DATE 20c. LOCATIO . 7/24/92 E DILITY HERAL HOME In Rd. Pasa	Hebers ate, Zlp Code) e, Md. 21061 ON - City or Town, Stata Baltimore, MD. of Pasadena adena, MD.21122 ry srrest, Approximeta interval Between
John E. Gray 19e. INFORMANT'S NAME (Type/Print) Mrs. Audrey A. Gray 19b. MAILING ADDRESS (S 1007 Thomas) 20e. METHOD OF DISPOSITION 1 Burlet 2 M Cremetion 3 Removal from State 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME 23. PART I. Enter tha diseases, or complications that caused the death. Do not enter the shock, or heart feliure. List only one cause on each line. 11. Inter that diseases, or complications that caused the death. Do not enter the shock, or heart feliure. List only one cause on each line. 12. Inter that disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	18. MOTHER'S NAM Elizab Elizab AS Road G ON (Name of COTY, Inc. ME AND ADDRESS OF FAC Cully Fun O4 Mountai e mode of dying, such	ME (First, Middle, Melden Surne Deth Novie Number, City or Town, State Glen Burnie DATE 20c. LOCATIO . 7/24/92 E DILITY HERAL HOME In Rd. Pasa	Hebers ate, Zlp Code) e, Md. 21061 ON - City or Town, Stata Baltimore, MD. of Pasadena adena, MD.21122 ry srrest, Approximeta interval Between
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199. INFORMANT'S NAME (Type/Print) Mrs. Audrey A. Gray 1007 Thoma 1008 METHOD F DISPOSITION 1 Burlel 2 M Cremetion 3 Removal from State 200. Detailed a Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAMC 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the shock, or heart feliure. List only one cause on each line. 1 IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	on (Name of Cully Fundamental American American Cory, Inc. ME AND ADDRESS OF FACTURE Fundamental Cully Fundamental Cull	DATE 200. LOCATION TOWN, State Burnie 200. LOCATION TOWN TOWN TOWN TOWN TOWN TOWN TOWN TO	of Pasadena adena, MD. 21122 Ty strest, Approximeta interval Between
Mrs. Audrey A. Gray 20a. METHOD OF DISPOSITION 1 Burlel 2 X Cremetton 3 Removal from State 4 Donatton 6 Other (Specify) Metro Crematory or other place) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAMC 3 2 C 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	as Road G ON (Name of COTY, Inc. ME AND ADDRESS OF FAC Cully Fun 04 Mountai e mode of dying, such	DATE 200. LOCATION TO A TENTY DETAIL HOME In Rd. Pasa	e, Md. 21061 ON — City or Town, State Baltimore, MD. Of Pasadena adena, MD. 21122 ry srrest, Approximeta Interval Between
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specify) Metro Cremate 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NA MC 3 2 (23. PART I. Enter the diseases, or complications that caused the death. Do not enter the shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING	ON (Name of COTY, Inc. ME AND ADDRESS OF FAC Cully Fun 04 Mountai e mode of dying, such	DATE 20c. LOCATION TO THE PARTY OF THE PARTY	oN - City or Town, State Baltimore, MD. of Pasadena adena, MD. 21122 ry srrest, Approximeta Interval Between
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21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NA MC 3 2 (3. PART I. Enter tha diseases, or complications that caused the death. Do not enter the shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	ME AND ADDRESS OF FACE Cully Fun 04 Mountai e mode of dying, such	auty neral Home n Rd. Pasa n se cardiac or reapirator	of Pasadena adena, MD. 21122 ry srrest, Approximeta
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CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST			
PART II. Other significant conditions contributing to death but not resulting in the under	rlying cause given in F	PERFORMED?	? AVAILABLE PRIOR TO COMPLETION OF CAUSE
		1 _ YES 2 _ N	OF DEATH!
		_	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Chec	ck only one)	
EXAMINER? HOSPITAL: OTHER:	Home 5 Residence 6		
27. MANNER OF DEATH 28s. DATE OF INJURY 26b. TIME OF 28	c. INJURY AT	28d, DESCRIBE HOW INJURY	Y OCCURED
1 Natural 5 Pending (Month, Day, Year) INJURY	WORK?		
2 Accident 3 Suicide 28e. PLACE OF INJURY At home, farm, street, factory		261. LOCATION (Street and Nu	lumber or Rural Route Number
4 Homicide determined building, etc. (Specify)		City or Town, State)	
29a. CERTIFIER (Check only Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time	, data and place, and due t	to the causa(a) and manner -	ne stated.
one) 2 MEDIC EXAMINER: On the besis of examination and/or investigation, in my opin			
196. SIGNATURE AND TITLE OF CENTIFIER			
The hall a land	29c. LICENSE NUME	29d.	I. DATE SIGNED (Month, Day, Year)
10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	103710	J 1	1125 71
MICHAEL A. SYLVA, M. D./1600 CRAIN HIGHWA	V 011 "-		



FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH George R. Green, Sr 4. SOCIAL SECURITY NUMBER 5. SEX F UNDER 1 YEAR 6. AGE (In yrs. last birthday) IF UNDER 24 HRS. -40-2 filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should on. or removal. Sa. FACILITY NAME (If not institution, give street and n Me COMPLETED BY FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 18c. CITY, TOWN OR LOCATION Ma (40 10e. STREET AND NUMBER 101, ZIP CODE 503 Dere 21207 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yea, specify Cythan, Mexican, Puerto Rican, etc.)
1 () YES 2 (NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 14 notified at once. 17. FATHER'S NAME (First, Middle, Last) Tomas BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (St 2 7802 Til pe METHOD OF DISPOSITION 20b. PLACE AND PATE OF DISPOSITION DATE 20c. LOCATION must Burlel 2 Cre 3 🗆 F Donation 5 - Other (Specify) examiner 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fallure. List only one cause on each line IMMEDIATE CAUSE (Finel completely filled rial. cremation, c other traumatic event, the disease or condition resulting in deeth) executed After this certificate has been signed by the attending physician and corr death with the State Dept. of Health and Mental Hygiene prior to burial. PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING ě CAUSE (Disease or Injury that initiated events resulting in death) LAST 6 injury, PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying course the 24s. WAS AN AUTOPSY that item 23 shows any T YES 2 HO wee 25. WAS CASE HEFERHED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** 1 YES 2 OTHER: ER/Outpetient 3 - DOA 1 ☐ Inpatient 2 € ER/Ou
28s. DATE OF INJURY 8 - Other (Specify) 6 27. MANNER OF DEATH TO THE FUNERAL DIRECTOR: After this ce filed within 72 hours after death with the MPORTANT: If Item 28 is marked, 286. TIME OF INJURY 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO COMPLETED BY 2 Accident ATTENDING 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 Homicide F 29a. CERTIFIER CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) HOSPITAL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. SIGNATURE AND THE OF CERTIFIER BE 29c. LICENSE NUMBER 뿔

CAUSE OF DEATH (IFEM 27)

32 REGISTRAN'S, SIGNATUR

8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20801

TYES 2 NO

Black.

Approximata

24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO

> OF DEATH? T YES 2 NO

COMPLETION OF CAUSE

interval Batween

Onset and Death

14. RACE — American Indian, Black, White, atc.

2/207

wn. State

8. BIRTHPLACE (S)

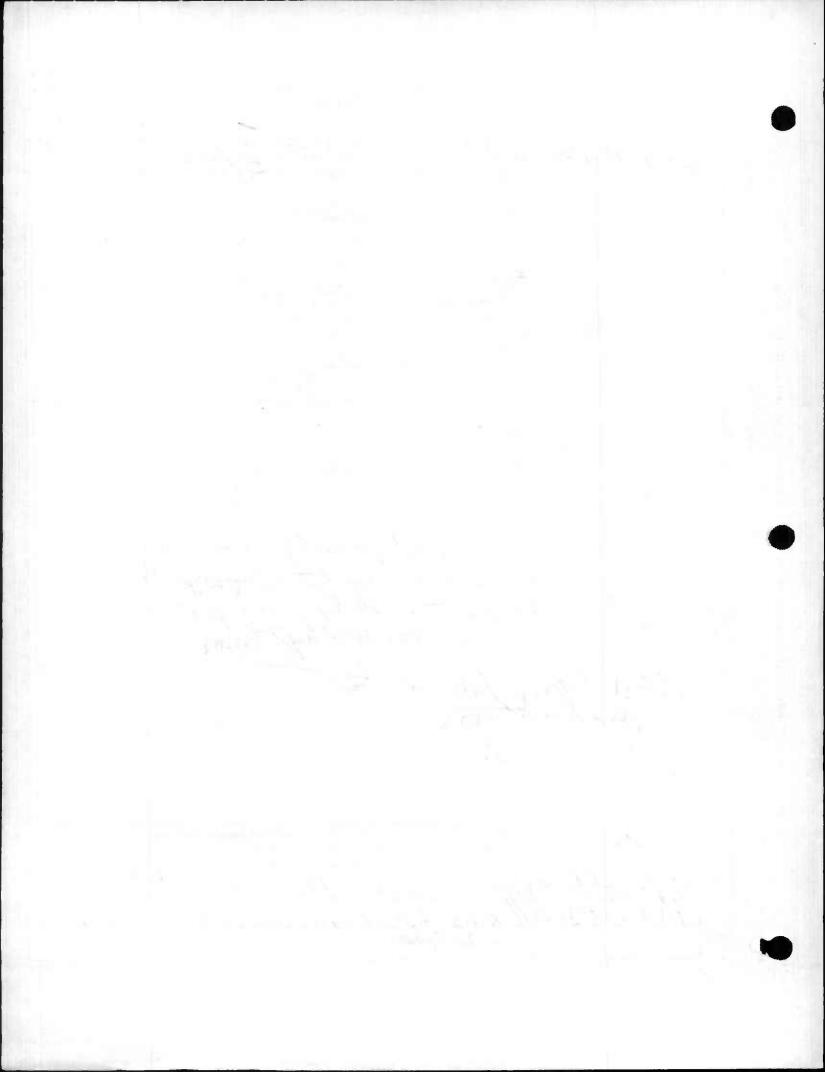
10g. CITIZEN OF WHAT COUNTRY?

So, COUNTY OF DEATH

U S A

State, Zip Code)

REG. NO.

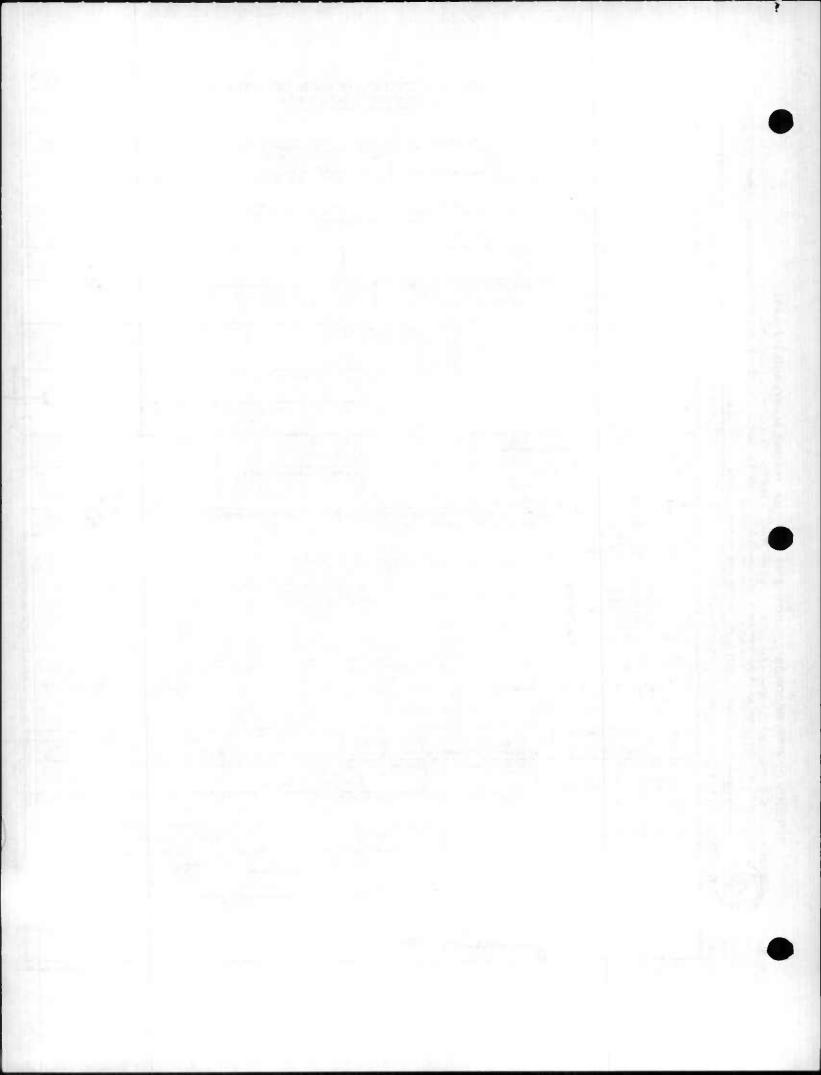


DEFINAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

INTERIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be for cash with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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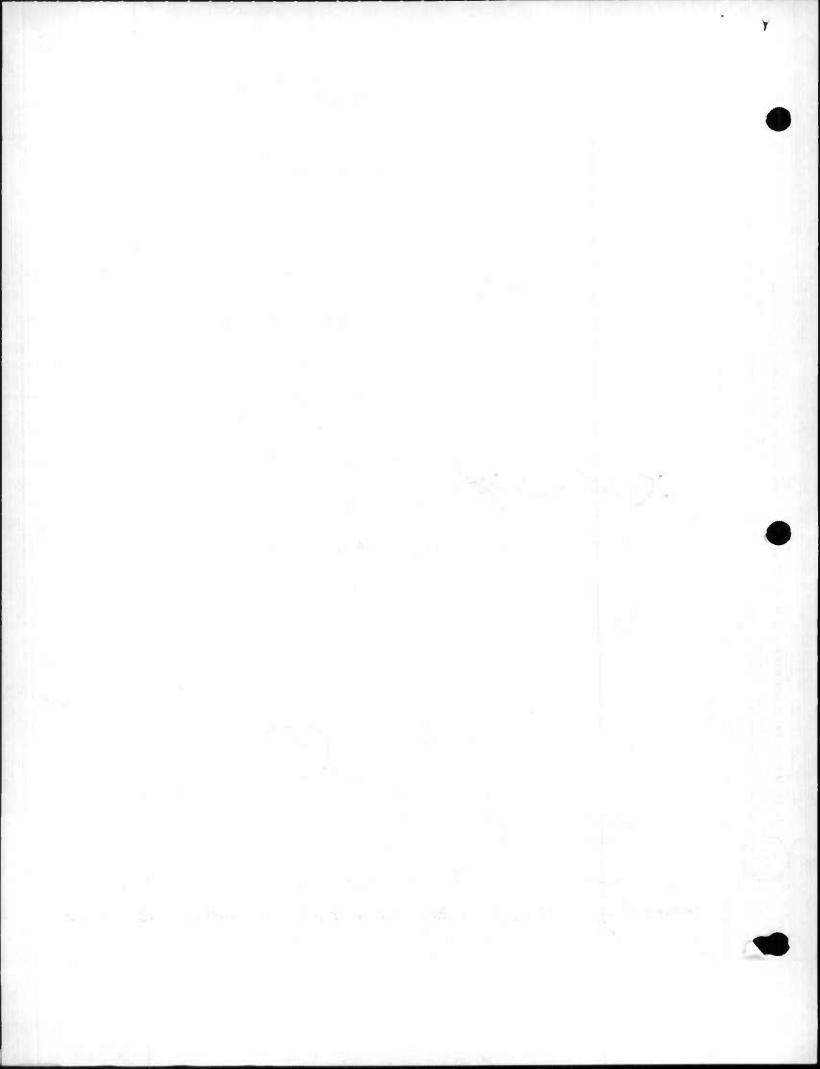
1. DECEDENT'S NAME (First, Middle, Last		LESPIECERTIF	TOATE OF	DEATH		REG. NO.		
Donald	W. C	- Illes Pie	SR.		MON	7 24	7/24/9	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-24-8052	5. SEX 1 (2 M 2 □ F	6. AGE (In yrs. lest birthday) 62 YRS.	MONTHS DAYS	IF UNDER 24 H HOURS M	(Mo	E OF BIRTH (nth. Day, Year)	8.	BIRTHPLACE (State or Foreign Country) MARYLAND
90. FACILITY NAME (If not institution, give elevet and number) 9b. CITY, TOWN OR LOCATION OF DEATH UNIVERSITY OF MD. HOSPITAL BALTIMORE								
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	ITY	10c. Cr1	TY, TOWN OR LOCAT	TION				10d. INSIDE CITY
MARYLAND			BALTIMORE					LIMITS?
2211 WEAVER LAN		21207				U.S.	A .	
11. MARITAL STATUS 1 Nover Married 2 Married 3 Vidowed 4 Divorced		T EVER IN U.S. ARMEO YES 2 X NO MR OR DATES	If yes, sp	ENDENT OF HI ecity Cubin, M 2 XNO S	exican, Puert	ilN? (Specify Yes o Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 9 t.h	DUCATION ide completed) College (1-4 or 5 +	(Give kind of He. Do NOT u		st of working	10	Sb. KIND OF BUS		TRY
17. FATHER'S NAME (First, Middle, Last)		OIL DUKIN	IER MECHA		S NAME (First	SELF I	EMPLOY	ED
	GILLESPIE					E. WILSO		1
BESSIE I. GILLE			WEAVER I			ORE, MI		
20a METHOD OF DISPOSITION 12 Department S Cremation S Ra 4 Donation S Other (Specify)	moval from Stata	20b. PLACE AND DATE cemetery, crematory or of LORRAINE			1	TE 20c. LOC /92 WOOI		or Town, State MD
21. SIGNATURE OF PUNITHAL SERVICE L	LICENSEE	1	LEROY	M & R	USSEL			NERAL HOME LE,MD 21228
iMMEDIATE CAUSE (Final disease or condition								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissoase or injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSEQUENCE O	Hases (mal			rima	Onset and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A CONSEQUENCE O	Hases (uith	Unk		NUTOPSY NEO?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the condition	b. DUE TO	OR AS A CONSEQUENCE O	in the underlying	uith	Un Kı	24s. WAS AN A PERFORM	NUTOPSY NEO?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are supported by the conditions of	b. DUE TO c. DUE TO d. One contributing to ODE DOE HOSPITAL: 1 Winpetlant 2	(OR AS A CONSEQUENCE O	in the underlying 26. PL OTHER: 4 □ Nursing Hom	g cause give	on Kr	24a. WAS AN A PERFORM 1 YES 2	NUTOPSY MED? NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of	b. DUE TO DUE TO d one contributing to b. DUE TO d DUE TO d DUE TO d 28 DATE OF (Month., Date of (Month., Date of)	COR AS A CONSEQUENCE O	in the underlying 26. PL OTHER: 4 Nursing Hom EE OF 28c. INJ WO	g cause give	on Kr	24a. WAS AN A PERFORM	NUTOPSY MED? NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are supported by the conditions of	b. DUE TO c. DUE TO d	COR AS A CONSEQUENCE O	in the underlying 26. PL OTHER: 4 Nursing Hom BLOF 28c. INJ URY WO 1 1	ace of Death To S Reside URY AT RK7 (ES 2 NC	n in Part i.	24a. WAS AN A PERFORM 1 YES 2	JURY OCCUR	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of Death Investigation of Suddide 8 Could not be determined.	b. DUE TO c. DUE TO d. One contributing to ODE DIE HOSPITAL: 1 Winpetlent 2 28s. DATE OF (Month, Ds 28s. PLACE Of building, of	(OR AS A CONSEQUENCE O (OR AS	P): 26. PL OTHER: 4 Nursing Hom E OF 28c. INJ JURY WO 1 1	Cause given ACE OF DEATH 5 Reside URY AT RK? /ES 2 NC	n in Part i. If (Check only) 28d, D 28f, LC Ch	24a. WAS AN A PERFORM 1 YES 2	JURY OCCUR	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are subject to the conditions of t	b. DUE TO c. DUE TO d	(OR AS A CONSEQUENCE O (OR AS	P): 26. PL OTHER: 4 Nursing Hom E OF 28c. INJ JURY WO 1 1	Cause given ACE OF DEATH 5 Reside URY AT RK? /ES 2 NC	In in Part i. If (Check only) 28d, D 28f, LC Ch dual to the c t the time, de	24a. WAS AN A PERFORM 1 YES 2	JURY OCCUR	24b. WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation and Secretary Investigation and Secretary Investigations. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER. 29b. SGNATURE AND TITLE OF CERTIFING PHY	DUE TO DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DU	(OR AS A CONSEQUENCE O GOR AS	26. PL OTHER: OTHER: OTHER: Street, fectory, officered at the time, data on, in my opinion, decrease.	ACE OF DEATH 5 Reside URY AT RK7 (ES 2 NC	In in Part i. If (Check only) 28d, D 28f, LC Ch dual to the c t the time, de	24a. WAS AN A PERFORM 1 YES 2	JURY OCCUR	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO ED Rural Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined. 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DU	(OR AS A CONSEQUENCE O (OR AS	26. PL OTHER: OTHER: OTHER: Street, fectory, officered at the time, data on, in my opinion, decrease.	ACE OF DEATH 5 Reside URY AT RK7 (ES 2 NC	In in Part i. If (Check only) 28d, D 28f, LC Ch dual to the c t the time, de	24a. WAS AN A PERFORM 1 YES 2 THE SPECIFY PERCENT (Specify) ESCRIBE HOW IN CATION (Street er or rown, State) BRUSE(a) and manner ta and place, and	JURY OCCUR	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO ED Rural Route Number,



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

5 should be detached for use as the burial-transit permit. Panes 1, 2, 3 should		
hed for use as the buil		ad.
THE CICH After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact		be notified at once
by the funeral director,	imoval.	ical examiner must
and completely filled in	burial, cremation, or n	Nem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
the attending physician	hours after death with the State Dept. of Health and Mental Hygiene prior to b	jury, or other traun
e has been signed by 1	te Dept. of Health and	m 23 shows any in
IN After this certificate	her death with the Stat	i is marked, or ite
DHECT	hours at	item 28

	1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTA	L HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last) RUTH		RIFFIN			2. DATE MONT	OF DEATH	1992 YEAR	3. TIME OF DEATH 3:43 P. M
	4. SOCIAL SECURITY NUMBER 240-18-1669	5. SEX 6. AGE (In yrs. 1 \(\text{ M 2XX} \) F 72	last birthday) I	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti APRI	OF BIRTH 1, Day, Year) L 20, 1	0.000	THPLACE (State or Foreign
CTOR	9a. FACILITY NAME (If not institution, give s 7263 DOCKSIDE LAN RESIDENCE OF DECEDENT		•	COLUMB	IA	DEATH	9c. COUNTY OF DEATH HOWARD		
L DIRECTOR	MARYLAND HOV	VARD		OWN OR LOCATE					10d. INSIDE CITY LIMITS? 1 YES 2 XXVO
FUNERAL	7263 DOCKSIDE LAN				21045			U.S	· A .
BY	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2/1 IF YES, GIVE WAR OR DATES	ARMED MNO	13. WAS DECE If yes, spe 1 YES	NOENT OF HISPA city Cuben, Mexic NO Spec	an, Puerto I	17 (Specify Yes Rican, etc.)	or No.— 14. RACE — American Indian, Black, Whita, etc. Specify: WHITE	
COMPLETED	18. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use re	tual occupation during mosetired.)	t of working	16b	KIND OF BUS	INESS/INDUSTRY	EDICAL
BE COM	17. FATHER'S NAME (First, Middle, Last) LEE H. MOORE	, on	IKOI KAC	110	18. MOTHER'S N.				
10	19a. INFORMANT'S NAME (Type/Print) GLORIA SAUNDERS	(DAUGHTER)	7263 D	OCKSIDE	LANE, C	OLUMB	IA, MA	RYLAND	21045
	20s. METHOD OF DISPOSITION 1 DATE 20s. LOCATION - City or Town, State								
	Currence			LEROY 5555 T	M. & RU WIN KNO	SSELI LLS R	OAD, CO	LUMBIA.	NERAL HOMES MD. 21045
	23. PART I. Enter-the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS A CON-	ine.					atory arrest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF):								
	resulting in death) LAST	4							
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death but no	t resulting in t	the underlying	cause given in	Part I.	PERFORM 1 TYES 2	ED?	O. WERE AUTOPSY FINDINGS ANALARLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	h- 0	THER: /	OF BEATHERS	-	7-1-		
ВУ РНУ	27. MANNER OF DEATH 1. Neturel 5 Pending	2 Impatient 2 CHROmpatiens 26s. DATE OF INJURY (Murch, Day, Year)	286. TIME O			8 C Other 28d. DES		JURY OCCURED	/
	2 Accident Investigation 3 Suicide 6 Could not be datarmined	28e. PLACE OF INJURY — At building, etc. (%pecify)	home, farm	et, fectory, office		ZHI. LOCA City o	TION (Street at	Municipal or Runal	Flouris Wurnbec
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, R: On the besis of examination and/	dasth occurred a	nt the time, date a	nd place, and due	to the cau	ee(a) and mann and place, and	er as stated.	(s) and menner as stated.
TO BE	SIGNATURE AND TITLE OF CERTIFIER	B	-0 N GG	n	29c. LICENSE NU	701	3	29d. DATE SIGNE	0 (Month, Day, Year)
	BULLE Conger N	18 11055 Litt	He Pat	,	Pkus	Colu	mbia	Mo	21044
	JUL 28 1992	32, REGISTRAR'S SIGNATURE	Lalle			r - Wir			



3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 NO

8. BIRTHPLACE (State or Foreign Country)

000

YEAR

9c. COUNTY OF DEATH

Maryland

10g. CITIZEN OF WHAT COUNTRY?

Specify

USA

Maryland 21234

RACE — American Indian Black, White, etc.

White

Interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 TYES 2 NO

29d. DATE SIGNED (Month

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

harles

4. SOCIAL SECURITY NUMBER

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

7. DATE OF BIRTH (Month, Day, Year, MONTHS DAYS HOURS MIN 1 M 2 D F 213-03-2653 June 28, 1915 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR Church Hospital Baltimore 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore City 10a. STREET AND NUMBER completely filled in by the funeral director, page 5 should be detached for use as the buria-transit rial, cremation, or removal. 2813 Glendale Avenue 21234 24 hours after death, Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced WW II COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 Photo Engraver once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) William F. Geise Lillie Kaufman BE notified a 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Marie F. Geisel 2813 Glendale Avenue Baltimore. 9 20a. METHOD OF DISPOSITION
1X☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State must emetery, cremetory or other piece)
Moreland Cemetery 4 Donation 5 Other (Specify) Baltimore Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICES 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Road 21214 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch ea cerdiec or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final 幸 disease or condition resulting in death) tailure renal OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, OUE TO (OR AS A CONSEQUENCE OF): bunial, ardiangujus traumatic CERTIFICATION and Sequentially list conditions, prior to If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury (OR AS A CONSEQUENCE OF): the attending physician I Mental Hygiene prior to or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algolificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24s. WAS AN AUTOPSY signed by the shows any 1 YES 2 NO has been a Dept. of H PHYSICIAN: item 23 the State D. . or item 2 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TYES 2 TNO 1 Pinpetlant 2 ER/Outpetlant 3 DOA 27. MANNER OF OEATH 28a. OATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Netural 5 Pending 1 YES 2 NO L DIRECTOR: After the bours after death vitem 28 is mark BY 2 Accident 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide TO THE HOSPITAL OR ATTO THE FUNERAL DIRECT
De filed within 72 hours at IMPORTANT: If item 2 1 CERTIFYINO PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 28 1992 Swidson

-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

GEISEL)

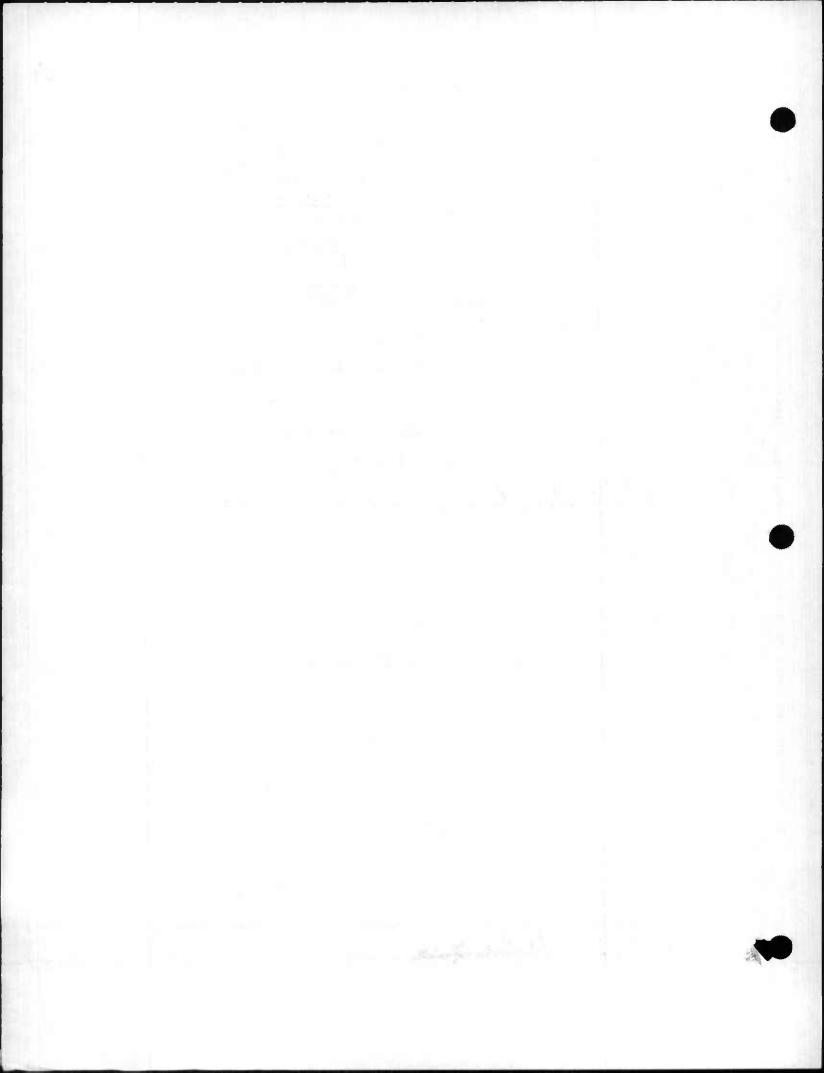
IF UNDER 1 YEAR

IF UNDER 24 HRS.

(CHARLES W.

6. AGE (In yrs. last birthday)

OHMH-16 Rev 1/89

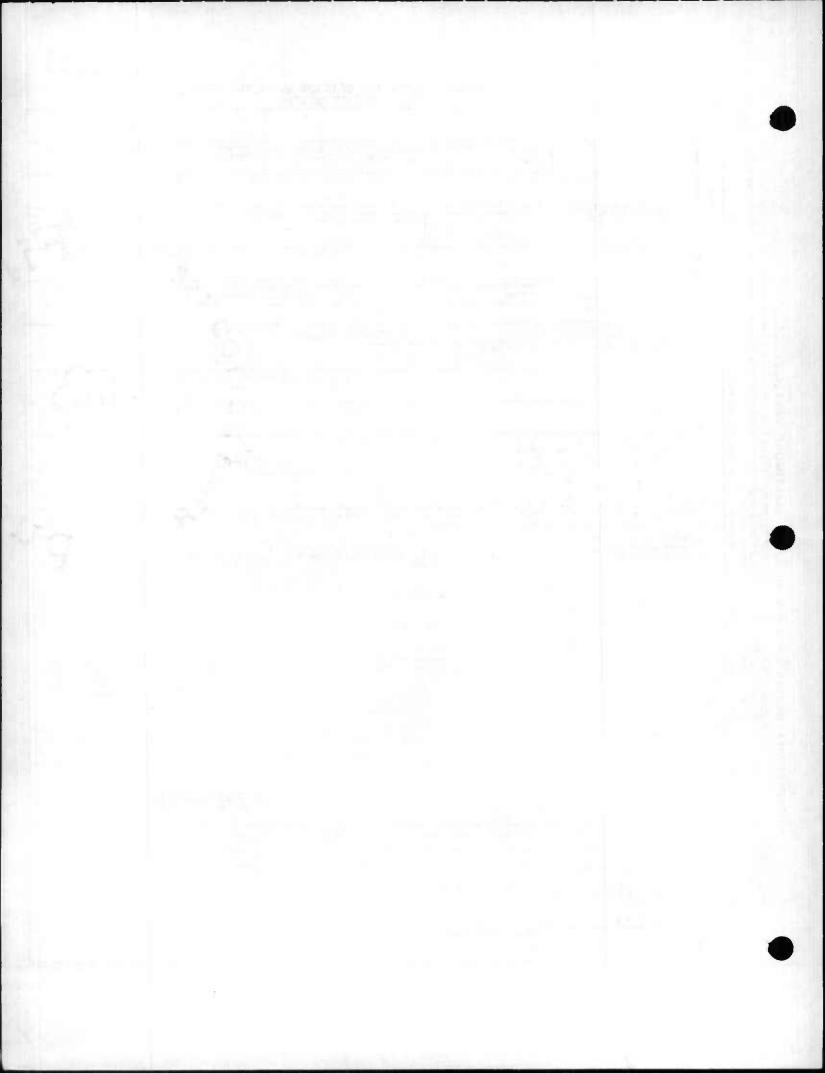


			-	0.00.	or More (in year
70		353-80-1666		1 XX 2 ☐ F	6
3 should		9a. FACILITY NAME (If not instit		set and number)	
ري در	8		HOSPI'	TAL	
-	<u>5</u>	RESIDENCE OF DECE	DENT 0b. COUNTY		
Page	E				
Ě	FUNERAL DIRECTOR	Maryland	Baltin	nore Cou	nty
e B	A.	A STATE OF THE STATE OF			
ian. trans	N.	2B Reldas Cot	urt	12. WAS DECEDEN	T EVED IN II C.
-0020 ling physician. the burlat-transit permit. Pages 1,	1	1 Never Married 2 Ma	arried		YES 2
ding the	B	3 Wildowed 4 Divorce	ed	IF TES, GIVE V	MR DR DATES
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physician the funeral director, page 5 should be detached for use as the burial-traval. I examiner must be notified at once.	COMPLETED	15. DECED (Specify only hi	ENT'S EDUCA		16a.
12 P P	9	Elementary/Secondary (0-12		College (1-4 or 5	+)
Nospid sched	M M	Kindergarten			
the hose detach	8	17. FATHER'S NAME (First, Midd			
RYL ad by t	BE	Timothy C.		t	
MARYL retained by 5 should be notified at	0	19a, IHFORMANT'S NAME (Type			
ay be r		Timothy C. H		1	
DRI S may tor, p		20a METHOD OF DISPOSITION 1 Description 2 Cremation 4 Donation 5 Other (Sc	3 Remov	ral from State	20b. PLAC cemetery.
IMOFI Page 6 m director, er must		4 Donation 5 Other (Sc			cemetery.
ALTI leath. P funeral		110	1#	Toldh	4
BA ter des the fu		Nu	1111	MA	W
TAL RECORDS, P.O. BOX 68760, The law requires that the death certificate be executed within 24 hours after death. Page 6 may the has been signed by the attending physician and completely filled in by the funeral director, pase Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. The complete of the medical examiner must be medical examiner must be medical examiner must be medical examiner.		23. PART I. Enter the dise	rases, or co	implications the	t coused the
y filled i filon, or the me		IMMEDIATE CAUSE (Final			1
hin 2 matio		disease or condition resulting in death)	. a.	1 Ka	das
8760, nted within a completely rial, crematic c event, ti				DUE TO	(OR AS A CON
RECORDS, P.O. BOX 68760, requires that the death certificate be executed within been signed by the attending physician and completel i. of Health and Mental Hygiene prior to burial, crems shows any injury, or other traumatic event,	8	Sequentially list condition	18, b.	DUE TO	(00 40 4 00
be ex	CERTIFICATION	if any, leading to immedia cause. Enter UNDERLYING		DUE TO	(OR AS A COH
ficate physical physi	윤	CAUSE (Disease or injury that initiated events		DUE TO	(DR AS A COH
P.O. th certification of the c	E	resulting in death) LAST			
DS, P.O. BOX he death certificate be effected the attending physician Mental Hygiene prior to njury, or other traum	빙		a.		
RECORDS, requires that the deat been signed by the attraction of Health and Mema shows any injury,	ICIAN: MEDICAL	PART II. Other algoriticant	conditiona	contributing to	death but no
. RECORD w requires that the been signed by th pt, of Health and 1 3 shows any in	음				
EQUITE SIGNAL SI	M				
AL RE he law requents has been a Dept. of he n 23 short	ä				
ITAL N: The law icate has t State Dept item 23	호	25. WAS CASE REFERRED TO N EXAMINER?		HOSPITAL:	
	YS	1 X YES 2 ND			ER/Outpatient
PHYSI this o	РНУ	27. MAHHER OF OEATH 1 Hetural 5 Per	ndina	28a. DATE DF (Month, D	ay, Year)
ON OI DING PHYS After this death with	BY	2 X Accident Invi	estigation	0 / / 2.2 28e. PLACE O	/1992
TTEND TTEND TOR: A after d	8		uld not be ermined		F IHJURY — At etc. (Specify)
DIVISION OF V OR ATTENDING PHYSICIAN DIRECTOR: After this certific nours after death with the S tem 28 is marked, or	E	29e. CERTIFIER			
日本が日	W	(Check only		AH: To the best of	
DIVISION OF V HOSPIDL OR ATTENDING PHYSICIAL FUNETAL DIRECTOR: After this certification in the second process of the second process	COM	2 X MEDICA		On the basis of a	semination and/
¥ 7 3 8	BE	296. SIGNATURE AND TITLE OF	F CERTIFIER/	- 0 .	for h
FRAME	9	MI	A	OCH	114
("	6	30. NAME AND ADDRESS OF PI	EHSUN WHO	COMPLETED CAUS	DE DE DEATH (I
		31. DATE FILED (Month, Day, Year		32 PECIETRA	R'S SIGHATURE
Y		JUL 2.8 19	192	guna Davi	
		AAM H O' 10	Light /		

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1992 **MONTH** 07 SAMUEL Wayne HULETT last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) HOURS April 8 1986 Illinois 9b. CITY, TOWN DR LOCATION OF DEATH BALTIMORE 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY LIMITS? Cockeysville 1 YES 2 1 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A 21031 13. WAS DECENDENT OF HISPANIC DRIGIN? (Specify Yee or No—If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

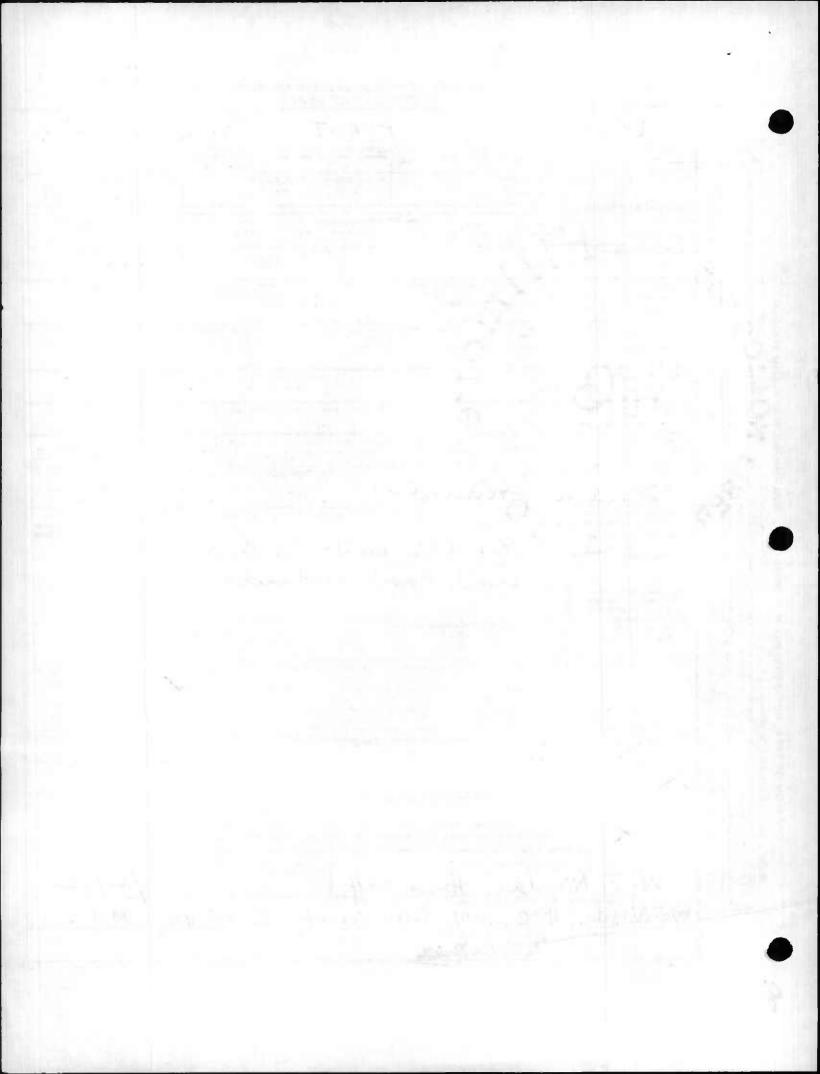
1 YES 2 ND Specify: ARMED 14. RACE — American Indian, Black, White, atc. White DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Student Elementry School 18. MOTHER'S HAME (First, Middle, Maiden Surname) Linda J. Ferguson 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Timothy C. Hulett 2B Reldas Court Cockeysville, CEAND DATE OF DISPOSITION (Name of OAZE 20c. LOCATION - City or Town, State [28] Gardner Township, IL Salem Cemetery 22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home 3631 Falls Road, Baltimore, Md death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximata** Onset and Death SEQUENCE OF SEOUENCE OF): SEQUENCE DF): ot resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FIHDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 TES 2 NO 1 TES 2 HD 26. PLACE OF DEATH (Check only one) OTHER: 3 DOA 4 ☐ Hursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 2:57 p 1 YES 2 7 HO PEDESTRIAN STRUC home, farm, street, tectory, office 20 Death on Sylven and Popper of Flurel Route Number. PUBLIC STREET COCKEYSVILLE death occurred at the time, data and place, and due to the cause(a) and manner as stated. or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29c. LICENSE HUMBER 29d. DATE SIGNED (Month, Day, Year) O.C.M.E. TEM 27) (Type, Print) 111 PENN STREET BALTIMORE, MARYLAND dale

OHMH-16 Rev 1/89



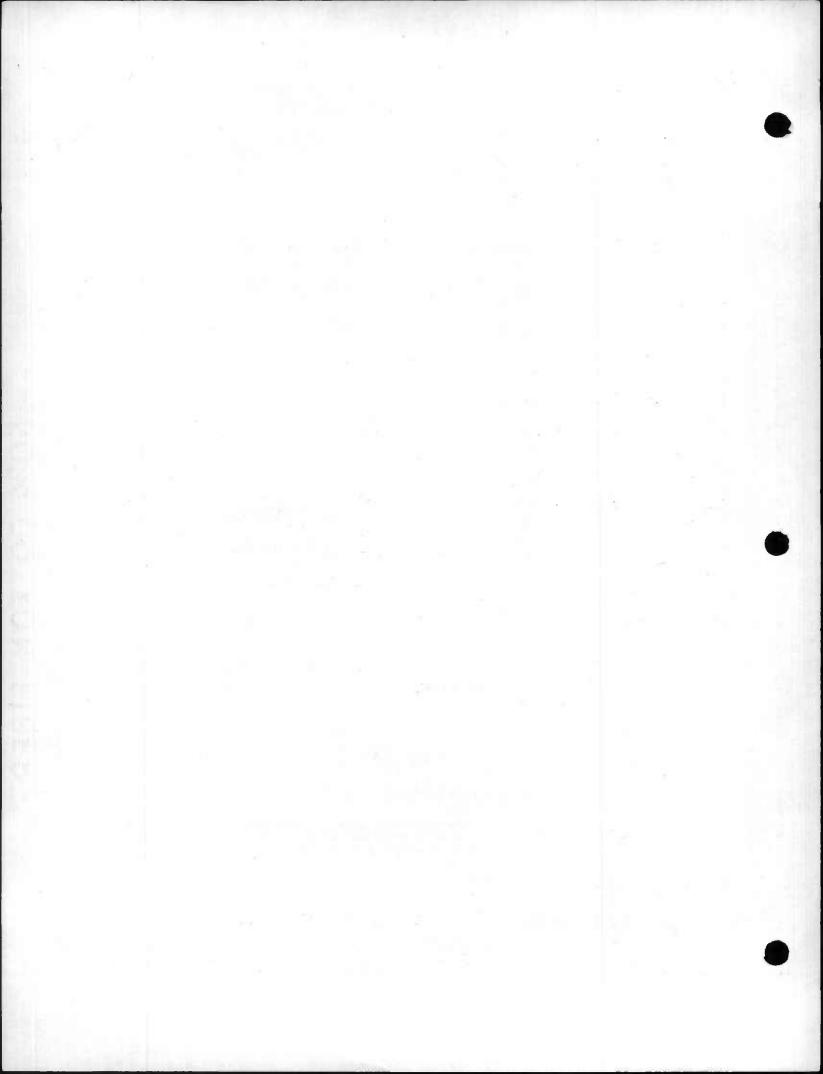
PAREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

	1 - STATE OF STATE OF REGISTRAR		RTMENT OF HEALTH AN	ID MENTAL HYGIENE REG. NO.	32 20000
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY	В.	HURST	2. DATE OF DEATH MONTH 7 - 26 -	9 YEAR 9 9 P M
15	4. SOCIAL SECURITY NUMBER 217-40-5698 1	6. AGE (In yrs. last birthday) 49 YRS.	IF UNDER 1 YEAR IF UNDER 24 HI MONTHS DAYS HOURS MI	RS. 7. DATE OF BIRTH	
TOR	9a. FACILITY NAME (If not institution, give street and number) HARBOR HOSPITAL CENTER RESIDENCE OF DECEDENT		BALTIMORE C	F DEATH 9c.	BALTIMORE CITY
DIRECTOR	100. STATE MARYLAND 10b. COUNTY BALTIMORE	CITY 10c. Cr	BALTIMORE	CITY	10d. INSIDE CITY LIMITS? 1 V YES 2 NO
FUNERAL	104. STREET AND NUMBER 2600 BUNGALOW AVENUE		10f. ZIP CODE 2	1226	CITIZEN OF WHAT COUNTRY?
В	1 Never Married 2 K Married FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	If yes, specify Cuban, Me	SPANIC ORIGIN? (Specify Yes or No exican, Puerto Rican, etc.) pecify:	o 14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or S 10th GRADE NONE	(Give kind of	s usual occupation work done during most of working use refired. SHUTTLER	AUTOMOTI	S/INOUSTRY
BE CO	17. FATHER'S NAME (First, Middle, Last) ROY JOHN CHITTUM			ZABETH Middle, MAE Surna	
2	MR. HARMON L. HURST		AS 10 A-F	tural Route Number, City or Town, Stat	e, Zip Code)
0.00	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)			0-92 BALTIMORE	, MD ANNE ARUNDEL
11111	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	nage		ERAL HOME OF BI PSCO AVE., BALT	ROOKLYN IMORE, MD 21225
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	use on each line.	Renal cell		Interval Between
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to	death but not resulting	in the underlying cause giver	1 Part I. 24e. WAS AN AUTO PERFORMED?	AMILABLE PRIOR TO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? NOSPITAL:		28. PLACE OF DEATH	(Check only one)	
BY PHYS	27. MANNER OF DEATH 280. DATE OF		4 Nursing Home 5 Resider	28d. DESCRIBE HOW INJURY	OCCURED
	3 Suicide 8 Could not be determined 28e. PLACE (building	OF INJURY — At home, farm, etc. (Specify)	street, factory, office	28f. LOCATION (Street end Nu City or Town, State)	mber or Rural Route Number,
COMPLETED	29e. CERTIFIER Check only 2 MEDICAL EXAMINER: On the basic of a				
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER TO Ningle 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAU	House	Staff 29c. LICENSE	NUMBER 29d.	DATE SIGNED (Month Day, Year) 7/26/92
	W.J. Ninala, HHC,:		mover st	Baltimore	Md.
		son-Randall			



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	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HE		NTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) DORH MCI	onough Holl	lowoo	d $\frac{1}{2}$	DATE OF DEATH DAY 25	YEAR 1:07pm
	4. SOCIAL SECURITY NUMBER 2/4-38-148/ 9e. FACILITY NAME (If not institution, give street and	M 2 VF 96 YRS.		HOURS MIN.	DATE OF BIRTH (Month, Day, Year) - 08 - 1895	8. BIRTHPLACE (State or Foreign Country) Pa
TOR	he Wesley Home, I			imore		
L DIRECTOR	Maryland 10e, STREET AND NUMBER	10c. CITY	, town or location	ON COGERS A		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	@2211 W. Rogers 11. MARITAL STATUS 1 Never Married 2 Married FO	AVE	13. WAS DECE	21209 NDENT OF HISPANIC Ifly Cuban, Maxican, F	ORIGIN? (Specify Yas or No	U.S.A. 14. RACE — American Indian, Black, White, etc.
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUPATION		18b. KIND OF BUSINESS/IND	Specify: White
		ge (1-4 or 5+) ii/e. Do NOT us	vork done during most e retired.) O1 Teac			
COMPL	17. FATHER'S NAME (First, Middle, Last)	rears Sent	or reac		(First, Middle, Maiden Surname)	
TO BE	Abram McDonoug		ADDRESS (Street and		Jane Reed to Number, City or Town, State, Zip	
	The Wasley Home 20. METHOD OF DISPOSITION 1 Disputal 2 Cremation 3 Removal fro	20b. PLACE OF DISPOS		Rogers etery, cremetory or	Ave	MD 21209 City or Town, State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Meadowridg	22. NAME AND	ADDRESS OF FACIL	" Burgee-Hens	Howard Co., MD ss Funeral Home Maryland 21211
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST d	OUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF	F):	,		Interval Between Onset and Death
V: MEDICAL	PART II. Other significant conditions cont	by Wellits	in the underlying	cause given in Pa	rt I. 24a, WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:		SPITAL:	OTHER:	CE OF DEATH (Check		
PHY	27. MANNER OF DEATH 2 1 Netural 5 Pending	28a. DATE OF INJURY 28b. TIM	E OF 28c. INJU	RY AT 2	ed. DESCRIBE HOW INJURY OC	CURED
ETED BY	2 Coloria	28e. PLACE OF INJURY — At home, term, a building, atc. (Specify)	street, factory, office	2	81. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,
COMPLE	onel	To the best of my knowledge, deeth occurre the basis of examination and/or investigation				
BE	296. SIGNATURE AND TITLE OF CERTIFIER L	berts us.		29c. LICENSE NUMBI	ER 29d. DAT	7-27-52
5	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM 27) CTOPS	elto,	mel	21224	
	31. DATE FILED (Month, Day, Year)	22. REGISTRAR'S SIGNATURE	-			



3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

1 YES 2 | NO

American Indian,

BLACK

Approximate

WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

25

interval Between Onset and Death

9c. COUNTY OF DEATH

BALTIMORE

10g. CITIZEN OF WHAT COUNTRY?

14. RACE — Ame Black, White

USA

2:28 AM

REG NO 2. DATE OF DEATH

7

25

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)
JUL 2 8 1992

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Ced	nding
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W rec	peed
e la	has
IAN: T	rtificate
HYSIC	his ce
DING F	After 1
R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be rel	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s

7. DATE OF BIRTH (Month, Day, Year) DAYS -20-6749 1 M 2 F 82 hould be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH SINAL RESIDENCE OF DIRECTOR HOSPITAL BALTIMORE DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION BAL TIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE AVE 5407 ELSON 21215 sined by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES MARITAL STATUS 2 Married BY 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) ne (1-4 or 5 +) 14 notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) OHN MARY CLEMEN BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number 2 KIS NELSON ALTO. 2 20a.,METHOD OF DISPOSITION

1 W Burlel 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must MEMORIAL PARK examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MARCH FUNGRAL HOME-WEST MARCH alp WA BASH 4300 or removal. medical 23. PART i. Enter the disesses, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one couse on each line the cremation, disesse or condition ____ DUE TO (OR AS A CONSEQUENCE OF): traumatic event, to burial. TYDRUCEPHALUS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING Mental Hygiene prior DEHYDRATION other CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 shows any injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? and 1 YES 2 NO Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item the State HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Rasidence 8 □ Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED with 1 Natural 1 YES 2 NO BY death 2 Accident Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State) 28 18 COMPLETED after 4 Homicide THE HOSPITAL OR ATT THE FUNERAL DIRECT WITHIN 72 hours a 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIONATURE AND TITLE OF CERTIFIEB BE insler 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

12. REGISTMAR'S SIGNATURE CONTROLLE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

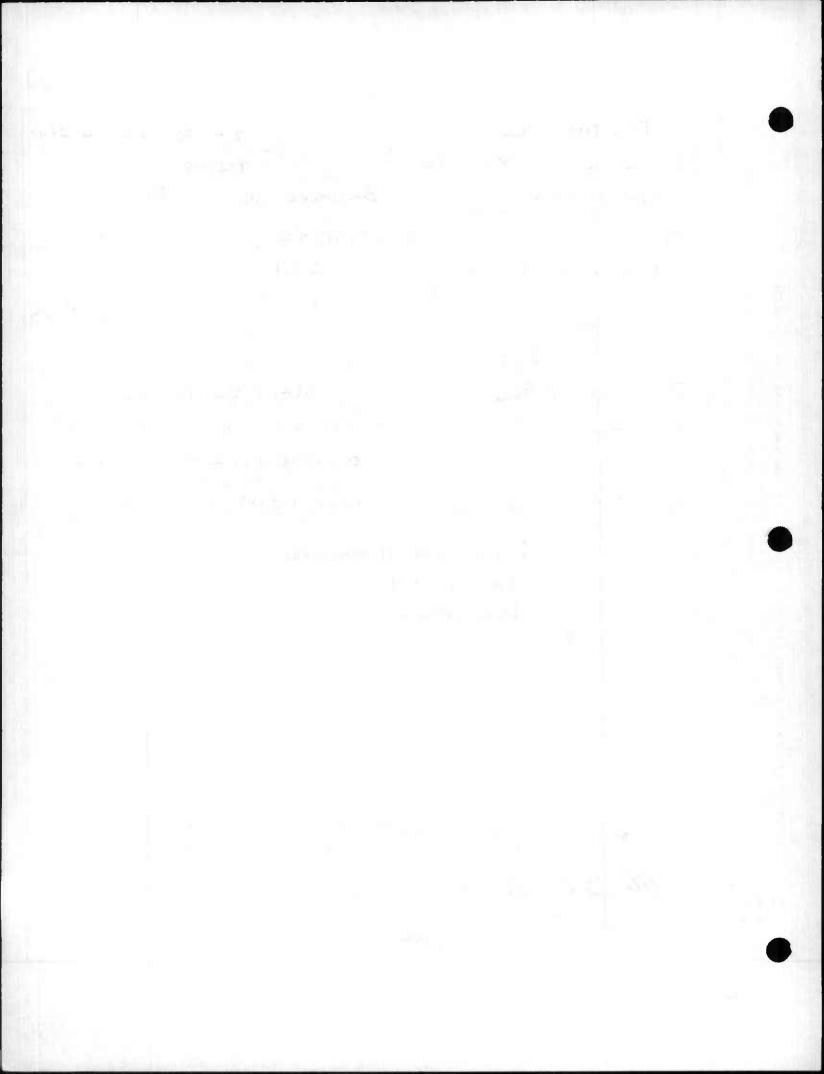
CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

B. AGE (In yrs. lest birthday)

DHMH-18 Rev 1/89



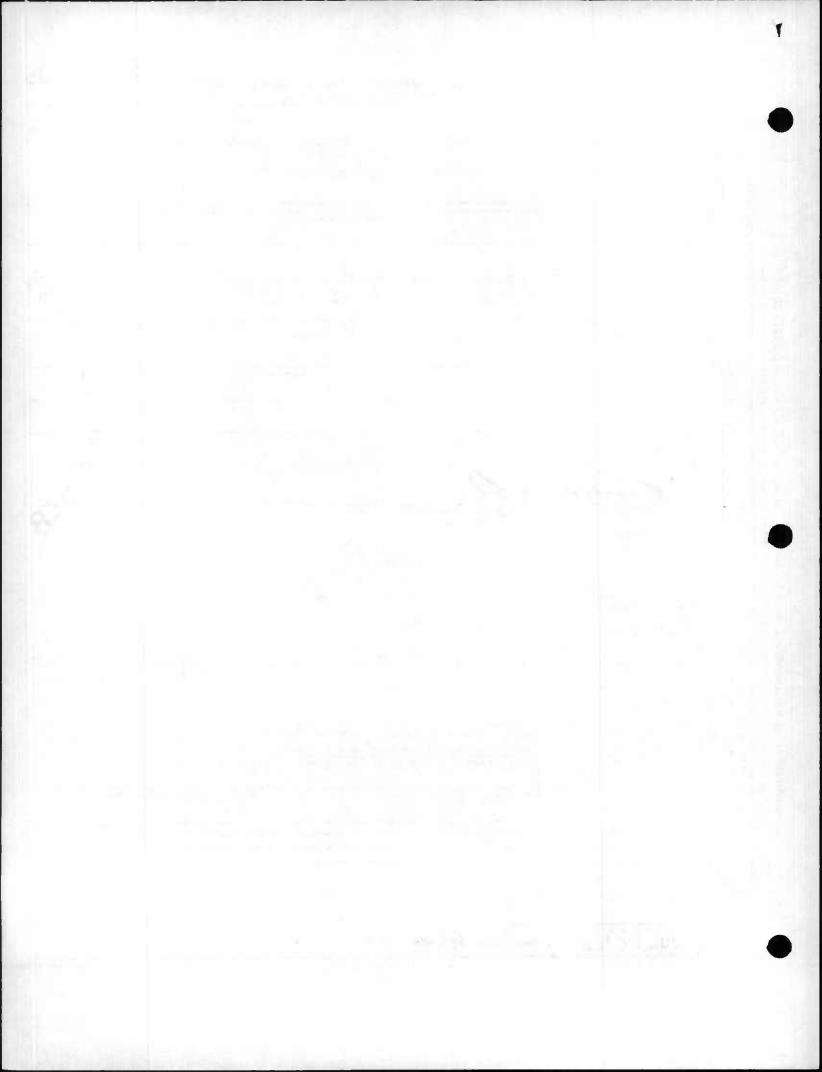
DHMH-18 Rev 1/89

TRENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

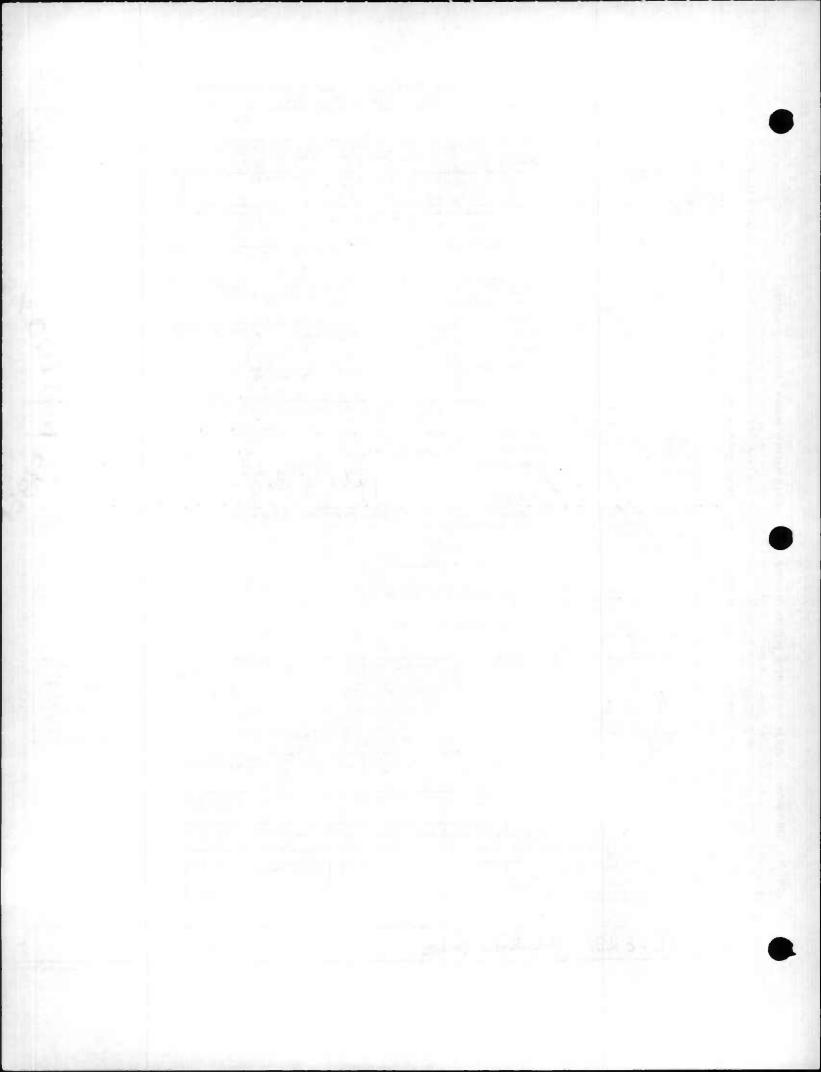
In the control of the certificate has been signed by the attending physician and completely filled in by the funeral directio, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should man, the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If it it is a 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR	SIAIE UF MARYL		ENT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN REG. NO.	_	4000
1. DECEDENT'S NAME (First, Middle, Last)	MILDRED	Ε.	HARTING	2. DATE OF DEATH	,1992 YEAR	3. TIME OF DEATH 8:20 P.
4. SOCIAL SECURITY NUMBER 218-38-4163	1 D M 2 DXX 82	YRS. MONT		7. DATE OF BIRTH (Month, Day, Year) MAY 15,19	Coun	HPLACE (State or Foreign ry) YLAND
MERIDIAN NURSINGESIDENCE OF DECEDENT		9b.	CITY, TOWN OR LOCATION OF RANDALLSTOWN	DEATH	BALTII	
MARYLAND 106. COUNT	TY		NN OR LOCATION ALTIMORE			10d. INSIDE CITY LIMITS? XLXXYES 2 NO
100. STREET AND NUMBER 2955 MALLVIEW R	OAD		10f. ZIP CODE 21230	-1	10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 XXWIdowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	ZXXNO	13. WAS DECENDENT OF HISE If yes, specify Cuben, Mex 1 — YES 277 NO Spe	can, Puerto Ricen, etc.)	or No- 14. RAC Blac Spec	E — American Indian, k, White, etc.
15, DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	life. Do NOT use retir	one during most of working ed.)		SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last)				RETAIL NAME (First, Middle, Melden		
19a. INFORMANT'S NAME (Type/Print)	(OLLIE RESS (Street and Number or Run			
WAYNE HARTING 20e. METHOD OF DISPOSITION 1XXPurial 2 Cremation 3 Rev		PLACE AND DATE OF DIS		OATE 20c. LO	CATION — City or To	111 . 1996.
4 Donation 5 Other (Specify) 21. SIGNATURE OF UNERAL ERVICE L	JCENSEE	- 1	K CEMETERY 22. NAME AND ADDRESS OF LEROY M. & RI 1630 EDMONDS	JSSELL C. W		NERAL HOME
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A	CONSEQUENCE OF):	and to		ore	Onset and Da
resulting in educity Enter						
PART II. Other algorificant condition	d.	ut not resulting in the	a underlying cause given	n Part I. 24a, WAS AN PERFOR	MED?	AVAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	28. PLACE OF DEATH (PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	HOSPITAL: 1 Inpetient 2 ERVOUR 28e. DATE OF INJURY (Month, Day, Year)	ОТ	28. PLACE OF DEATH (PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending	HOSPITAL: 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	estient 3 DOA OTI	28. PLACE OF DEATH (DER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	PERFOR 1 YES 2 Check only one) 8 Other (Specify)	MED? NO NURY OCCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY	28b. TIME OF INJURY — At home, ferm, street,	28. PLACE OF DEATH (SER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO lactory, office	PERFOR 1 YES 2 Check only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28t. LOCATION (Street e City or Yown, State)	MED? NO NURY OCCURED Ind Number or Rural .	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpettent 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, etc. (Special Sician): To the best of my know IER: On the basis of examination	DOA OTTIME OF INJURY 28b. TIME OF INJURY — At home, ferm, street, sity) iedge, death occurred at it in end/or investigation, in it	28. PLACE OF DEATH (SER: Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO lactory, office	PERFOR 1 YES 2 Check only one) 8 Other (Specify) 28d. DESCRIBE HOW II 28t. LOCATION (Street end) City or Yown, State) 18 to the cause(a) and menual time, date and place, and	MED? NO NURY OCCURED Ind Number or Rural .	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,



	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPART			MENTAL HYGIENE REG. NO.	E 32	20010
	1. DECEDENT'S NAME (First, Middle, Last)	Harris				2. DATE OF DEATH MONTH T DAY	124 YEA	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220 - 82 - 2668	5. SEX 8. AGE (In your 1) M 2 F 2		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year); 9/13/6	3 8. BH	RTHPLACE (State or Foreign
TOR	BESIDENCE OF DECEDENT	repland Hospi	.)		imore	EATH	9c. COUNTY O	F DEATH
DIRECTOR	Md .			TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 863 Lemmon Stre	et		10	21205			OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	VINO	If yes, sp	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No- 14. R.	SA ACE — American Indian, llack, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Give kind of wo life. Do NOT use Electr	rk done during mo retired.)	ON st of working	166. KIND OF BUS	INESS/INDUSTR	Y
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Malden S	Surname)	-
BE (Unknown		,			1 E. Harris		
5	Kelvin A. Jackso					Acute Number, City or Town, alto., Md. 2		
	20a. METHOD OF DISPOSITION 1/4 Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	vel from State 20b. PL.	ACEAND DATE OF	disposition (Na	ame of		timore.	
	21. SIGNATURE OF FUNERAL SERVICE TIC	Deven			O W.	eown Co	Drum	unity F.H
	IMMEDIATE CALICE (Final	a. Acguired Due to (or as a co	line.					Approximate interval Batween Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO						
PHYSICIAN: MEDICAL C	HTV exceptate AFB in GU		not resulting in	the underlying	g cause given in	Part I. 24e. WAS AN A PERFORE 1 TYPES 2	WED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	neck only one)		
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:		8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME (RY WO	URY AT PRK?	28d. DESCRIBE NOW IN	JURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, farm, atre	eet, factory, offic	0	28f. LOCATION (Street ar City or Town, State)	nd Number or Run	al Route Number,
COMPLETED		CIAN: To the best of my knowledg						e(s) and manner as stated.
TO BE C	296, SIGNATURE AND TITLE OF CERTIFIER	Uni mo			29c. LICENSE NU	MBER	29d. DATE SIGN	NED (Month, Day, Year)
٦	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, P	rint)				
	"JULE 28 1992 4	32. REGISTRAR'S SIGNATURAL DEVICES PANE	RE					



OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OR ATTEN	PETERAL DIRECTOR:	within 72 hours after	TANT: If Item 28 I
20日	THE DE	製品	IMPO

	FOR STATE REGISTRAR	STATE OF					EALTH AND I	MENTAL HYGIEN REG. NO	E	92	20811
	1. DECEOENT'S NAME (First, Middle, L	-			/			2. DATE OF OEATH	W 1	3593	3. TIME OF OEATH
	DONALD _	EUGE			HELM	_			3, 1		4:30 PM M
	4. SOCIAL SECURITY NUMBER 170-30-4548	5. SEX 1 ∰ M 2 ☐ F	8. AGE (In yrs. las	t birthday) YRS.	MONTHS D	EAR AYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-09-1939		Country)	LACE (State or Foreign YLVANIA
	9a. FACILITY NAME (If not institution, g	ive street end number)			9b. CITY, TO	O MM	R LOCATION OF DE	ATH	9c. COUN	ITY OF DE	ATH
DIRECTOR	208 CHALLEDON I				WALKE	RS	VILLE		FRED	ERIC	K
<u>m</u>	10a. STATE 10b. CO			10c. CIT	Y, TOWN OR I	LOCAT	ION				10d. INSIDE CITY LIMITS?
6	MARYLAND FREI	DERICK		WAL	KERSVI	LL	Ε				TES 2 XNO
A.	10e. STREET AND NUMBER					101	ZIP CODE		10g. CITt	ZEN OF WI	IAT COUNTRY?
FUNERAL	208 CHALLEDON DE	RIVE				2	1793		U.S.	Α.	
5	11. MARITAL STATUS		NT EVER IN U.S. AF					NIC ORIGIN? (Specify Year, Puerto Ricen, etc.)		14. RACE	- American Indian, White, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	WÁŘ OR DATES				2X NO Specif			Specify	
			1957-198	_			**				WHITE
COMPLETED	15. OECEDENT'S (Specify only highest of		(G	ilve kind of	Work done duri			16b, KINO OF BU	SINESS/IND	USTRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5	+)		se retired.)						
M	12 YEARS 17. FATHER'S NAME (First, Middle, Last	2 YEARS	ELE	CTRI	CAL EN	GI		UNITED		S NA	VY
			HEIMT	Ott	C D			ME (First, Middle, Malden	Surname)		
BE	EDGAR 19a, INFORMANT'S NAME (Type/Print)	N.	HELMI				BLANCHE	M . Route Number, City or Tox	- 0 7	LIL	LEY
2	LORETTA M. ROBI	NETTE						BURNIE MA			060
	20a. METHOD OF DISPOSITION	INETTE		-	E OF OISPOS			T 1	CATION —		
	1 N Buriel 2 Cremation 3 C 4 Donation 6 Other (Specify)	Removal from State	of cemetary	, cremator	y or other plac	e)	,	Y 7-28 CRO			
	21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE			22. NA	ME AN	ID ADDRESS OF FA	CILITY			
	1 X N		-					ERAL HOME			
	23 PART I. Enter the diseases,	or complications th	at caused the de	eth Do				S.W. GLEN			MD 21061 Approximate
	ahock, or haert felli	a. ARTE	use on each line	EKO	716			AS CULAR,			Interval Between Onset and Death
NO	Sequentially list conditions,	b	O (OR AS A CONSE	OHENCE /	MED.						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	, GOE I	D (ON AS A CORSE	OUENCE (rej:						
윤	CAUSE (Diseese or Injury that Initiated events	C. OUE TO	O (OR AS A CONSE	QUENCE (OF):						+
E	resulting in death) LAST										
2		<u> </u>									
AL.	PART II. Other significant cond	itions contributing t	o death but not	resulting	in the unde	riyin	g ceuse given in	Part I. 24a. WAS AN PERFO			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PHYSICIAN: MEDICAL				_				1 YES	NO X		COMPLETION OF CAUSE OF DEATH?
M				_				_			1 TYES 2 NO
ż								and the			
S	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF DEATH (C/	neck only one)			
YSI	1 XYES 2 □ NO		☐ ER/Outpatient		4 🗆 Nursin			6 Other (Specify)			
	27. MANNER OF OEATH 1 Netural 5 Pending		Day, Year)	26b. Ti	JURY	WC	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OC	CURED	
BY	2 Accident Investigat 3 Suicide & Could no	28a. PLACE	OF INJURY - At h	ome, farm,	street, factory	, offic	•	28f. LOCATION (Street	and Number	or Rural Ad	oute Number,
COMPLETED	4 Homicide determine		g, etc. (Specify)					City or Town, State	,		
LE	29a. CERTIFIER 1 CERTIFYING F	PHYSICIAN: To the heat	of my knowledge d	eath occur	rad at the time	o clate	and place, and du	to the cause(a) and ma	nner ee sted	had	
ME	CONDUCK OTHY							time, data and place, a			and manner as stated.
BE	29b SIGNATURE AND TITLE OF CER WEST R 30. NAME AND ADDRESS OF PERSON RRRRRRRRRRRRRRRRRRRRRRRRRRRRRRRRRR	2 Rober	[MD				D 0 95	267	> 0	7/2	4/92_
2	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CA	USE OF DEATH (IT)	EM 27) (7vo	e_Print)	_	2010	,			
	2222.45	ATE MI	2	1 7	The CT	. 2	200	1.010 11	11.	7.1	11000

2611.05 00 And the state of t

Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit
be filed vittin in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

0

Thomas

31. DATE FILED (Month, Day, Year)

28 1992

92 20812 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Caddy Caddy Hinds Hinds 7:45 PM 7 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH (Month, Day, Year) MONTHS DAYS HOUSE 8,000.0 231-40-0464 1 XM 2 | F 70 /1/1922 CENTRAL AMERI 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIVERISTY OF MARYLAND DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND 1 TYES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 501 DOLPHIN STREET 21217 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: B / BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(This kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) JOHN HINDS LEAH HINDS 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 13980 HOLLY ST. WINNIE BARTLEY BRIGHTON, COLORADO 80601 20a_METHOD OF DISPOSITION

1 Burisl 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata UTILA BAY ISLAND CEM. 4 Donation 5 Other (Specify) HONDURAS, C. AMERIC 21. SIGNATURE OF FUNERAL SERVICE LICENSEI 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS AVENUE 21207 23. PARE 4: Eyter the diseases, or complications that couled the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death DUE TO (OR AS A CONSCOUENCE OF): disease or condition acute resulting in death) Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Coronary artery COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO disbets 1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, larm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner se stated. 296. SIGHATURE AND SETTE OF GENTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) T.J. Reyon mn 191

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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J. Riggin

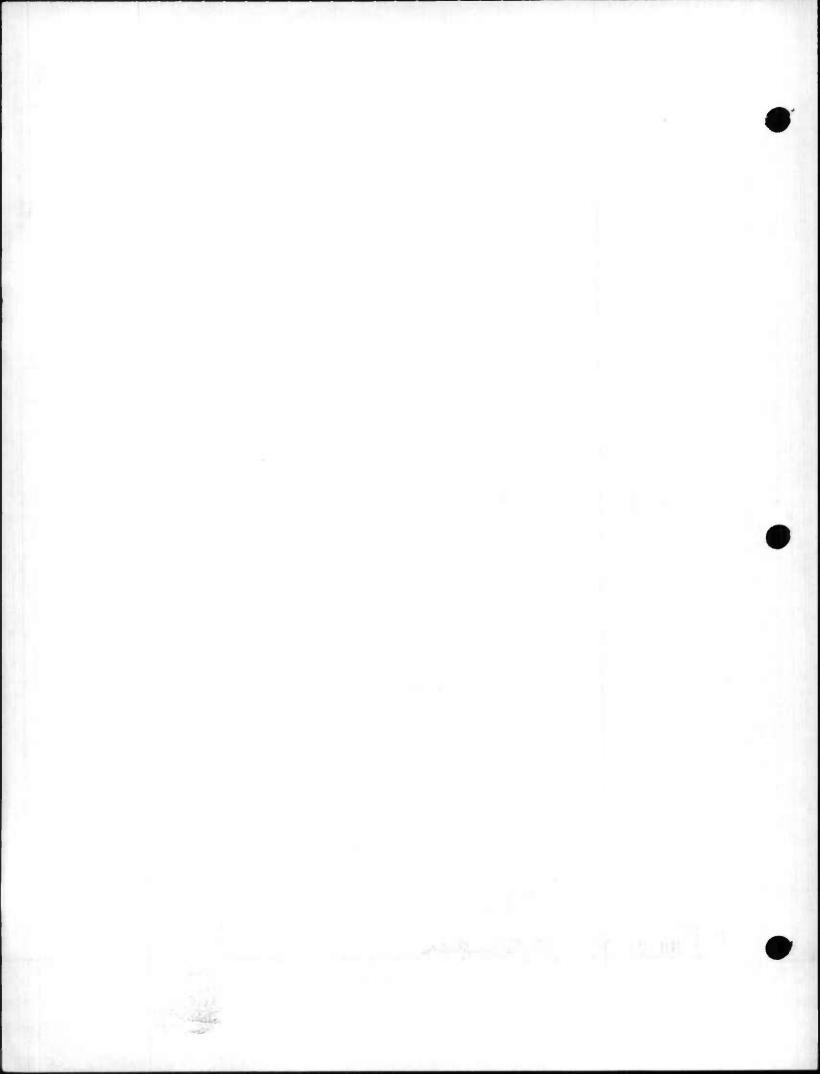
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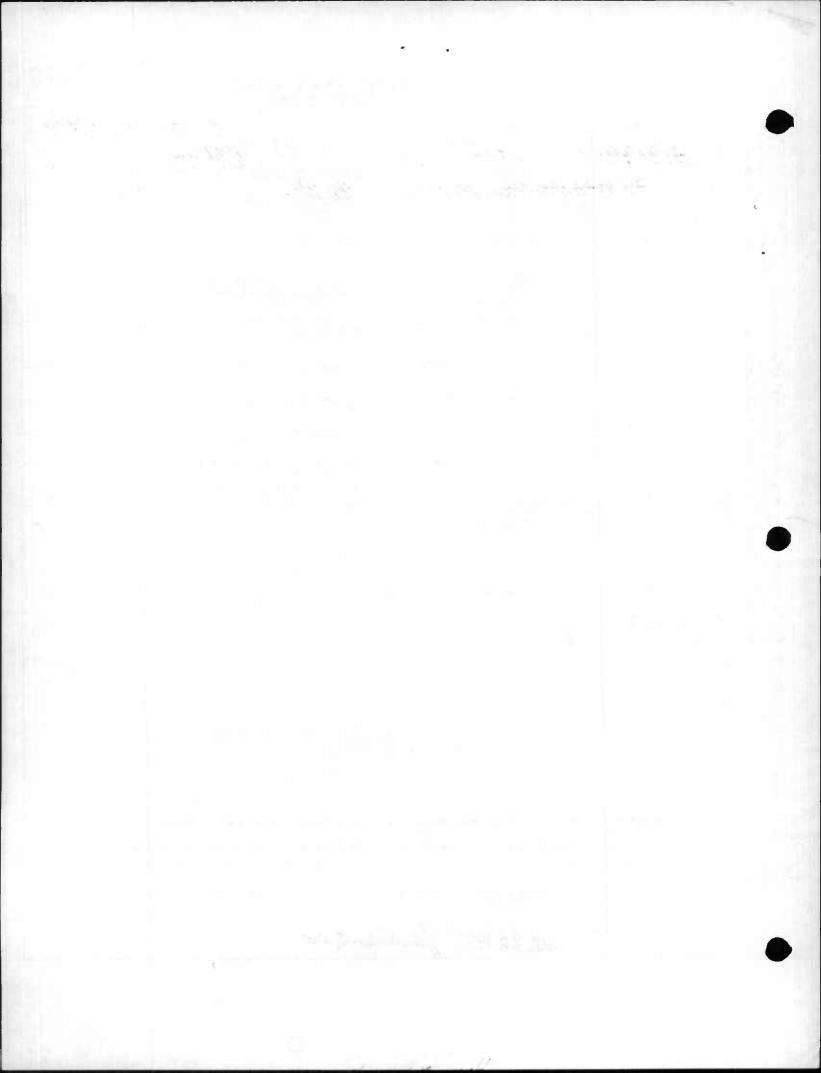


Rita A. Hollin

2. DATE OF DEATH

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0	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-training commit Pay.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PH	r this
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	4. SOCIAL SECURITY NUMBER 2/6/60	-	5. SEX 1 M 2 4 F	6. AGE (In yrs	s. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 H	IRS. 7. DA	ATE OF BIRTH forth, Day, Year)	6/	Country)	ACE (State or Foreign
OR	9a. FACILITY NAME (If not in	Samo	treet and number)		ik	9b. CITY	Ba	OR LOCATION O		01/01/	9c. COUN	TY OF DEAT	
DIRECTOR	10a. STATE Maryland	10b. COUNT			10c. CI	ry, town o							d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	5416 Gerlan		nue					21206			10g. CITIZ U.S		AT COUNTRY?
2 2	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ 3 ☑ Widowed 4 ☐ Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO	- 1	f yes, sp	CENDENT OF HI Hecity Cuban, M IS 2 1 NO S	lexican, Pue	IGIN? (Specify Year orto Rican, etc.)	or No-	14. RACE — Bleck, V Specify: Whit	Americen Indien, thite, etc.
1	(Specify only Elementary/Secondary (C 12th Grade)	Give kind of life. Do NOT L	work done o		ON ost of working		Enoch Pi			ry
DE COMPL	17. FATHER'S NAME (First, M George Pheb	us						Alice	e Cox				
	Barbara Pet	itjear	1		11110	Youn	gtre	ee Cour	rt, C	olumbia, City or Tow	Mary	yland	
	20a. METHOD OF DISPOSITING Burlel 2 Crematic 4 Donation 6 Other 21. SIGNATURE OF FUNERA	On 3 Rem		cemetery	cremetory or c	e Nat	iona	al Ceme	etery OF FACILITY	(7/28) Ba		ore, l	Maryland land 2120
CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in dasth) Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or Injut that initiated events resulting in death) LAS	ions, diata	a. CAPI DUE TO b. S' DUE TO C. UP DUE TO L. UP DUE TO L. UP	OF AS A COMEPS IS OF AS A COMEPS IS OF AS A COMENTARY OF AS A COMETER OF AS A	MONA NSEQUENCE O TR HSEQUENCE O	ACT OFISST	AR INI TRU	PECTION,	ON .		ratory arre	est,	Approximate Interval Batween Onset and Death
	PART II. Other algolifica	nt condition	NONE	death but n	pt resulting	in tha un	derlying	g ceuse give	n in Part I	24a. WAS AN PERFOR 1 TYES 2	MED?	AM CC OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	O MEDICAL	HOSPITAL: 1 Inputient 2				t: ling Hom	LACE OF DEATH	nce 6 🗆 C	Other (Specify)			
2	1 Natural 5 2 Accident 3 Suicide 6	Pending Investigation Could not be	(Month, De	N/A	t home, farm,	JURY // M	1 🗆 1	YES 2 NE	261. [DESCRIBE HOW II LOCATION (Street a City or Town, State)	NIA		e Number,
COMPLETED	29a. CERTIFIER (Check only		CIAN: To the best of R: On the basis of ex						due to the	cause(e) and man		d.	
IO BE C	296. SIGNATURE AND TITLE	of CERTIFIER	1 - PG)	I				29c. LICENSE			29d. DATE	SIGNED (M	onth, Day, Year)
	30. NAME AND ADDRESS OF AN AS 31. PATE FILED (Month, Day,	PERSON WHO	HA PBIL 32. REGISTRA 28	E OF DEATH (TEM 27) (Type	Soip	ali	tan	Hos	pital			
	- 6/2(/4c		MT 58 1	192	gulia D	ruidser	-/	de					



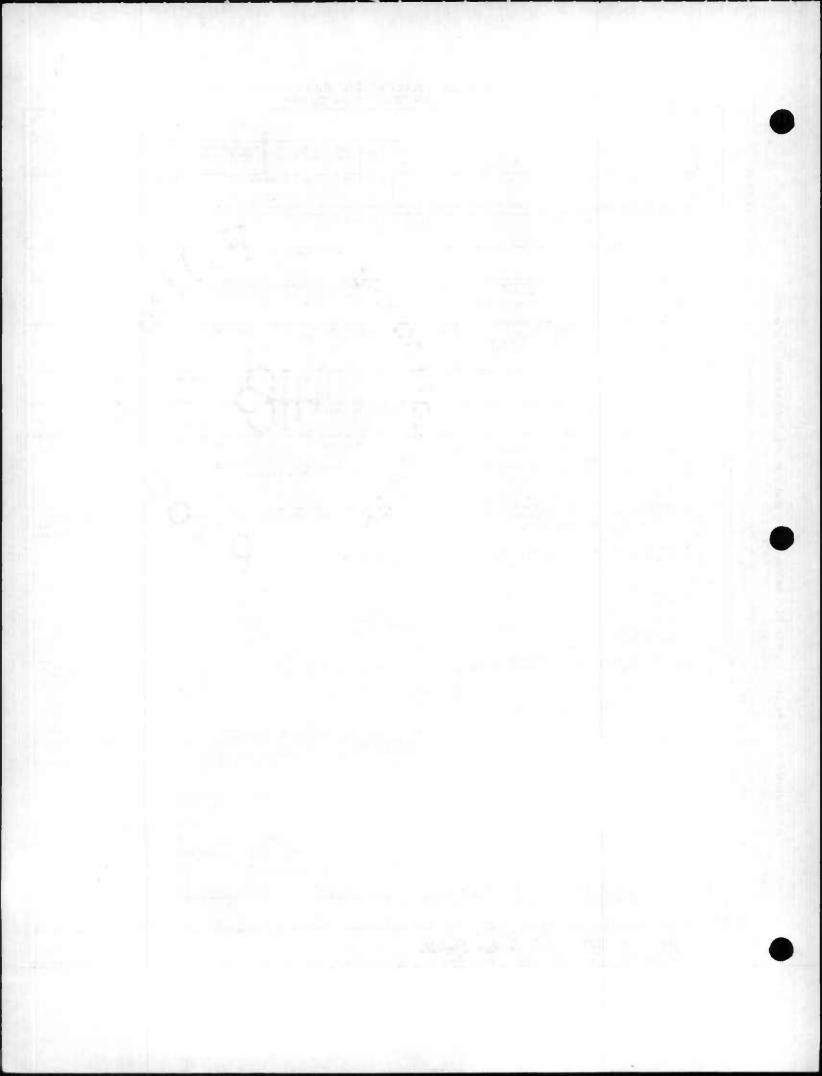
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THE PORTAL IN THE MENT SET IN THE ACT OF THE ACT OF THE PROPERTY OF TH DIVISION OF VITAL RECORDS, P.O. BOX 68760,

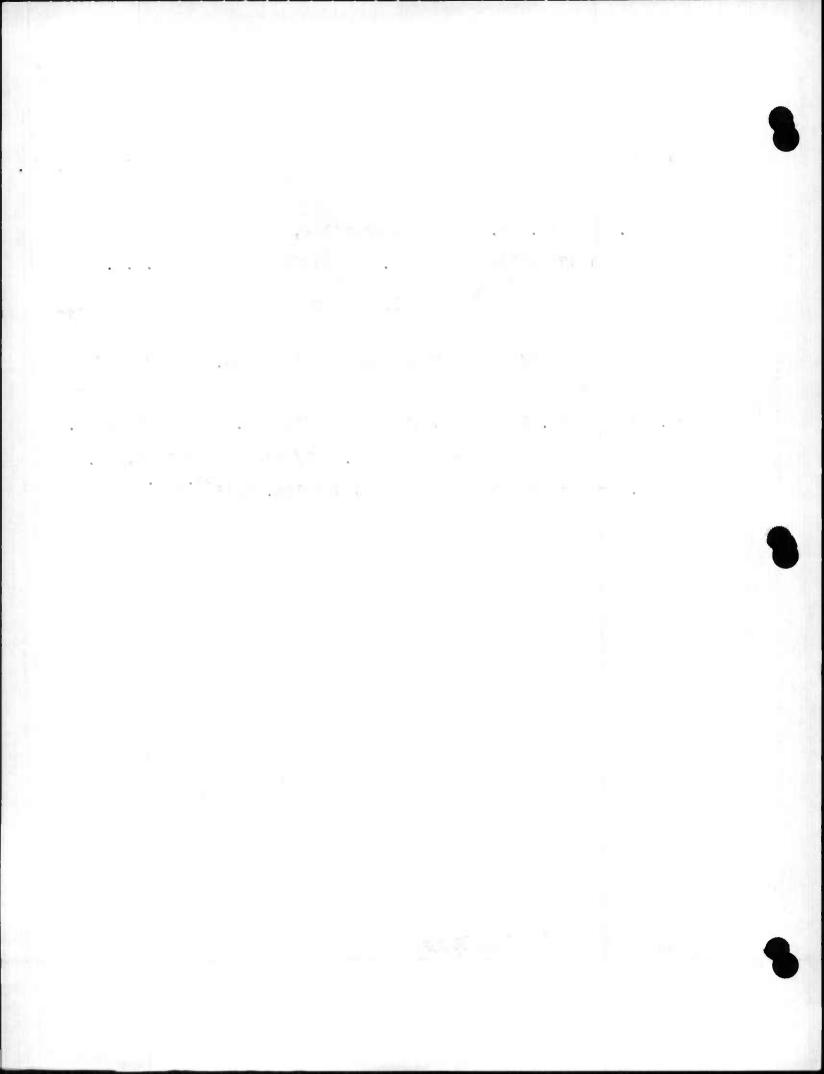
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REGISTRAR		CERTIF	ICATE	JE DEATH	RI	EG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	DAY	YEAR 3. TIME OF DEATH
ROBERT	L.		JAC	KSON SR.	07	24 1	992 5:40 P.
4. SOCIAL SECURITY NUMBER 216 32 0977	5. SEX 1 1 1 M 2	6. AGE (In yrs. last birthday) 56 YRS.	IF UNDER 1 YE		7. DATE OF B (Month, Day	(Year)	BIRTHPLACE (State or Foreign Country)
	200	JO 145.				0/1935	Maryland
9e. FACILITY NAME (If not institution, give			96. CITY, TO	WN OR LOCATION OF	DEATH	9c. COU	NTY OF DEATH
1820 SPENCE STREI	ET APT.21	9	BALTI	MORE CITY		===	
10a. STATE 10b. COUNT	TY	10c, CI	TY, TOWN OR LO	CATION			10d. INSIDE CITY
Maryland			altimor				LIMITS?
10s. STREET AND NUMBER				101. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
1820 Spence S	treet			2123	80	τ	J.S.A.
11. MARITAL STATUS		EVER IN U.S. ARMED	13. WAS	DECENDENT OF HISP	ANIC ORIGIN? (Sp	ecify Yes or No-	14. RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	☐ YES 2 MNO AR OR DATES		s, specify Cuben, Mexi YES 2 X NO Spec		, etc.)	Black, White, etc. Specify: White
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	S USUAL OCCUP	PATION	16b. KINI	O OF BUSINESS/INC	DUSTRY
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +	(Give kind of life. Do NOT u	work done during use retired.)	g most of working			
6th Grade	33355		al Labo	rer			
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Middle	, Meiden Surname)	
Geo	rge Marion	n Jackson			y Rita		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Str	eet and Number or Rure	-		Codel
Brenda Fawley				Street		imore, M	
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE			DATE	20c. LOCATION —	2
Buriel 2 X Cremetion 3 Ref	novel from State	cemetery, crematory or c	other place)		7/27		
II. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Metro Cr		E AND ADDRESS OF I		Baltimo	re, Maryland
>6/20 17	mo	- //	Geo	rge J. Go	nce Fun		
23. PART I. Enter the diseases, or	(wan	nousne	400	1 Ritchie	Hwy. B	altimore	, Md. 21225
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	OR AS A CONSEQUENCE O					
resulting in death) LAST	d						
PART II. Other aignificant condition	ns contributing to	leath but not resulting	In the under	vina cause alien i	n Part I Dia	WAS AN AUTOPSY	
	on the string to	south but not resulting	in the onder	Aud cansa disau i	11 Part 1. 24a.	PERFORMED?	24b. WERE AUTOPSY FINOR AMAILABLE PRIOR TO
					1	YES 2 NO	OF DEATH?
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	check only one)		
1XXVES 2 □ NO		ER/Outpatient 3 DOA		Home 5 KResidence	8 Other (Spe	icity)	
7. MANNER OF DEATH	28a. DATE OF I		ME OF 28c.	INJURY AT WORK?	28d. DESCRIB	E HOW INJURY OC	CURED
1 Natural 5 Pending 2 Accident Investigation	,om, De			YES 2 NO			
3 Suicide 8 Could not be	28e. PLACE OF	INJURY — At home, farm,	street, factory, o	office	28f. LOCATION	(Street and Number	or Rural Route Number,
4 Homicide determined	ounding, e	Ac. (Specify)			City or Tow	rn, State)	
19e. CERTIFIER	NCIAN. To M. S	and the second s					
		ny knowledge, death occurr					ed. e ceuse(s) and manner se state:
		annation endor involtigation	on, in my opinio	ii, death occured at th	e time, date end	piace, and due to th	e ceuse(s) and manner as stated
196. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE N	MBER	29d. DAT	E SIGNED (Month, Day, Year)
wonald & 4	night N	10		O.C.M.	Ε		07-25-1992
30. NAME AND ADDRESS OF PERSON W			n, Print)				
Donno G. WRI	GHT ME)	111 PE	NN STREET	BALTIM	ORE MARY	LAND 21201
1. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE					
JUL 28 1992	grupe Davidson	n-Aandell					



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DIVISION OF VITAL RECORDS, P.O. BOX 6876	Ċ
	TAI NO ATTENDING DEVOLUTAN. The law requires that the death partificate he executed within 24 hours
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR a artes ones 92 26 1054 mm M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. 215 DAYS 9088 1 M 2 F 05 Richmond Va use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give alreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 51 Agres Hospital MA Baltinano. FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Md. Balto. Co. Catonsville, 1 YES 2 THO 10e. STREET AND NUMBER 101. ZIP CODE 21228 10g. CITIZEN OF WHAT COUNTRY? 1917 Rolling Glen Rd. U.S.A. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 X Married 1 TES 2 NO BY Specify: 3 Widowed 4 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retred.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes 10 Flamentary/Secondary (0-12) College (1-4 or 5+) N/A page 5 should be detached Truck Body Building Co Self Emp/ 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Ħ Jones Unknown notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAJLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Mrs. HildegardM. Jones 1917 Rolling Glen Rd. Catonsville, MD. e 20a. METHOD OF DISPOSITION
1.12 Burlel 2 Cremetton 3 Removal from State
4 Donetton 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must by the funeral director, Cometery Cremetory or other place)
Woodlawn Cem. 7/29/92 Woodlawn. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Balto. Md. 21229 5151 Balto. National Pike G. Truman Schwab medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line. Approximate filled in I IMMEDIATE CAUSE (Final Onset and Death in and completely fille to burial, cremation, the Relateral disease or condition resulting in death) premene. traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Myasthemer gravis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury other DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST injury, or PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the PERFORMED? shows any i AWAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 - YES 2 NO 1 TES 2 NO t, of h PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one) certificate h. Hem HOSPITAL:
| Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO ng Home 5 - Realderica 8 - Other (Specify) 6 27. MANNER OF DEATH 26e. DATE OF INJURY 28b. TIME OF with t marked, 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY After 1 2 Accident Investigation 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined DIRECTOR: A hours after d item 28 is 40 COMPLETED 4 | Homicide 29a. CERTIFIER ACCEPTIFIED PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. THE FUNERAL OF THE MINE TO THE MANAGEMENT OF THE MANAGEMENT OF THE MINE THE TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: III 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 26 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Clarence Sarkodle MA - Adus S.A.H. 31. DATE FILED (Month, Day, Year)
JUL 28,891992 32. REGISTRAR'S SIGNATURE—



REGISTRAN		CE	HILL	CALE	F DEAL	п	REC	3. NO.			
1. DECEDENT'S NAME (First, Middle, La			7				2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH	
		COBSON	200 D	par			_07	2.3	92	10:00 A	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YEA			7. DATE OF BIRT (Month, Day,)		8. BIRTN Countr	PLACE (State or Foreign	
217-40-1809	1 □ M 2 🔀 F	53	YRS.					VIRGINIA			
9e. FACILITY NAME (If not institution, gh	e street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF					INTY OF D	EATH	
HARBOR HOSPITAL				BALTIN	ODE C	TTV		37 /			
RESIDENCE OF DECEDENT	NCE OF DECEDENT						N/	A			
HARBOR HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		10c. CITY	CITY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?		
	ARUNDEL		GLE	EN BURNIE					1 TES 2 7		
10e. STREET AND NUMBER					10g. CITIZEN OF WHAT COUNTRY?						
1221 KIMBERLY I		21061				11	S.A.				
11. MARITAL STATUS	AED	13. WAS 1	ECENDENT O	F HISPAI	NIC ORIGIN? (Spec	offy Yes or No-	14. RACE	- American Indian.			
I . C	0	If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, Wi					. White, etc.				
3 Widowed 4 Divorced	IF YES, GIVE W	THE DATE OF			ES 2 X NO	Specif	у.		Speci	WHITE	
15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b, KIND OF RUSINGSCIADULETRY											
Elementary/Secondary (0-12)	College (1-4 or 5 +	(Gh	re kind of w Do NOT us	rork done during e retired.)	most of working	g					
12	Conege (1-4 or 5 +)				NC		EAT	R LANES			
17. FATHER'S NAME (First, Middle, Last)	HOLLB	Ditt	LA II	COCEDDI	_	ED'S NA	ME (First, Middle, I				
OKEY GAY N	ESTOR										
19a. INFORMANT'S NAME (Type/Print)	BIOK	100	MARING	ADDRESS (Co.	FRAN		Route Number, City	BAR	RETT		
	017										
DONALD M. JACOBS	UN						EN BURN				
1 Duriel 2 Cremetion 3 R	emoval from State	20b. PLACE A	NDDATE One to the total or a tota	FDISPOSITION her place)	(Name of		DATE 2	Oc. LOCATION -	City or To	wn, State	
4 Donation 5 Other (Specify)		- LOUDON	V PAR	K CEME	TERY		7/27 B	ALTIMOR	E. M	D	
21. SIGNATURE OF FUNERAL SERVICE	LICENSPE				AND ADDRES			(D			
100	Tolallen						ERAL HOM			MD 21061	
shock, or heart fellure. List only one ceuse on eech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BreasT CA DUE TO (OR AS A CONSEQUENCE OF):								Onset and Deat			
A Transaction of	b. Liv	er	MeT.	5. (1	iver	cir	rhosis)		=4915	
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSEO	UENCE OF):							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST Liver Mets. (Liver cirrhosis) E 4475 DUE TO (OR AS A CONSEQUENCE OF): DIC (Disseminated intravascular Congulopathy) = 24 krs d.											
PART II. Other significant condit	ons contributing to	death but not re	evitino i	n the underly	ing cause o	hen in	Dart I Die W	AS AN AUTOPSY	1 44	WERE AUTOPSY FINDINGS	
							P	ERFORMED?	240.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DE	ATH (Ch	eck only one)				
1 TES 2 NO	1 🗷 Inpatient 2 🗆	ER/Outpatient 3			ome 5 🗆 Res	sidence	6 Other (Specif	(y)			
27. MANNER OF DEATH	28a. DATE OF (Month, Da	ov Wear) .	28b. TIME		NJURY AT WORK?		28d. DEŞCRIBE	HOW INJURY OC	CURED		
1 Natural 5 Pending 2 Accident Investigatio		NA			YES 2	NO	A	1/A			
3 Suicide 6 Could not i	28e. PLACE OF	F INJURY — At hon	ne, term, si	treet, factory, o	fice		28f. LOCATION (Street and Numbe	r or Rural R	oute Number,	
4 Homicide determined	ourally,	(spoolly)		NA			City or Town,	NA NA			
	YSICIAN: To the best of NER: On the besis of ex									and manner as stated,	
29b. SIGNATURE AND TITLE OF CERTIF	TER				29c. LICE	NSE NUR	ABER .	29d. DAT	E SIGNED	(Month, Day, Year)	
Illan V	axin M:	D. Med	4/7	NIESN.				•	7/2		
30. NAME AND ADDRESS OF PERSON						_			/	-/ / 6	
Charles MA	ein	3	001		vover	57.	BALT	· Md.			
		RIS SIGNATION	2.00								
JUL 2 8 1992	gina Da	Agreen-Nark	Alle								

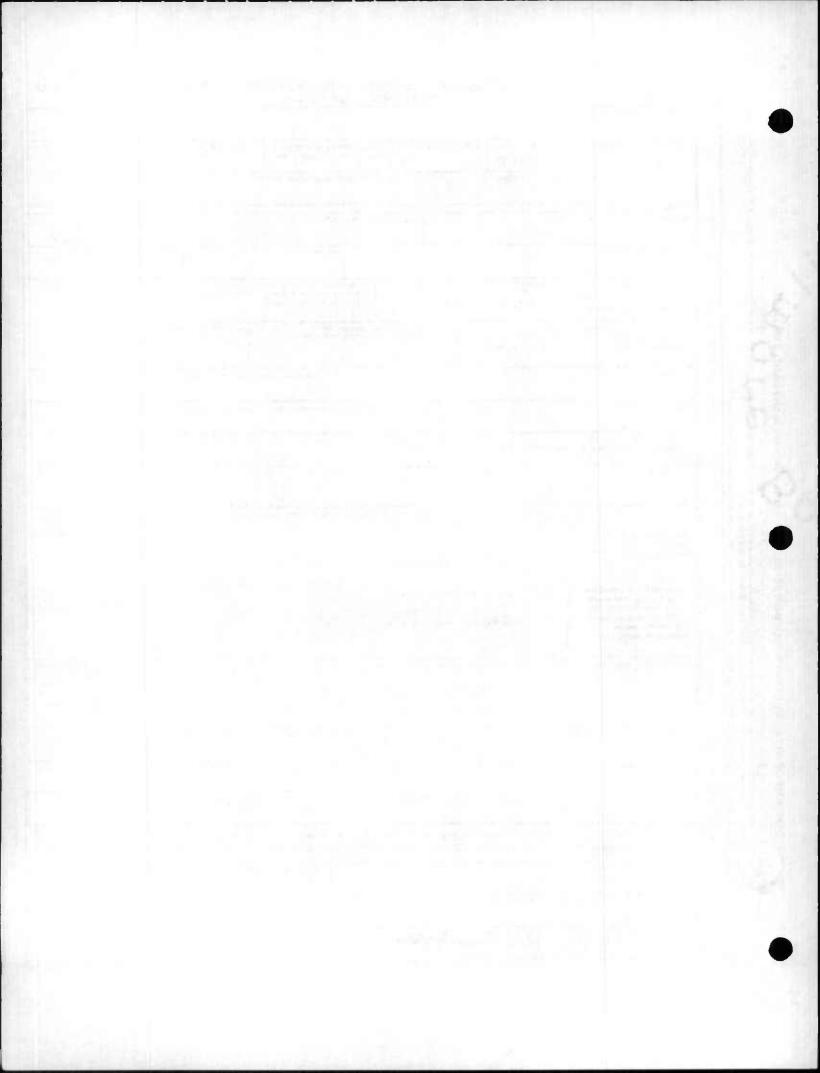
EHA. CHECTOR Ame this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be considered to the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

T. If them 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

OR ATTENDING PHYSCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
e funeral director, page 5 should be detached for use as the burial-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-
death. Page 6 may be retained by the hospital or attending physici	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic

Dr. Ramish Sabapathi M. D.,

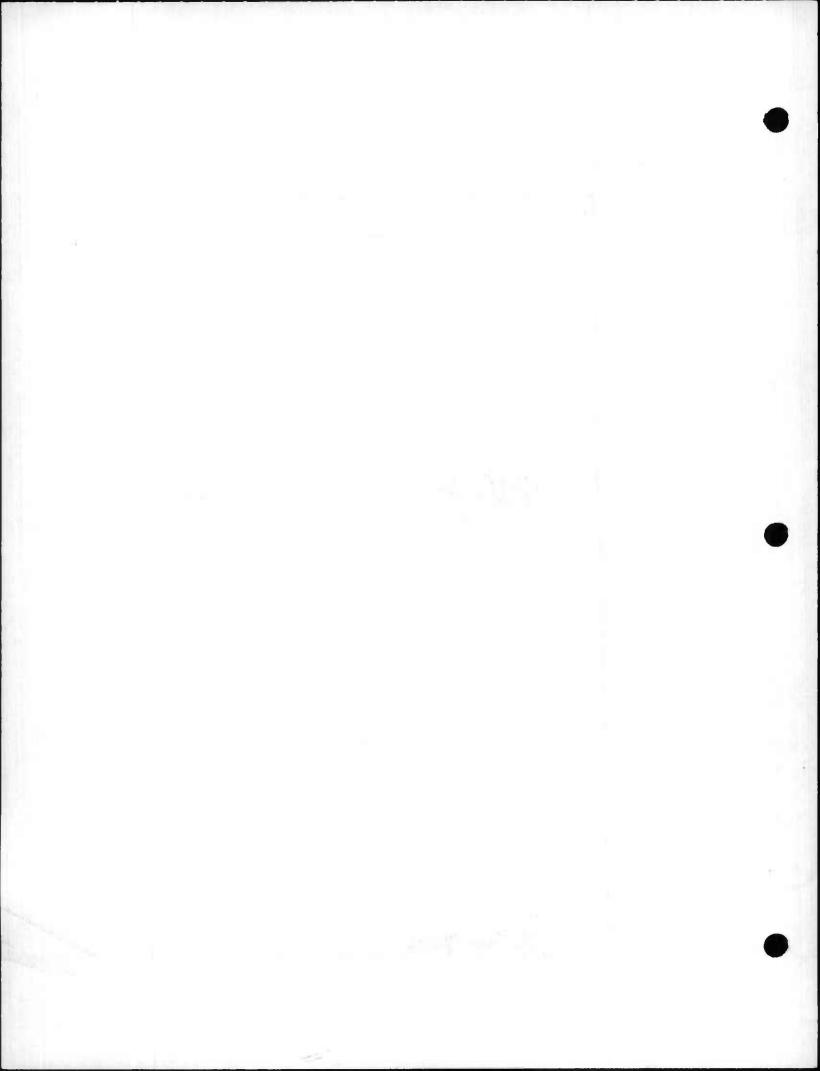
32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

JUL 28 1992

	1 - FOR STATE REGISTRAR	STATE OF MARYL		ITMENT O			MENTAL HYGIEN	IE -	92 20817
	1. DECEDENT'S NAME (First, Middle, Last) John R.	Kar	as				2. DATE OF DEATH MONTH July 23,	1992	year 3. TIME OF DEATH 10:40 P M
	4. SOCIAL SECURITY NUMBER 216-14-7718	5. SEX 8. AGE (1 1 X M 2 F 81	In yrs. last birthday) YRS.	IF UNDER 1 YE MONTHS DA		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) July 10,		e. BIRTHPLACE (State or Foreign Country) Maryland
Œ	••. FACILITY NAME (H not institution, give s Overlea Gardens		9b. CITY, TOWH OR LOCATION OF DEATH			9c. COUNTY OF DEATH			
6	RESIDENCE OF DECEDENT	Baltimore							
DIRECTOR	Maryland 10b. COUNTY	1000	ty, town or location altimore					10d, INSIDE CITY LIMITS? 1 Types 2 \(\text{NO} \)	
FUNERAL	10e. STREET AND NUMBER 4412 Shamrock Av	ve.		101. ZIP COOE 21206				10g. CITIZEN OF WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1XXNever Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes	DECENDENT (OF HISPAN	IC ORIGIN? (Specify Yen, Puerto Ricen, etc.)		S. A. 14. RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S				16b. KIND OF BU	SINESS/WDI	White
COMPLETED	Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA	Inspec		nost or work	ng	Brewe	rv	
BE CON	17. FATHER'S NAME (First, Middle, Last) Wenceslaus Ka	ras					ME (First, Middle, Maider hine Seol	Surname)	
10 B	19e. INFORMANT'S NAME (Type/Print) Mrs. Dolores Hol	ste (Niece)					on, Md. 2		Code)
	20e. METHOD OF DISPOSITION 1) Burlat 2 Cremation 3 Remaid	oval from State cem	. PLACE AND DATE	OF DISPOSITION	(Name of		DATE 20c, LC	CATION — C	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC		Holy Red	22. NAM Sch	e and adore imunek	ss of fac	эштү eral Home		nore, Md.
	23. PART I. Enter the diseases, or o	complications that caused	the deeth. Do i	of enter the	I Bren	ms L	ane, Balt	more,	Md. 21213
	shock, or heert fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse of ea	sch line.				scular		Interval Between
	resulting in destri)								
LION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Churic Quenus Churic Quenus Churic Quenus								
FICA	ceuse, Enter UNDERLYING CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A	Chris CONSEQUENCE O	ric a	anemis.				
CERTIFICATION	resulting in deeth) LAST	d							
PHYSICIAN: MEDICAL	Duodenal V Cer PERFORMED? ANALL COMM							24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N. N							_		1 TYES 2 NO
/SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 □ Inpatient 2 □ ER/Output	etlent 3 DOA	OTHER:	one 5 Re		ck only one) B Other (Specify)		
	27. MANNER OF DEATH Welverl 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c	INJURY AT WORK?		28d. DESCRIBE HOW	NJURY OCC	URED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, ferm, :	street, fectory,	office		28f. LOCATION (Street City or Town, State	end Number o	or Rural Route Number,
COMPLETED		CIAN: To the best of my knowle							
BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	5 . ,	- without investigation	n, in my opinic		ENSE NUM	BER		cause(e) end menner ee stated. SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CALLES OF DEA	The street are st	5/4		30	641		123/12

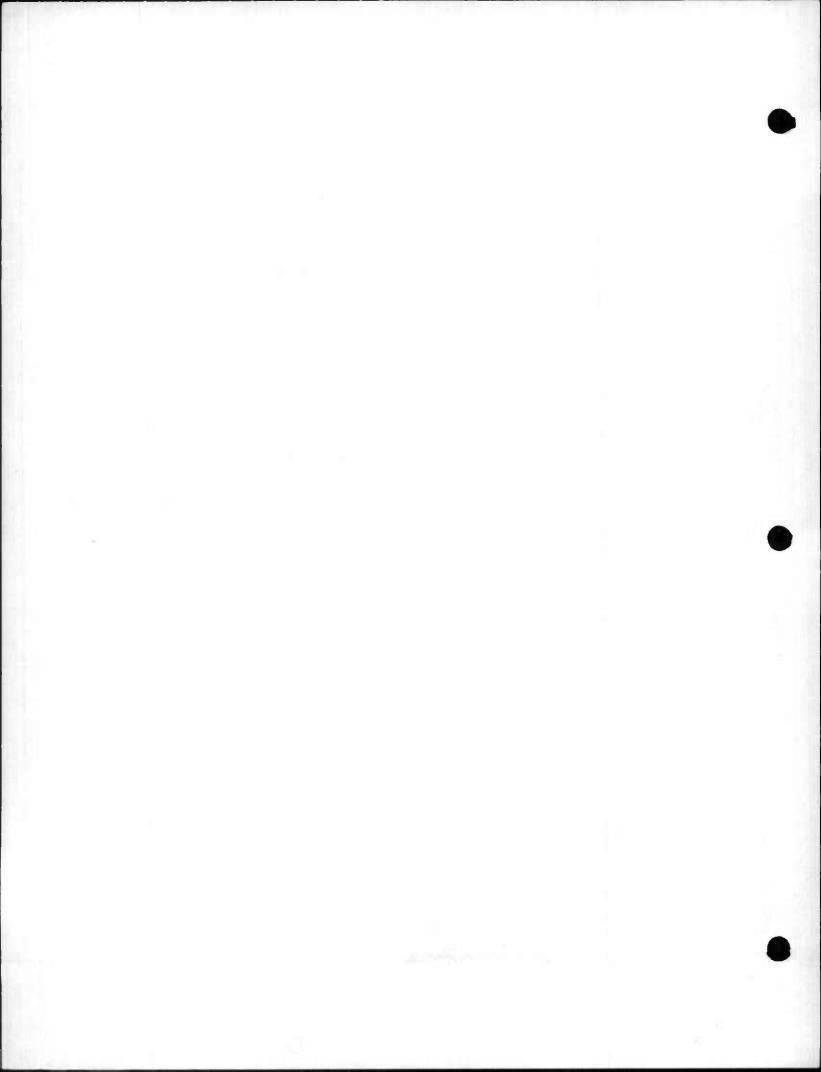
3400 Erdman Ave., Baltimore, Md.



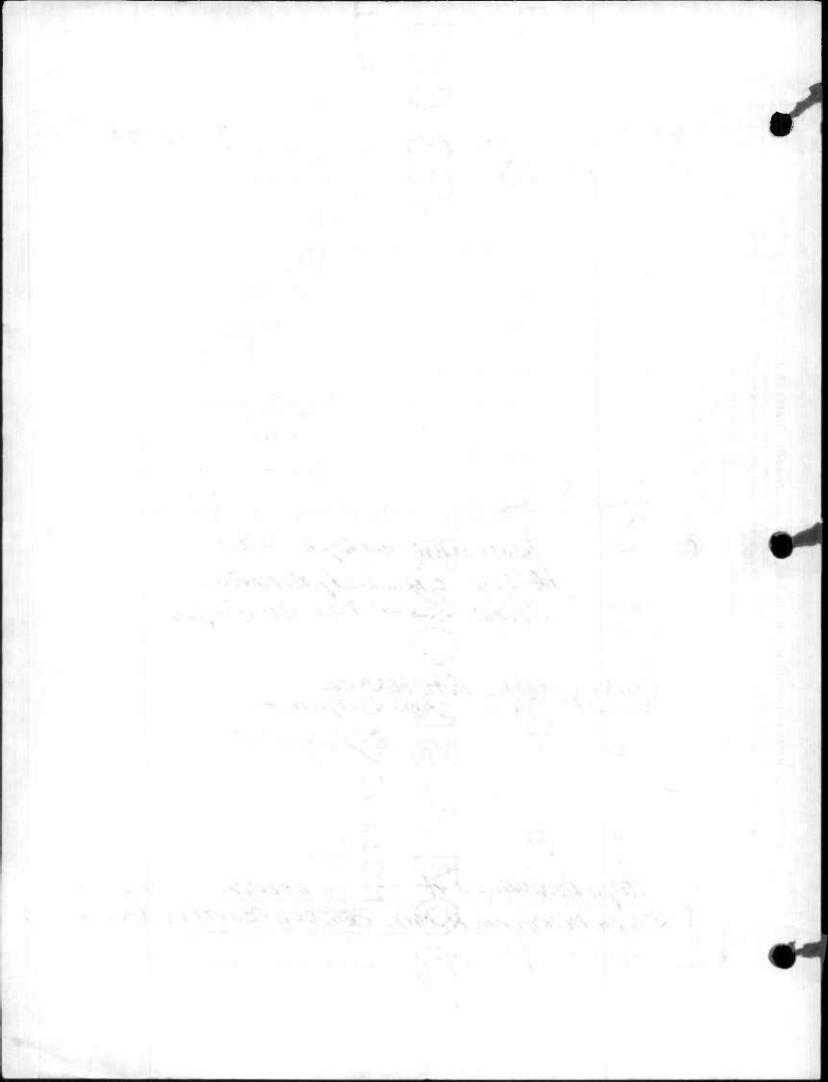
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HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. HYSICIAN: The law requires that be attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Ked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	PRESIDENT STATE AND STATE
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. or Health and Mental Hydiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	immedicesse resulting Sequentifany, I cause. CAUSE that init resulting PART III 25. WAS CEXAM 1 27. MANN 2 2 2 2 3 4 2 1 2 2 2 3 2 3 3 3 3 3 4 2 1 2 2 3 3 3 3 3 3 4 3 4 3 4 3 3 3 3 3 3 3

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	A. Kuchta			2. DATE OF DEATH DA	Y YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	216-09-7434 1√M2□F		MONTHS DAYS	HOURS MIN.	May 30, 1909 Maryland				
H G	Sa. FACILITY NAME (If not institution, give street and number) St. Agns Hospital RESIDENCE OF DECEDENT			or location of de timore	DEATH 9c. COUNTY OF DEATH				
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10.07	Y, TOWN OR LOCA						
DIRECTOR	Maryland	10c. CI1	re			10d. INSIDE CITY LIMITS? XX YES 2 NO			
₹ I	10e. STREET AND NUMBER	10	. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
	2707 Edison Highway			21213		U. S. A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDIFORCES? IF YES, GIVE	If yes, sp	ecity Cuban, Mexican 2 NO Specify:		14. RACE — American Indian, Black, White, etc. Specify: White				
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of	USUAL OCCUPATION		I SINESS/INDUST				
COMPLE	Elementary/Secondary (0-12) College (1-4 or NA NA	Owne:			Groce	ry Sto	re		
5	17. FATHER'S NAME (First, Middle, Last)	Owne		18 MOTHER'S NAM	NE (First, Middle, Maiden		16		
- 1	Andrew Kuchta			Not Kr		sumame)			
D DE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		oute Number, City or Town	State Zin Cor	rie)		
2	Helen G. Kuchta (Wife)	2707	Edison	Highway,	Baltimore	, Md.	21213		
	20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	cematery, cremetory or of HOLY Re	of disposition (Ne other place) Edeemer	Cemetery		timore	or Town, State		
- 1	21. BIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF FAC					
	1 him this		3331	unek Fune Brehms La	ne. Balti	more. 1	Md. 21213		
1	IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE T	our classed the death. Do not be seen that the seen that t				ratory arrest,	, Approximate interval Between Onset and Death		
MILON	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	perteriore O (OR AS A CONSEQUENCE OF	min.			L-00-1			
	CAUSE (Disease or injury	O (OR AS A CONSEQUENCE O	F):						
3	d.								
IN: MEDICAL	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 24b. WERE ANAILL COMP DF DE 1								
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	I	26. PI OTHER:	ACE OF DEATH (Chec	ck only one)				
2		☐ ER/Outpatient 3 ☐ DOA	4 - Nursing Hom	e 5 🗆 Residence 8					
10	Netural 5 Pending (Month,	Day, Year) INJ	M 1	RK? /ES 2 NO	28d. OEŞCRIBE HOW IN	JURY OCCURE	EO		
	3 Suicide 8 Could not be 4 Homicide determined	OF INJURY — At home, ferm, ag, etc. (Specify)	atreet, factory, offic	'	281. LOCATION (Street e. City or Town, State)	nd Number or R	tural Route Number,		
OMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best 2 MEDICAL EXAMINER: On the best of						use(a) and manner ea stated.		
100	296. SIGNATURE AND TITLE OF CERTIFIER M			29c. LICENSE NUMI	BER	. /	GNED (Month, Day, Year)		
4	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA			AgNES	11000	1/			
	31. DATE FILED (Month, Day, Ybar) 32. REGISTI	TARON ML	7	1100 FZ	.100 F.				
	JUL 28 1992	idean Bandage							



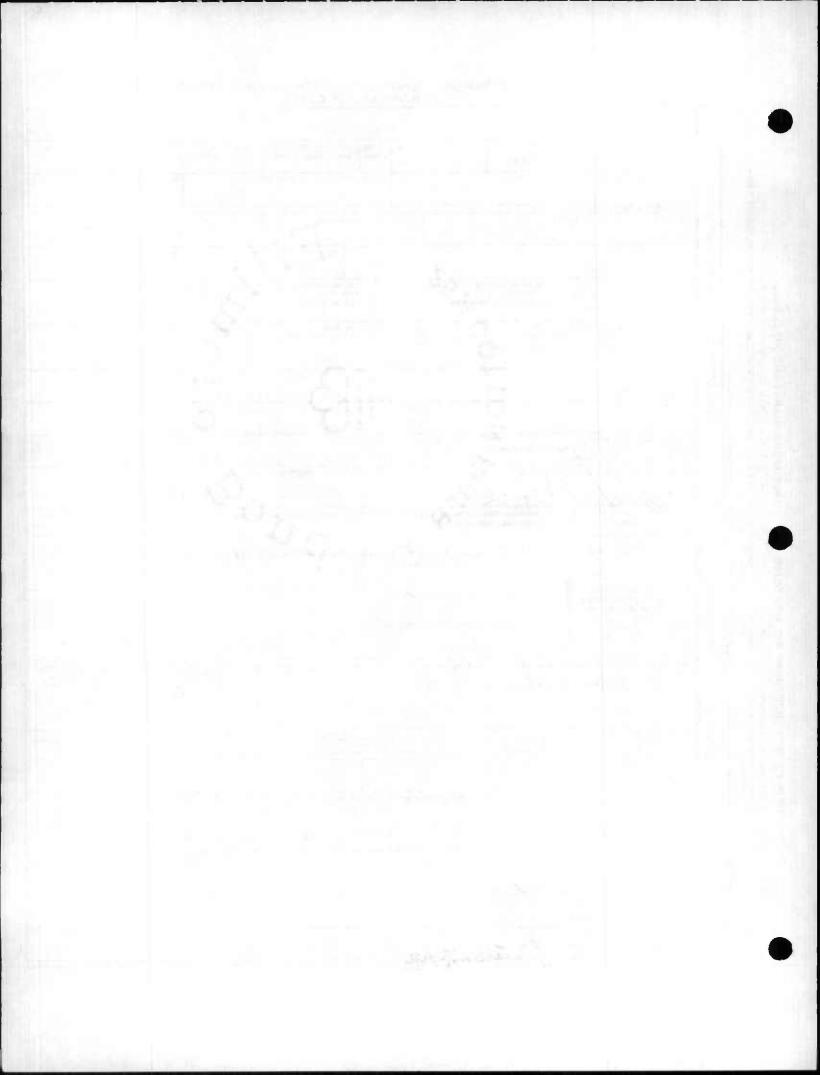
	1 - STATE REGISTRAR	STATE OF MA			ATE OF				EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) GERTRUDE	Ko	PPEL					2. DATE OF I	DEATH	24	923	SIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-34-2694	5. SEX 1 M 2 F	AGE (In yrs. lest birti		HTHS DAYS	HOURS	4 HRS.	7. DATE OF E	3/19C	1	4. BIRTHPLACE (State or Foreign Country) RUSSIA	
R O	•• MILIFORT MISELEON NOR	SING"HOME		91	BALTI	P LOCATION MORE	N OF DEA	9c. COUNTY OF DEATH BALTIMORE				
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY MARYLAND		104	10c. CITY, TOWN OR LOCATION BALTIMORE								od, INSIDE CITY LIMITS? [X/ES 2 NO
FUNERAL	10e. STREET AND NUMBER 3902 BANCROFT RD		10f. ZIP CODE 21215				10g. CITIZE USA				AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	EVER IN U.S. ARMED YES 2 X NO R OR DATES		If yes, sp	ENDENT OF ecify Cuben, 2 Z.NO	Mexicen	C ORIGIN? (S , Puerto Rica	pecify Yee : n, etc.)	or No	14. RACE — Black, V Specify: WHI	- American Indien, Vhite, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	(Give ki	ENT'S US nd of work VOT USE T SEW I	UAL OCCUPATION Address of the desired of the desire	ON at al working			HOME		DUSTRY		
	17. FATHER'S NAME (First, Middle, Lest) REV. BERNARD D.	MILLER					ER'S NAM	AE (First, Midd LDA	le, Maiden S	Surname)	(UNKN	OWN)
TO BE	190. INFORMANT'S NAME (Type/Print) BERTRAM KOPPEL				DRESS (Street &					, State, Zij		
	2) METHOD OF DISPOSITION 1 Durial 2 Cremetion 3 Remo	val from State	20b. PLACE AND of cemetary, crer	DATE O	F DISPOSITION other place)		DA	DATE	20c. LOC	ATION —	City or Town	, State
	4 Donation 5 Other (Specify)	ENSEE	BETH T	CFÍL	OH 22, NAME A	7/26			BAL	TIMO	RE,	MD
	Di Coals	1			SOL I	EVINS	SON	& BROS				D 21215
CERTIFICATION	Interval Betw Onset and Double Cause (Fine) Interval Betw Onset (Fine) Interval Betw Onset (Fine) Interval B											
MEDICAL	PART II. Other algorificent conditions CANCUL & E TOTAL STITE 3	Muty	ot resulting in the underlying cause given in Par Fig. MANAS KALS DASCOCCO DEPLACEMENT					e. WAS AN PERFOR	MED?	6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			20. P	LACE OF DE	EATH (Che	ock only one)				
PHYSICIAN:	1 YES 2 WO 27. MANNER O DEATH 1 Mannel 5 Pending			DOA 4	OF 28c. IN	JURY AT ORK?		6 Other (S		JURY O	CCURED	
TED BY	Investigation Investigation		INJURY — At home, itc. (Specify)	farm, str		YES 2	NO		ON (Street of fown, State)	nd Numbe	er or Rural Ro	ute Number,
TO BE COMPLETED	Crieck orny	a llan	cect A	stigation,	In my opinion,	death occurs	ed at the	time, date en	d place, en	d due to	the cause(e)	and manner se stated. Worth, Day, Year) G - 9 2- TO MD 2-178
	XIOSEPH SEE	KELBA 32. BEGISTRAR	UM, M.	0.	363	504	-D	Buch	erk	D.	Box	10 MW 212
	31. DATE FILED (MORTH), DOY, YOU 1992	Julia Da	widson-And	Lee								



	1. DECEDENT'S NAME (First, Middle, Las			1/100	dois		MOM.	E OF DEATH	AY	YEAR	3. TIME OF DEATH
	Paul 4. SOCIAL SECURITY NUMBER	E.	& AGE (In sec	Krei	IF UNDER I YEAR	IF UNDER 24 HRS.	07	7 25 E OF BIRTH	1	992	6:25 P
	220-20-2157	1 M 2 F	64	YRS.	MONTHS DAYS		Mary	ch 31, 1	928	Countr	**
H	Sa. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	OR LOCATION OF		31, 31, 1		NTY OF D	Pennsylvania PEATH
5	2946 Harford	Road			Balti	more					
DIRECTOR	10a. STATE 10b. COU	NTY		10c. CI1	TY, TOWN OR LOC	CATION					10d. INSIDE CITY
	Maryland				Baltimo	re					LIMITS?
FUNERAL	100. BTREET AND NUMBER 2946 Harford Road					101. ZIP CODE 21218				USA	WHAT COUNTRY?
	11. MARITAL STATUS	. ARMED	13. WAS D		ANIC ORIGI	ANIC ORIGIN? (Specify Yes or No. 14. R			E — American Indian,		
1 10	1 X Never Married 2 Married 3 Widowed 4 Divorced	ZNO		apecify Cuban, Mexi ES 2 X NO Spe		Rican, etc.)		Speci			
	15. DECEDENT'S E	. DECEDENT'S	DECEDENT'S USUAL OCCUPATION				SINESS/INC	USTRY	White		
COMPLEIED	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done during i ise retired.)	most of working					
		2	Ad	ministr	ative Ass			d. State		al Sei	rvices
	17. FATHER'B NAME (First, Middle, Last) Asher Kreider:		Helen		Middle, Maiden	Sumame)					
) BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	t and Number or Run			n, State, Zig	Code)	
2	Mr. Melvin L. Kreide	<u>r</u>		2946 H	arford Ro	ad Baltin	nore, i	Maryland	21218	3	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Re	emoval from State	cemetery	, crematory or o	OF DISPOSITION (DA		CATION —		
	4 □ Donation 6 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	LICENSEE /	I Gand	ens of	Faith Cem	etery 7	/28/92	Balt	imore	Man	vland
	> M1-0	11/	6			nd J. Ruck		ESOE Un	wfowd	Dood	2121/
	immediate cause (Final disease or condition resulting in death)	e. List only one ca	use on aach	iina.	not enter tha n	node of dying, so	ich as cai	rdiac or reapi	iratory an		Approximate Interval Setw
RTIFICATION	iMMEDIATE CAUSE (Final disease or condition	a. Arter DUE TO DUE TO	use on aach	ina. erotic nsequence o	Cardu	node of dying, so	ich as cai	rdiac or reapi	iratory an		Approximate Interval Setwo
MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are conditions.	a. Arter DUE TO DUE TO d. Oons contributing to	O (OR AS A COM	NSEQUENCE O	Cardu	ing cause given	lan cu	24a. WAS AN PERFOR	AUTOPSY	reat,	Approximate Interval Setwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
MEDICAL	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions or conditions or conditions.	a. Arter DUE TO C. DUE TO d. Oons contributing to Nullitus	O (OR AS A COM	NSEQUENCE O	Cardu FF: In the undarity	ing cause given	lan cu	24a. WAS AN PERFOR	AUTOPSY	reat,	Approximate Interval Betwee Onset and De Ons
MEDICAL	SHOCK, Dr heart tailur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditi Dualities 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 27. MANNER OF DEATH	a. Arter DUE TO b. DUE TO d. DUE TO d. HOSPITAL: 1 Input ent 2 28a. DATE OI	O (OR AS A COND O death but n	INSEQUENCE O	Cardu FF): In the undarity 26. OTHER: 4 □ Nursing He	ing cause given	in Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b.	Approximate Interval Setwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
FILISICIAIN. MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions or the condition of the condition	a. Arten DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inputent 2 28a. DATE OI (Month, 4)	O (OR AS A COM	INSEQUENCE O	Cardu F): In the undarlyi OTHER: 4 Nursing He RE OF 28c. JURY	ing cause given	in Part I.	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b.	Approximate Interval Setwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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ELED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sufficient conditions. If yes 2 No. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 No. 27. MANNER OF DEATH 1 Netural 5 Pending Investigation investigation in the conditions of the conditions	B. List only one can a. Arten DUE TO DUE TO C.	O (OR AS A COND O (OR AS A CON	IN 3 DOA 28b. Till IN. a, death occurr	OTHER: 4 Nursing He let of JURY M 1 street, factory, of the lime, de st like lime, de	PLACE OF DEATH (I) Ome 5 A Residence NJURY AT OVER 2 NO	in Part I. Check only of 28d. DE 281. LOCCity	24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NJURY OCC	24b.	Approximate Interval Setwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions or selections or selections or selections. The selection of the sel	a. Arten DUE TO b. DUE TO c. DUE TO d. Ons contributing to reliable 1 28a. DATE Of (Month, I) 28a. DATE Of (Month, I) 28a. PLACE (Dullding) VISICIAN: To the best of a lier Junght Arter 1 1 1 1 1 1 1 1 1 1	O (OR AS A COND O (OR AS A CON	Ina. INSEQUENCE O INSEQUENCE	Cardu FF): In the undarfyl COTHER: 4 Nursing He E OF JURY M 1 street, factory, of red at the lime, da on, in my opinion,	Ing cause given PLACE OF DEATH (Dome 5 A Residence NJURY AT VORK? YES 2 NO Residence and death occurred at the	in Part I. Check only of a 8 Gothor Chip	24a. WAS AN PERFOR 1 YES 2	AUTOPSY IMED? NO NJURY OCC and Number	24b. CURED or Rural F	Approximate Interval Setwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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age	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	12.2			•				92 20821
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPA	RTMENT O	F HEALTH AND OF DEATH		145	25 50051
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	TOATE	JI DEATH	REG. N	0.	
		ne Elizabeth	Kolaci	neki		2. DATE OF DEATH WONTH JULY 25	Mag 2	3. TIME OF DEATH 6:15 A
			n yrs. last birthday		AR IF UNDER 24 HRS.	7. DATE OF BIRTH	, 1002	
	<u> </u>	1 D M 2 D F 75		MONTHS DA	YS HOURS MIN.	08/22/16		a. BIRTHPLACE (State or Foreign Country) Maryland
œ	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TO	WN OR LOCATION OF	DEATH	9c. COUN	NTY OF DEATH
DIRECTOR	Francis Scott Ke	Baltimore			Baltimore			
EC	10a. STATE 10b. COUNTY		10c. C	TY, TOWN OR L	OCATION			10d. INSIDE CITY
	Maryland Cit	В	altimor	e		1.00		
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10a. CITI	1 № YES 2 NO
FUNERAL	3537 Shannon Dr	cive			21213			S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S, ARMED	13. WAS	DECENDENT OF HISPA	ANIC ORIGIN? (Specify		14. RACE — American Indien.
ВУ Е	1 Never Married 2 Married 3 Nidowed 4 Divorced	FORCES? 1 YES		If yes	yes 2000 Specify Cuban, Maxis	can, Puerto Rican, etc.)		Black, White, etc. Specify:
								White
COMPLETED	IS. DECEDENT'S EDUCA (Specify only highest grade or	ATTON omplehed)	(Give kind o	S USUAL OCCUP work done during	PATION 7 most of working	16b. KIND OF B	USINESS/IND	USTRY
7	Elementary/Secondary (0-12)	College (1-4 or 5+)				772		
×	17. FATHER'S NAME (First, Mickella, Land)		Housew	iie			ome	
ŏ						AME (First, Middle, Maide e Albert	n Surname)	
BE	John Adams		T 405 14411 IS	0.4000000000000000000000000000000000000				
2	Russ Rook					Route Number, City or To		
	TAL METHOD OF DISPASSION	206	PLACE AND DATE					
	1 Buriel 2 Cremetion 3 Remov	val from State ceme	tery, crematory or	other place)	07/2	29/92 Par	OCATION — (Olty or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSSE PO	arkwood	- Ceme to	E AND ADDRESS OF F	ra.	Enbox	al Home, Inc.
	XX III	120 BD				brpber	runer	at ibile, inc.
-	John	al white				Road Bal		
	23. PART / Enter the disesses, or co shock, or beart failure. Li	mplications that caused ist only one cause on as	tha dasth. Do ch lina.	not anter tha	mode of dying, su	ch as cardiac or res	piratory arm	est, Approximata Interval Between
Ī	IMMEDIATE CAUSE (Final disease or condition							Onset and Dasth
	resulting in death)	SEPSIO DUE TO (OR AS A	5					1 day
		DUE TO (OR AS A	CONSEQUENCE	OF):				
ON	Sequantially list conditions, b.	PLEURO- E	SOPHA 6	EAL F	ISTULA			
¥.	if any, lasding to immediate csuse. Enter UNDERLYING	30E 10 (011 A3 A (CONSCOUENCE	e.				
CERTIFICATION	CAUSE (Disease or Injury that Initisted events	DUE TO (OR AS A	CONSEQUENCE (OF):				
E	resulting in death) LAST							
2	2007 11 001 11							
Ä	PART II. Other significant conditions	contributing to death bu	t not resulting	in tha undari	ying cause given in	Pert I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
ă						1 _ YES	2 NO	COMPLETION OF CAUSE OF DEATH?
ME							•	1 TES 2 NO
PHYSICIAN: MEDICA								
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one)		
₹		1 Inpatient 2 ER/Outpat		4 - Nursing I	Iome 5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year)	28b. TH	JURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCC	URED
à	2 Accident Investigation	280 BLACE OF IN HIDY			YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY - building, etc. (Specif)	- At home, tarm,	street, factory, o	iffice	281. LOCATION (Stree City or Town, State	t and Number (a)	or Rural Route Number,
9	29a. CERTIFIER		-					
COMPLETED	(Check only	AN: To the best of my knowled	dge, death occur	red at the time, o	lete and place, and du	e to the cause(a) and m	enner as atate	d.
8		On the page of examination (end/or investigati	on, in my opinio			and due to the	cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	A 850'-			29c. LICENSE NU	MBER		SIGNED (Month, Day, Year)
0	IVI - SW	W, RESIDENT	PHYSICI	AN	J2070		107	25/92

BALTIMORE,

MD

21205



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

400

32. REGISTRAR'S SIGNATURE

DAVID P. MCCARRON, MD

31. DATE FILED (Morith, Day, Year)

JUL 28 1992 yulus.

notified at

pe must

examiner

medical 6

other traumatic CERTIFICATION

PHYSICIAN: MEDICAL

BY

BE COMPLETED

2

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events

reaulting in deeth) LAST

	A.		on,	he
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2:	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely fills	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
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•	FOR 1 - STATE REGISTRAR	STATE OF I			RTMENT OF			MENTAL HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH		YEAR 3	. TIME OF DEAT	н
	WALTER SHERMAN LIPPY						July 21		92	3:00	МС	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YE	AR IF	UNDER 24 HRS.	7. DATE OF BIRTH		4 BIDTHO	LACE (State or Fo	reign
	216-03-9427	1 🕅 M 2 🗆 F	80	YRS.	MONTHS DAT	rs HO	URS MIN.	Oct. 16, 1	911	M (Country)	arylar	nd
	9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TOY	VN OR L	CATION OF DE			INTY OF DEA		
DIRECTOR	3201 Falls Road	3			Hamps	stea	ad		Ca	rrol	1	
5 I	RESIDENCE OF DECEDENT			_								
뿐	10a. STATE 10b. COUNT	-		10c. CIT	TY, TOWN OR LO					1	IOd. INSIDE CITY	
	Maryland Carroll				Hampstead					1	☐ YES 2 🖔	NO
A	10e. STREET AND NUMBER				101. ZIP CODE				10g. CIT	IZEN OF WN	AT COUNTRY?	
FUNERAL	3201 Falls Road			21074			Ţ	U.S.A.				
3	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.			ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACE			- American India While, etc.	en,				
	1 Never Married 2 Merried FORCES? 1 YES 2. IF YES, GIVE WAR OR DATES								Specify:			
ВҰ	3 Widowed 4 Divorced							White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				n. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working							
	Elementary/Secondary (0-12) College (1-4 or 5+)			Patrolman			Public Utility					
N N	6		P	atro	Iman			Public	; 01	1114	У	
ÖΙ	17. FATHER'S NAME (First, Middle, Last)						HER'S NAME (First, Middle, Malden Surname)					
BE	George W. Lippy				Hattie F. Hale				_			
	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
2	Sue Beverly 3				3201 Falls Rd., Hampstead, MD 21074							
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or July 24 20c. LOCATION — City or Town, St. other glace)						n, Stata					
	1X Burisi 2 Cremation 3 Removal from Stale St. Abrahams Cemetery 1992 Hampste						tead,	MD				
-	21. SIGNATURE OF FUNERAL BERNICE LICENSEE				22. NAME AND ADDRESS OF FACILITY							
	· Charles it			J.J. Hartenstein MOrtuary, Inc. 24 Second St., New Freedom, PA 17			Inc.	4.0				
	22 DADT / Program of diagrams	nomplication: At-	at named the d	eath D-								
	23. PART . Enter the dieeeses, or shock, or heert fellure.	Liet only one ce	nee ou eech liu	eath. 100	not enter the	111006	or dying, suc	a ee carolec or reap	retory ar	rrest,	Approxim Interval B	
	IMMEDIATE CAUSE (Finel		1								Onset and	Death
	disease or condition resulting in desth)	a	olon	Ca	ncel							
											T	

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 □ Inpetient 2 □ ER/Outpetient 3 □ DOA OTHER:
4 □ Nursing Home 5 ■ Residence 8 □ Other (Specify) 1 YES 2 HO 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation М 1 YES 2 NO 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26a. PLACE OF INJURY — Al home, larm, street, factory, office building, atc. (Specify) 3 Sulcide 6 Could not be determined 4 Homicide

29a. CERTIFIER
(Check only one)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

PART Il-Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.

anelitus.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(a) and menner as stated.

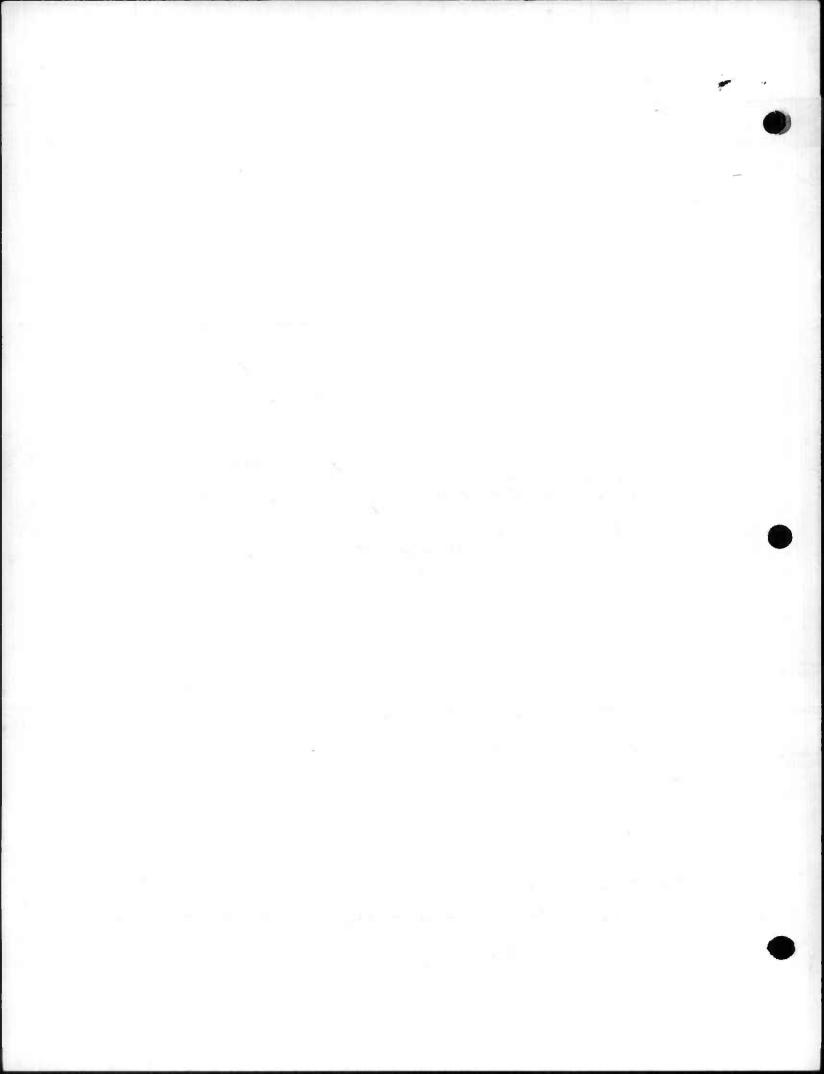
24e. WAS AN AUTOPSY PERFORMED?

1 YES 2 NO

296. 9IGNATURE AND TITLE OF CENTURY	ym mp	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Pay, Year)
30. NAME AND ADDRESS OF PERSON WHO	LETEO CAUSE OF DEATH (ITEM 27)	(Type Print) 4500 Blackrock Rd	Hamostead und
31. DATE FILED (Month, Day, Year)	32. REGISTRAN'S SIGNATURE		







DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)

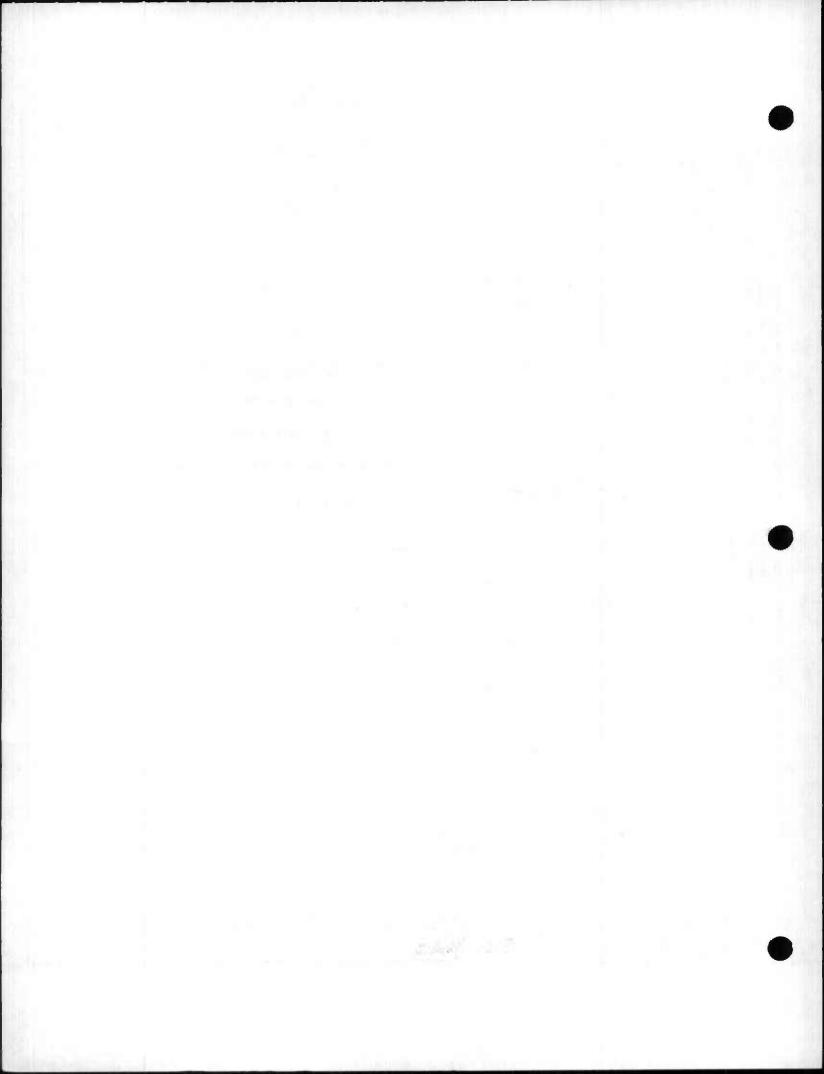
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32. REGISTRAR'S S

	2 should	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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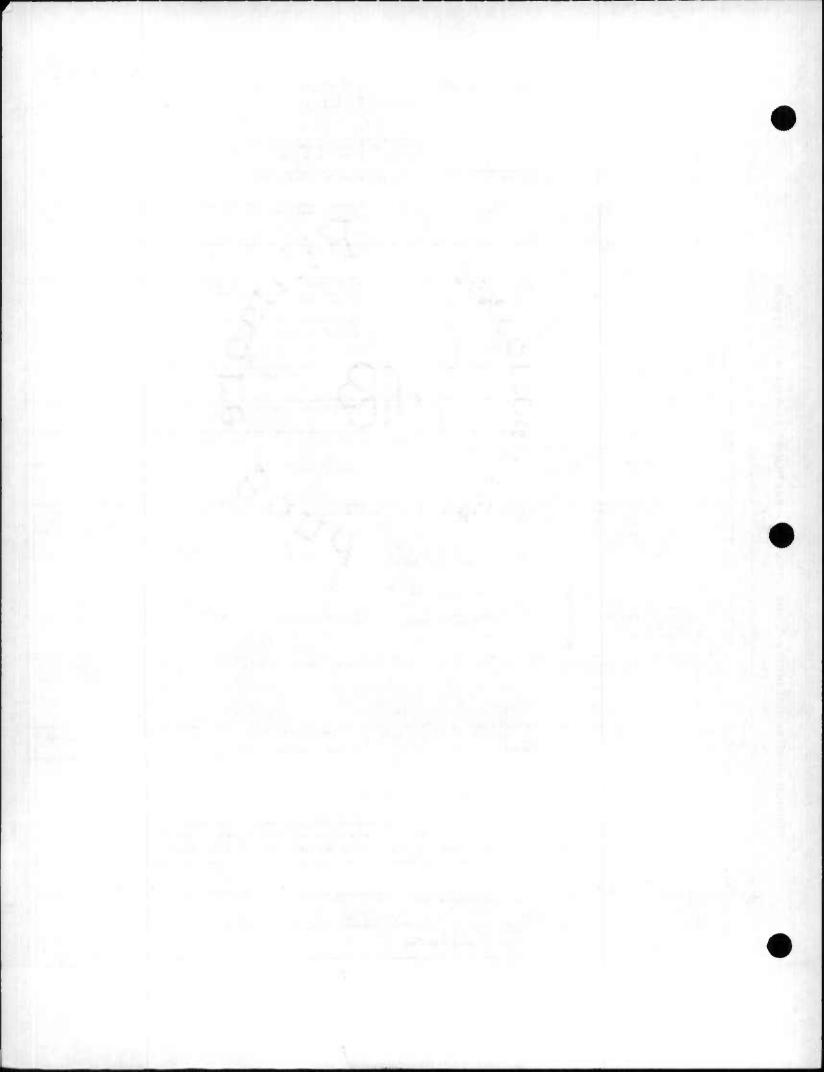
92 20823 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Nettie P. Loane :43 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 225-26-0316 1 M 2 F Carolina N. 9e. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francie FUNERAL DIRECTOR Tmore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY mor 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1049 21 U. S. A. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES NO Specify: 12. WAS DECEDENT EVER N U.S. ARMED FORCES? 1 YES 2 100 14. RACE — American Indian, 2 Married 1 Never Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high dary (0-12) College (1-4 or 5+) NA NA Assembly Worker Container Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Henry Batts BE Lola Bullock 19e. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zip Code) 2 George H. Loane (Husband) 1049 Quantril Way, Baltimore, Md 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 29c. LOCATION - City or Town, State Holly Memorial Gardens 4 Donation 5 Other (Specify) Hill Baltimore, Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home Brehms Lane, Baltimore, Md. 21213 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdisc or respiratory arrest, Approximate shock, or heert fellure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) Pleura Hu DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, (OR AS A CONSEQUENCE If any, leading to immediate cause, Enter UNDERLYING nari CAUSE (Disesse or Injury TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY 9910 1 TYES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? PITAL OTHER: petiant 2 - ER/Outpetiant 3 - DOA 4 Nursing Home 5 Residence S Other (Specify) 27. MANNER OF DEATH 26s. OATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) S Could not be TO THE HOSPITAL OR ATTEND TO THE FUNERAL DIRECTOR: / De filed within 72 hours after d IMPORTANT: If Item 28 is BE COMPLETED 4 Homicide 29e, CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end manner ee stated. 29b. SIGNATURE AND FITHE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 10 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON



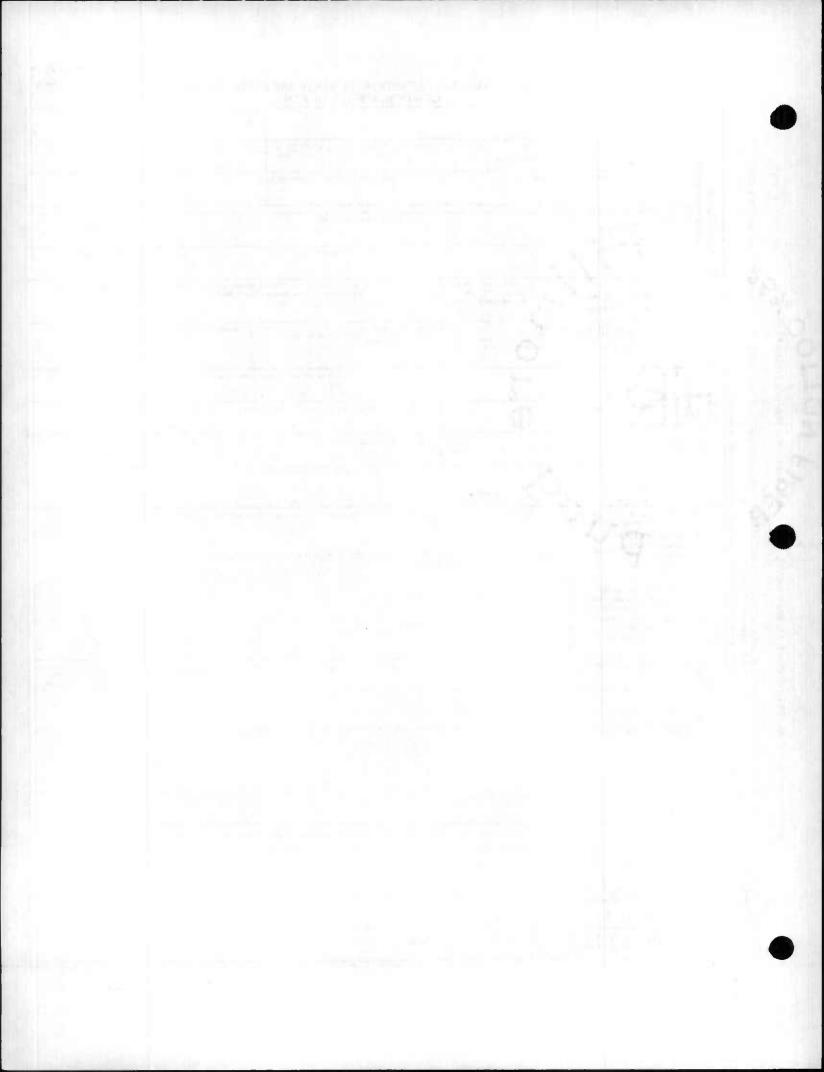
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PREPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or after	PLANEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a	2 h	
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						92 20824
	1 - STATE REGISTRAR	STATE OF MARY		TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Leat) BURMA	BURMA LEE		HT	2. DATE OF DEATH MONTH 7	YEAR 3: 11ME OF DEATH PM
	4. SOCIAL SECURITY NUMBER 21/5-52-5679	215-52-5679 1□ M 2 X ★ 44		F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	Maryland
TOR	9e. FACILITY NAME (If not institution, give street and number) St/ Joseph Hospital RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF D TOWSON	EATH 9c.	county of DEATH Baltimore
DIRECTOR	10a. STATE 10b. COUNTY Maryland	N/A	10c. CITY	Baltimore		10d. INSIDE CITY LIMITS? 1 \(\sqrt{Y} \) YES 2 \(\sqrt{N} \) NO
FUNERAL	106. STREET AND NUMBER 409 Lyman AVenu	10		101. ZIP CODE 21212	100	LISA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S X NO	13. WAS DECEMBERT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 WO Spec	an, Puerto Rican, atc.)	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 6+)	(Give kind of w	usual occupation ork done during most of working a retired.) a Instructor	Baltimor Recreati	e County Parks &
BE CON	17. FATHER'S NAME (First, Middle, Last) Charles Edwar	rd Robinson		Nancy	AME (First, Middle, Melden Suma Hamilton	
5	Helmut F. Licht			ADDRESS (Street and Number of Rural Yman Avenue Bal		
	20a, METHOD OF DISPOSITION 1 Burial 2 A Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State	Ob. PLACE AND DATE Of	F DISPOSITION (Name of her place) The Crematory		more Maryland
	21. SIONATURE OF FUNERAL SERVICE LIN		ui ceriilou	22. NAME AND ADDRESS OF F		* · · · · · · · · · · · · · · · · · · ·
		nen Xenakis		0 6500 York Road		
			ed the death. Do n	of enter the mode of duine au	ch as seedles as a salester	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. METAS	TATIC	ot enter the mode of dying, su ADENT	ch sa cerdlec or reapirator	y srrest, Approximate Interval Between Onset and Death
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. METAS	ed the death. Do n each line. TATIC A CONSEQUENCE OF	ot enter the mode of dying, su ADENT	ch sa cerdiec or respirator	y srrest, Approximate Interval Between Onset and Death
ERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	a. MCTAS DUE TO (OR AS DUE TO (OR AS C. PGUT	TATIC	ADENTO E LIVE EGHERS	ch sa cerdiec or respirator	y srrest, Approximate Interval Between Onset and Death
AL CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liat conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF	ADENTO ADENTO LIVE EGHERS	CARCINT R SYN	Approximate Interval Between Onset and Death O ROME.
MEDICAL	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liat conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF	ADENTO ADENTO LIVE EGHERS	CARCINT R SYN	Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death Approximate Interval Between Onset and Death
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BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liat conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only)	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. DUE	a CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF B A CONSEQUE	A DENT A DENT A DENT B LIVE COTHER: 4 Nursing Home 5 Residence COTHER: WORK? M 1 YES 2 NO Irreet, factory, office	CARCINT R SYN Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 N Other (Specify) 26d. DESCRIBE HOW INJUR 28f. LOCATION (Street and Nickly or Yown, State) a to the cause(e) and menner as a time, data and place, and due	Approximate Interval Between Onset and Death Onset and D
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BALTIMORE, MARYLAND 21215-0020	The two magnings that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is contract that bean separate by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	f removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho	FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled	when it have the deal will be seen begin or hearth and were hygiene prior to buriar, cremation, or removal.	FITANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

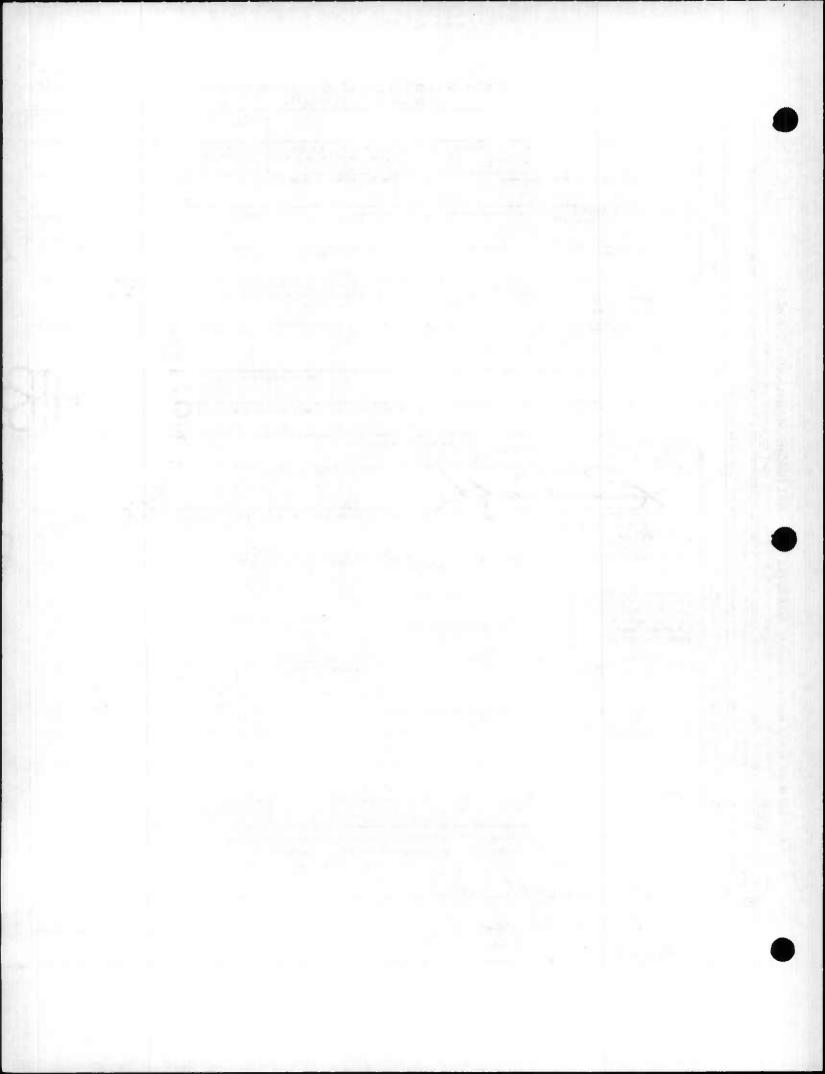
1	2-4165-510 FOR - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL	HYGIENE REG. NO.	56	2082
	DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH		3. TIME OF OEATH
	Timothy	L.		L	ee	0.7	25_	1992	8:43 P
	215-60-6686	1 💢 M 2 🗆 F	yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month), 12-	F BIRTH Day, 1647 13-195	Cour	HPLACE (State or Foreign Intry)
7	a. FACILITY NAME (If not institution, give all Sinai Hospital I. RESIDENCE OF DECEDENT			Baltime	OTE	DEATH	90	COUNTY OF	OEATH
	Md 10b. COUNTY		Balti	, town on locat imore	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	3910 Norfolk			10	21216		10	g. CITIZEN OF	WHAT COUNTRY?
3	1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, sp	eNDENT OF HISP/ ecify Cuban, Maxic 2 NO Spec	an, Puerto Rk	(Specify Yes or I can, etc.)		E — American Indian, ck, White, etc. City: Black
-	15. OECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S L (Give kind of we life. Do NOT use	ork done durina ma	ON st of working	16b. I	(INO OF BUSINE	SS/INOUSTRY	
1	7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Mic	ddle, Maiden Sum	ame)	
L	Joseph E. Lee				Ruth	E. Joh	nson		
	Ruth E. Lee	(B)			a Avenu				215
1	0q, METHOD OF DISPOSITION Burlel 2 Cremation 3 Remo		TING MEMO			7319		on - city or 1	own, State OWN , Md
2	1. SIGNATURE OF FUNERAL SERVICE LIC		/	22. NAME AN	ch F/H I	West			, , , , ,
5	MMEDIATE CAUSE (Final	DUE TO (OR AS A C	CONSEQUENCE OF	:	RIGHT SIK	WLDER			Interval Betwe
	PART II. Other algorificant conditions	i. a contributing to death bu	t not resulting in	the underlying	g cause given in		PERFORMED	17	b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2	S. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PL	ACE OF DEATH (C	heck only one)			
-	1 XYES 2 NO	1 Inpetient 2 ER/Outpet	Marit 3 DOA	4 🗌 Nursing Hom	e 5 🗆 Rasidence				
2	1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 07/24/92 28e. PLACE OF INJURY		5P 101	RK? ES 2 NO	Mult	iple Gu	nshot	
L	4 Homicide 8 Could not be detarmined	building, etc. (Specif	rty Heig			City or	imore C		node Number,
21		CIAN: To the best of my knowled: 3: On the bests of examination:	dge, death occurred	st the time, data	and place, and du	s to the cause	(a) and manner	as stated.	s) and manner as stated.
25	Db. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				D (Month, Day, Year)
L	Nonald Au	hight MD			0.C.M.	E.	•		/1992
		COMPLETED CAUSE OF DEAT			t. Balti	more	Marailas		
31	DATE FUE (MOST) 87 1992	324 REGISTRAR'S SIGNAT	andelle.		- INIT	шпе	adi Argu		



RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

1 - STATE REGISTRAR	OIAI	. OI MINITI	CERTIF	CATE OF			REG. NO.	_		
1. DECEDENT'S NAME (First, M			LORDAN			Mo	ATE OF DEATH	W	YEAR	TIME OF DEATH
AMY E	LIZABETH 5. SEX	1)7 26	15		1:10 am
217-23-7859	1 M 2		E (In yrs. lest birthday) 21 YRS.	MONTHS DAYS	HOURS M	RS. 7. D/ N. (A	TE OF BIRTH fonth, Day, Ybar) LY 22,19		Country)	ACE (State or Foreign
9a. FACILITY NAME (If not instit			ZI Tha.				LY 22, 19		MARYL	
REISTERTOWN F RESIDENCE OF DECE 10a. STATE MARYLAND	ROAD SOUTH		MBERGROVE	96. CITY, TOWN ROAD	OR LOCATION C	OF DEATH			LTIMOI	
10a. STATE 1	DENT Db. COUNTY		10c. CITY	r, TOWN OR LOCA	TION				10	od. INSIDE CITY
MARYLAND	HOWARD			COLUMBI	A					LIMITS?
100. STREET AND NUMBER				10	f. ZIP CODE			10g. CITI		AT COUNTRY?
11013 WOOD	ELVES WAY				210)44			U.S.A	
11. MARITAL STATUS 1 XX/ever Married 2 Marie 3 Widowed 4 Diverce	rried FORC	ECEDENT EVER ES? 1 TYE GIVE WAR OR		If yes, a	CENDENT OF HI Hecify Cuban, M	evicen Pue	IGIN? (Specify Year rto Rican, etc.)		14. RACE -	American Indian, white, etc.
	ENT'S EDUCATION ghest grade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of with Do NOT us) STUDEN	rork done during m e retired.)	ON ost of worlding		166. KIND OF BUS	LLEGE		WHILE
	RDAN				18. MOTHER'S		St. Middle, Meiden WELCH	Surname)		
JOHN J. LOR		THER)	196. MAILING 11013				olumber, City or Town			44
20a, METHOD OF DISPOSITION 1 1 Jurial 2 Cremation 4 Donation 5 Other (Sc		itate 2	Ob. PLACE AND DATE O				/92 EL1		City or Town	
21. SIGNATURE OF FUMERAL S) X	1	LEROY	M. & I	ÜŠSE		LTZKE	FUNE	RAL HOMES
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ta	DUE TO (OR AS	A CONSEQUENCE OF):	Mic	nte	5			Onset and Death
PART II. Other significent	conditiona contribu	ting to deeth	but not recuiting in	n the underlyin	g ceuse give	n in Part i	24e. WAS AN PERFOR	MEDO	AN CC	ERE AUTOPSY FINDINGS ARLABLE PRIOR TO OMPLETION OF CAUSE DEATH? YES 2 \(\square\) NO
25. WAS CASE REFERRED TO N EXAMINER?	HOSPIT	AL:		28. P	ACE OF DEATH	(Check only	y one)			
1 X YES 2 NO	1 🗆 Inpet	ent 2 - ER/Ou		4 - Nursing Hon		nce 8 (2X0	ther (Specify)	UBLI	C ROA	DWAY
27. MANNER OF DEATH 1 Natural 8 Per		Month, Day, Year)	INJU	JRY WO	PK7		DESCRIBE HOW IN			DV VIIIO
2 Accident Inv	estigation	/26/19							_	BY AUTO
	ald not be armined	PLACE OF INJUR pullding, etc. (Sp	PUBLIC	ROADWA		TI	OCATION (STEP)	STER	TOWN B	ROAD SOUTH
	L EXAMINER: On the b					dua to the	cause(a) and man	ner as state	ed.	
296. SIGNATIONE AND TITLE OF	CERTIFIER	/	10 1	-	29c. LICENSE	NUMBER		29d. DATE	SIGNED (M	onth, Day, Year)
1/ arm	J Dak	e 1	WI		0.C.	M.E.			7/26/	
TO ROW	LOUKE	EO CAUSE OF E		Print) PENN S'			IMORE, M			21201
31. DATE FILED (Month, Day, Yee) 32. R	GISTRAN'S SIG		TELVIN D.	TUDIT	LALI.	LPIONE, P	K-71/11	TAD	21201
JUL 28 19	92 guna	handoon	NATURE LOCAL	-						



3. TIME OF DEATH

REG. NO.

2. DATE OF DEATN

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Michigan Last)

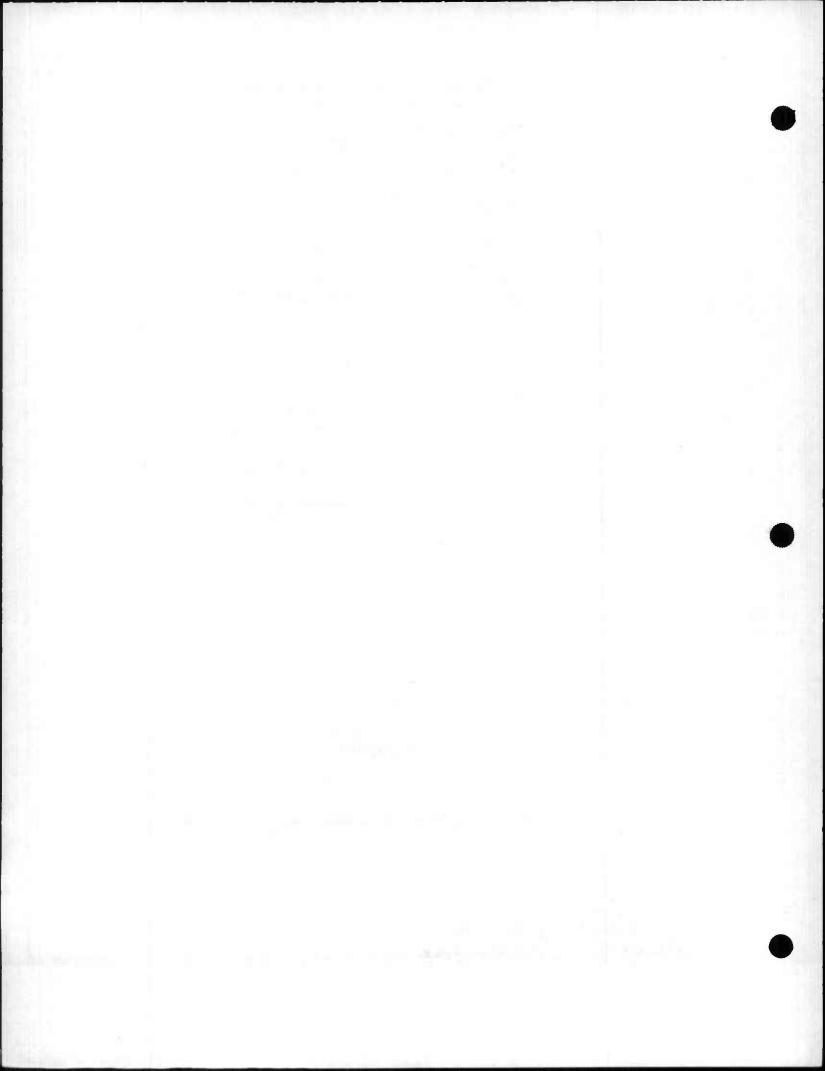
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JUK 10:09 A 4. SOCIAL SECURITY HUN BIRTNPLACE (State or Foreign Country) 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 212-09-3202 75 DAYS 1 🗌 M 2 💢 F 10/29/1916 MARYLAND fransit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATN MERIDIAN NURSING HOME RANDALLSTOWN DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 - YES 2 NO COMPLETED BY FUNERAL 10e. STREET AND NUMBER log. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 3120 GREENMEAD RD. 21244 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuban, Mexican, Puerto Rican, etc.)
 The statement of the specify: 14. RACE - American Indian, Black, White, atc. within 24 hours after death. Page 6 may be retained by the hospital or the control notety in the funeral director, page 5 should be detached for use at the burns. 1 Never Married 2 Married Specify: WHITE 3 Widowed 4 Divorced 15. OECEDENT'S EOUCATION (Specify only highest grade completed) 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KINO OF BUSINESS/INQUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEWIFE AT HOME Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM HOFFMAN FANNIE ROSTOV notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOSEPH LEFKO 3120 GREENMEAD RD. BALTIMORE/92 MD 21244 Soa. METHOO OF DISPOSITION

Surial 2 Cremation 3 Removal from State

Control of Other (Specify) å 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must OATE completely filled in by the funeral director, rial, cremation, or removal, cemetery, crematory or other place)
ARLINGTON (CHIZUK AMUNO) 7/23/\$2 BALTIMORE, MD medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC luan fyduly 6010 REISTERSTOWN RD. BALTO., MD 21215 23 PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death io sclerosus the disease or condition resulting in death) or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) executed burial, CERTIFICATION and Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to if any, leading to immediate cause. Entar UNDERLYING physician 28 certificate CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events signed by the attending Health and Mental Hygie resulting in death) LAST death Injury, PART II. Other aignificant conditions contributing to death byt not resulting in the underlying cause given in Part i. MEDICAL the 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Darkinson's VIsense AWAILABLE PRIOR TO that 23 shows any COMPLETION OF CAUSE 1 TYES 2 NO Alzheimery 1 YES 2 NO certificate has been the State Dept. of H PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? item 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: OR ATTENDING PHYSICIAN: marked, or ng Nome 5 - Residence 6 - Other (Specify) this certifi 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 26d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY death 2 Accident DIRECTOR: After 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28 is 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED hours after 4 🔲 Homicide Hemi 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL (
TO THE FUNERAL D
BE filed within 72 h
IMPORTANT: If it 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CONTINUE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 20964 21/92 2 30. NAME AND A GORESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KH Prome rsberg mo. 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 28 Davidson 1992 Rando De DHMH-16 Flev 1/89

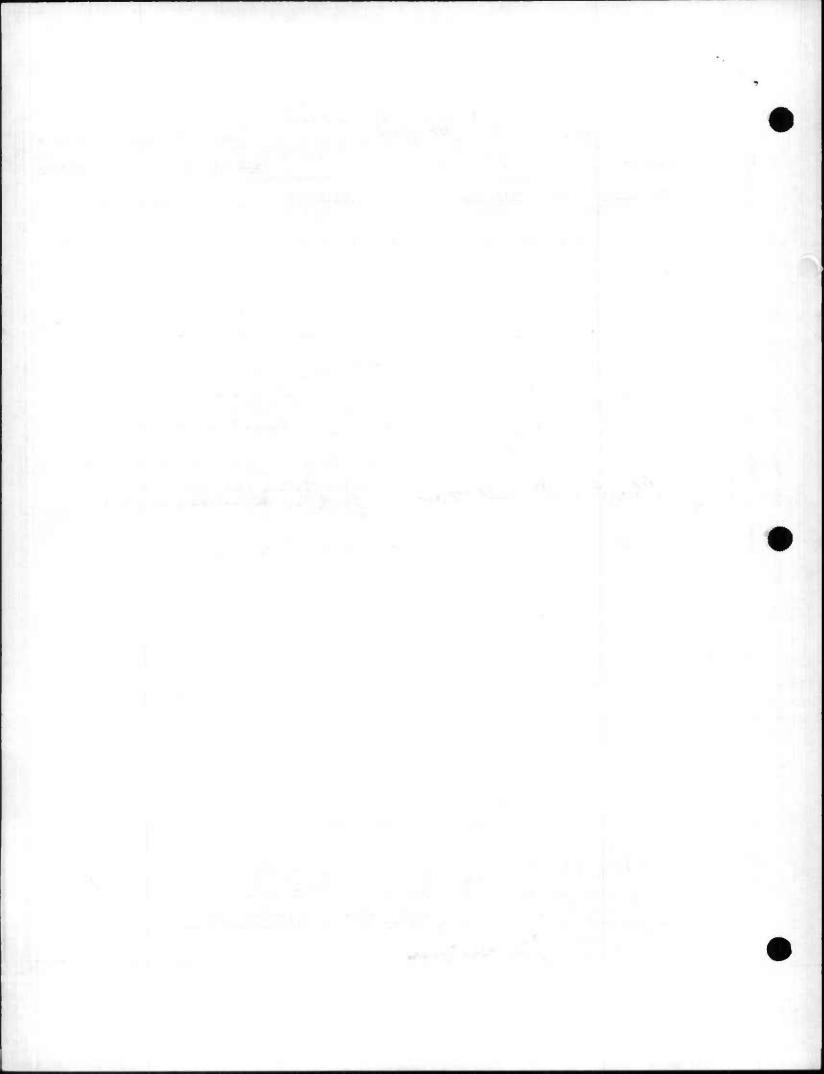
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



be retained by the hospital or attending physician. , MARYLAND 21215-0020

BALTIMORE, MARYLAN	e hos	etach	nce.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR.	DIRE	Hem
	PITAL	IN AL	五五
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	IN THE MAIN SHIP SHIP SHIP IN THE ISW REquires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	NEBAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached that and white the state Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	MPORTANY If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART			MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last)	/ GI	NEVRA ALBE	RTA McM		2. DATE OF DEATH	MY YEAR	3. TIME OF DEATH
	GINEVR	A H.	11)6 N/11.	AN		JULY	18 1992	4:56 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG		ONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	HPLACE (State or Foreign try)
	213-24-7582 9a. FACILITY NAME (If not inatitution, give a		21	DE CITY TOWN O	OR LOCATION OF DE	MAR. 12, 19		T VIRGINIA
DIRECTOR	WASHINGTON COUN	· ·		HAGER		AIR .	WASHING	
SEC	10e. STATE 10b. COUNT	r	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY
	WV BERK	ELEY	FAL	LING WA	TERS			LIMITS?
3AL	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	RT. 1, BOX 21				2541		USA	1
BY FU	11. MARITAL STATUS 1 Never Married 2 Married XXX Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPAN relity Cuban, Mexican 2 NO Specify:	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	Ble	E — American Indian, ok, White, alc. ony: WHITE
9	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S U	SUAL OCCUPATION	ON .	16b. KIND OF BU	SINESS/INDUSTRY	WILLE
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)	st of working			
COMPL	8		HOMEM	AKER			HOME	
	17. FATHER'S NAME (First, Middle, Last) DANIEL G. KERSH	NED				ME (First, Middle, Maider	Surname)	
H	19a. INFORMANT'S NAME (Type/Print)	NEK	19b. MAILING A	DORESS (Street a		E F. REID	un State 7in Codel	
2	MRS. IRIS F. HU	LL				LING WATER		54 19
	20a METHOD OF DISPOSITION		0b. PLACE AND DATE OF	DISPOSITION (Na			CATION - City or 1	
	4 Donalion 5 Other (Specify)		emetery, crematory or othe REST HAV		TERY	7/20 HA	GERSTOWN	, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			D ADDRESS OF FAC	YTUK		
	Charles 1	n. Des	wal	POBO	X 821, M	HOME, 321	W. KING	01
	23. PART I. Enter the diseases, or a shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	A. Attu	eech line. Salutt A CONSEQUENCE OF:		2014		Iratory srrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if smy, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	c	A CONSEQUENCE OF):					
MEDICAL	PART II. Other significant condition	s contributing to death	but not resulting in	the underlying	couse given in F	Part I. 24s. WAS AN PERFOI	RMED?	WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OF OEATH? 1 YES 2 NO
HISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 WHO	HOSPITAL:		THER:	ACE OF OEATH (Chec			
	27. MANNER OF DEATH	1 ☐ Inpetient 2 ☐ ER/O:			5 Residence S	28d. DESCRIBE HOW	N HIRV OCCURED	
20	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) INJUF	M 1 V	RK? ES 2 NO	200. DESCRIBE NOW	HJOHY OCCORED	
EIED	3 Suicide 8 Could not be determined	building, etc. (S)	RY — At home, farm, stre	et, factory, offica		28f. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,
COMPLETED		CIAN: To the best of my known of the basis of examinat						a) and manner as stated.
0	296. SIGNATURE AND VITLE OF CERTIFIER	10/12/0	lus		29c. LICENSE NUM	BER (≥ 7/2	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO				HACEDON	FOLIN MD	17/0	. / 6
	DR. MARTHA A. RIO	32. REGISTRAR'S SIG	NATURE	SIKEEI	, nageks	LOWN, MD 2	1740	
	JUL 28 1992	Juna Davidson	-Randoll					



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

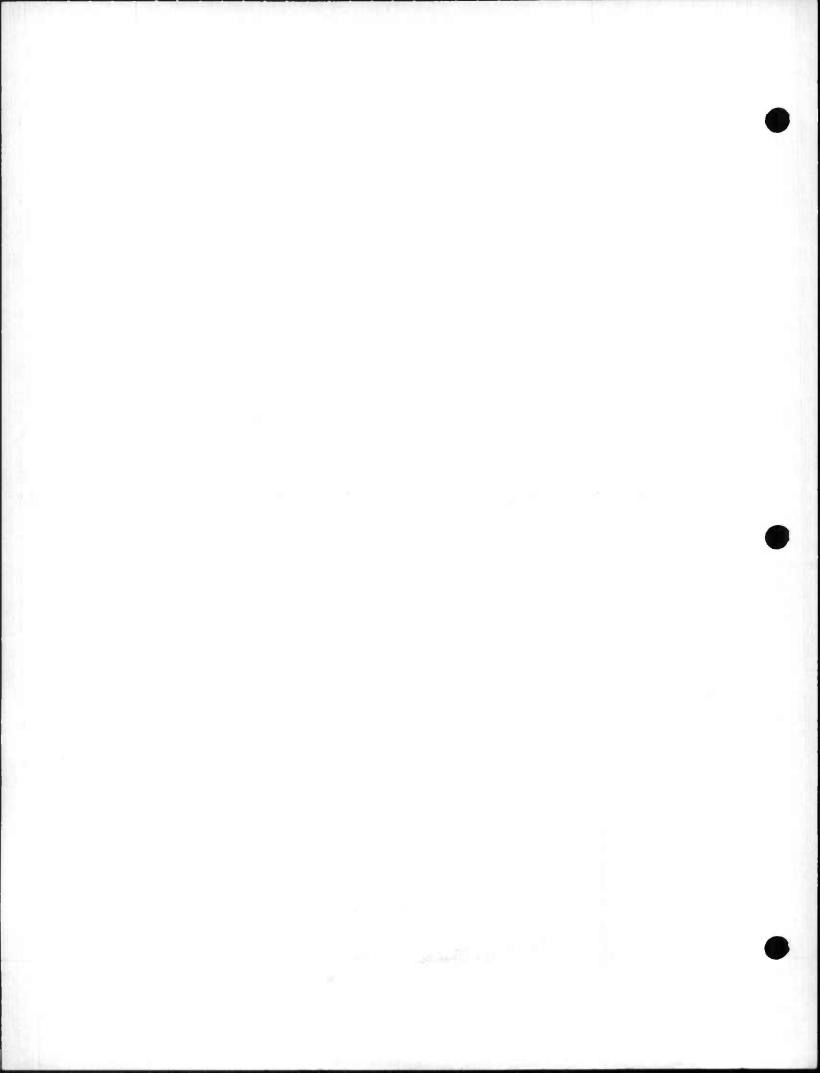
TOTHE EINFRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or titem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR				ENTIF	ICAL	EUF	DEATH		REG. NO.				
*	1. DECEDENT'S NAME (First,	Middle, Last)	hn	A	1	Mento	09		2. DATE O	D/		YEAR	3. TIME OF	
H	4. SOCIAL SECURITY NUMBE	ED.	5. 9EX	Α.						y 24.	1992		12:1	
i	216-05-986		1 X M 2 □ F	8. AGE (In yrs. Ia	st birthday) YRS.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.		F BIRTN Day, Year) .2,19(19	Country	LAWAR	11/1
- 100	9a. FACILITY NAME (If not ins Maryla	and Ge	neral Ho	spital				imore Ci	ATN	,		NTY OF DE		<u> </u>
ŀ	RESIDENCE OF DEC			-1			Dart	THOIE CI	СУ					_
	10a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE	CITY
	MARYLAND	BALT	IMORE			PI		HALL					1 YES	? 2 💢 NO
	10e. STREET AND NUMBER	**					101	. ZIP CODE			10g. CITI	ZEN OF W	HAT COUNT	RY7
L	9906 FALLS	VIEW						21128				U.S	.A.	
- 10	11. MARITAL STATUS 1 Never Married 2 X	Mondad	12. WAS DECEDER FORCES?	T EVER IN U.S. AI	RMED NO	13.	WAS DEC	ENDENT OF NISPAN ecify Cuban, Maxica	IIC ORIGIN?	(Specify Yes	or No-	14, RACE Black	- American White, atc.	Indian,
	3 Widowed 4 Divor			MAR OR DATES			1 TYES	2 X NO Specify	/:	carr, area,		Specifi		
ı	15. DECE (Specify only	DENT'S EDUC	CATION completed)	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON part of weathing	16b,	KIND OF BUS	INESS/INC	USTRY		
	Elementary/Secondary (0-		College (1-4 or 5	+)	. Do NOT u	se retired.)	owning mo	est of working						
	N/A		N/A	V:	ICE-F	RESI	DEN	C	II	VDUSTR	IAL	SUPP	LY CO	•
	17. FATHER'S NAME (First, Mid	ddle, Last)						18. MOTHER'S NA	ME (First, Mi	ddle, Malden	Surname)			
	TIMOTHY 1	MENTON						KATHER	RINE	(UNKN	(NWO			
	19a. INFORMANT'S NAME (Ty	pe/Print)		19	b. MAILING	ADDRES	S (Street a	and Number or Rural F				Code)	_	
_	MICHAEL ET				5816	EAS	T AV	E., BALT		E, MD	212	06		
	20a. METHOD OF DISPOSITION Number 1 2 Greenation	DN n 3 ☐ Ramo	oval from State	20b. PLACE cemetery, cri				ame of	OATE			City or Tov		
-10-	4 Donation 6 Other					RED	EEME	R CEMETR		BAL	TIMO	RE, N	ARYL.	MD
	21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE	-	/			NO ADDRESS OF FA				0000000	Call De Call	
	Timo	the	mi	1			9705	MUNEK FU BELAIR	NEKAL	HOME	S, I	NC.	2100	
	23. PART I. Enter the dis	seases, or c	complications the	it caused tha	eath, Do	not anter	r tha mo	da of dying, suci	h aa cardi	oc or reapi	ratory arr	reat,		ximate
	iMMEDIATE CAUSE (Find disease or condition resulting in death)		Acu	te Myoc	ardia		nfaro	ction						al Betwe
	Sequentially list condition in any, leading to immed cause. Enter UNDERLY!	ona, lieta	b	(OR AS A CONSE	OUENCE O	F):								
	CAUSE (Disease or Injur that initiated events resulting in death) LAST	y i	DUE TO	(OR AS A CONSE	OUENCE O	F):								
	PART II. Other significan	nt conditions	s contributing to	death but not	rasulting	in tha u	nderlying	g cause given in	Part I.	24s. WAS AN			WERE AUTOP	
									_	YES 2			COMPLETION OF DEATH?	
													₽₽¥YES 2	□ NO
	25. WAS CASE REFERRED TO	MEGICAL					- Inc							
1	EXAMINER?	MEUICAL	HOSPITAL:	-335		OTHE		ACE OF DEATH (Chi	ick only one,			_		
	1 YES 2 KDGQ		1 Compatient 2		_	4 🗌 Nur	rsing Nom	e 5 🗆 Realdence						(
		Pending	28a. DATE OF (Month, E		28b. TIM	E OF JURY	_	URY AT RK? res 2 \(\text{NO} \)	28d. DESC	RIBE HOW IN	IJURY OCC	CURED		2
	2 Deutstein	ould not be	26a. PLACE C	OF INJURY — At he etc. (Specify)	ome, term,	street, tac			281. LOCAT	ION (Street a	nd Number	or Rural Ro	oute Number,	
		etermined	- John Mary						uny or	Town, State)				
Γ								and place, and due						
L	2 MEDIC			xamination and/or	investigatio	n, in my o	opinion, d	eath occured at the	time, data a	nd place, and	due to th	e Cause(s)	and manner	as atated.
	196. SIGNATURE AND TITEE	OF CENTIFIER	. 0.					29c. LICENSE NUM	IBER		29d. DATI	E SIGNED	Month, Day,	Year)
	/ /hr	Un	- 'M	I.D.				n/	a				7/24/9	92
	oseph Rob	PERSON WHO	M. D.	SE OF DEATH (ITE			11 and	Garara1	Ua	-d 4 - 1			. , = 1/.	
1	11. DATE FILED (Month, Day, Y			R'S SIGNATURE		y	T (411)	· General	. nsol	TETI				
	1111 0 0 400	0												
		bar)			c/o	Mary	1ano	l General	Hsop	ital		· · · · · · · · · · · · · · · · · · ·	DHA	AH-16 R

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

4. SOCIAL SECURITY NUMBER

31. DATE FILED (Month, Day, Year)

JUL 28 1992

Elsie Oram Murray

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(Month, Dev. Year) 02-01-1888 DAVE 104 1 🗌 M 2 🖾 F 212-03-7494 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Meridian Multi-Medical Center Towson 10a. STATE 10c. CITY, TOWN OR LOCATION Maryland Baltimore County Towson FUNERAL 10e. STREET AND NUMBER 10f ZIP CODE burial-transit 7700 York Road 21204 the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2X NO Specify: BY the 3 🖾 Widowed 4 🗌 Divorced USE as 1 COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest gr Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached for Secretary 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at after death. Page 6 may be retained by Walter Deller Oram Mary Amelia Reifner 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3811 Canterbury Rd. Baltimore, Maryland 21218 Walter Linwood Oram 2 20a. METHOD OF DISPOSITION
120 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must n by the funeral director, removal. Woodlawn Cemetery 7/27/92 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Home DKer John G. Reitz 6500 York Rd. Baltimore, Maryland 21212 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. filled in by 24 hours 0 IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition resulting in death) CONGESTIVE HEART event, DUE TO (OR AS A CONSEQUENCE OF): CORCLANT AKTRAT other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leeding to immediate cause. Enter UNDERLYING attending physician CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 6 the atten Mental h Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL signed by t shows any 1 TES 2 NO has been : Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Heal certificate h OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 6 - Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY marked, 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this (1 Natural 1 YES 2 NO BY TUNERAL DIRECTOR: After the Thin 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 60 3 Suicide 6 Could not be determined COMPLETED 28 4 Homicide Hem 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. PORTANT: II 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE an all 005063 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) J. DIXON HILLS M.D. 3501 SF. PAUL ST. BALTIMONE MD.

As HOUSTHANS SICHONGER

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

6. AGE (In yrs. last birthday)

BEG NO

2. DATE OF DEATH

7. DATE OF BIRTH

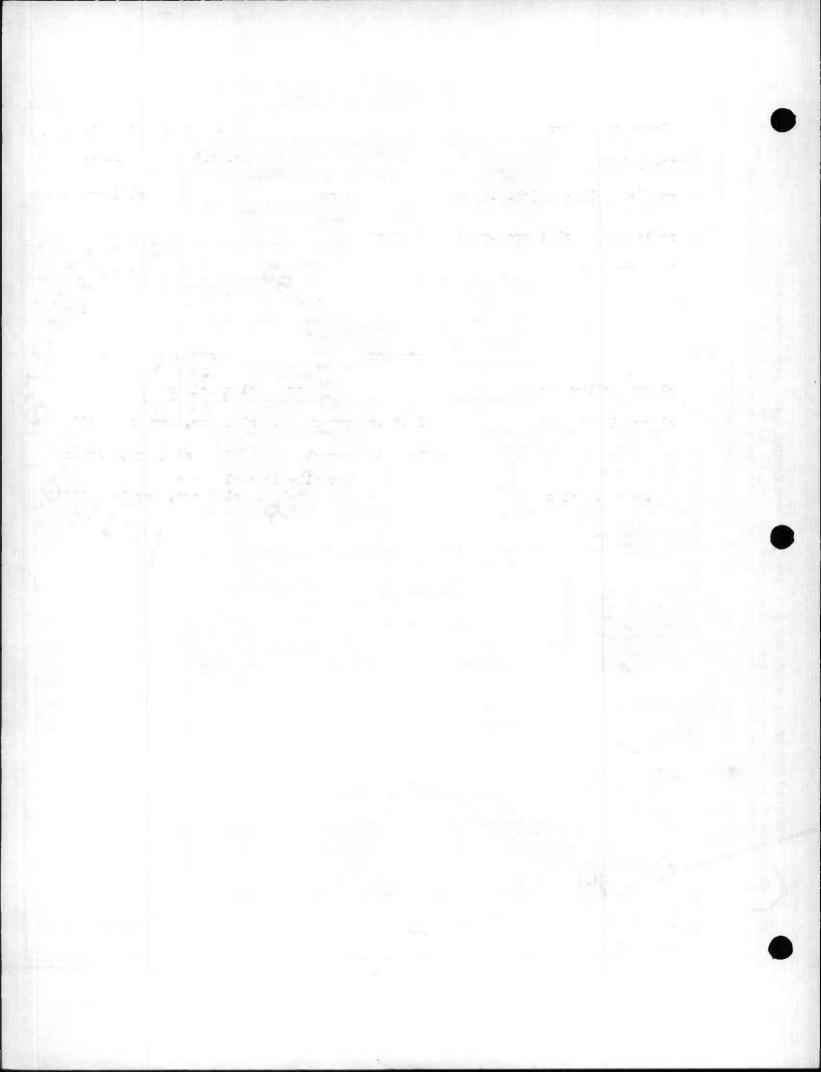
монтн 07 -

92 20830 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 24 -2:45 P. M B. BIRTHPLACE (State or Foreign Maryland 9c. COUNTY OF DEATH Baltimore County 10d, INSIDE CITY 1 YER 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc. Specify: White 16b. KIND OF BUSINESS/INDUSTRY Martin Coffee Co. DATE 20c. LOCATION — City or Town, State Baltimore, Maryland Approximata Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

92

29d. DATE SIGNED (Month, Day, Year)

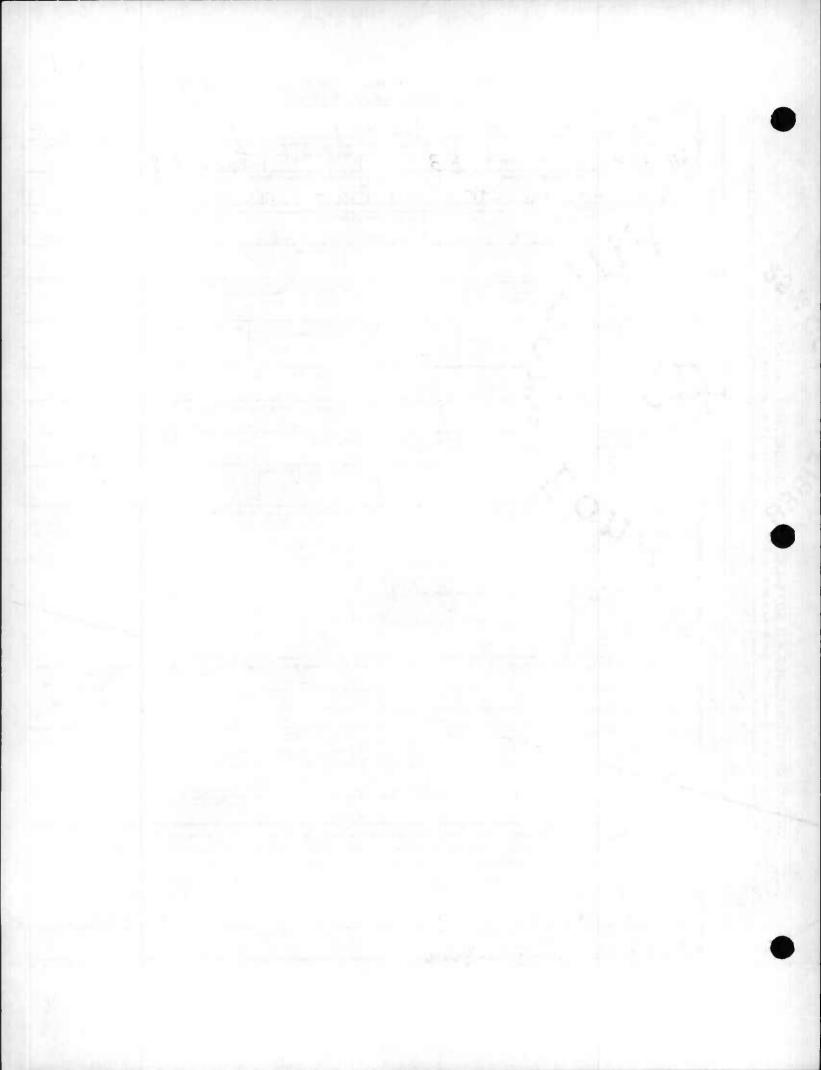
1 24 Jul



DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 PRINCIPLY OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020 PRINCIPLY After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be marked or the burlat transit permit. Pages 1, 2, 3 should be the marked, or fleen 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E ACT

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH ANTE OF DEATH	ID MENT	AL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) THELMA	6.	MOON	VEY	2. DAT	TH - 21-	3. TIME OF DEATH 215 P.M
	4. SOCIAL SECURITY NUMBER 24 220436 9a. FACILITY NAME (If not institution, give str	10 M 3 D 8	3 YRS. MONT	HOER 1 YEAR IF UNDER 24 H	J.	NE 21, 1908	BIRTHPLACE (State or Foreign Country) Maryland TY OF DEATH
DIRECTOR	Harbor Hospi	tal Ctr		Balt	m	1	
	Maryland Anne	Arundel	Arno				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	305 College Par				012		U.S.A.
æ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 TYES IF YES, GIVE WAR OR DATE	2 XNO	13. WAS DECENDENT OF HI If yes, specify Cuban, M 1 YES 2 NO S	exican, Puerto	ilN? (Specify Yes or No— o Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
ETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION (completed) (1-4 or 5 +)	6e. DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	L OCCUPATION one during most of working ad.)	16	b. KIND OF BUSINESS/INDU	JSTRY
ONCE.	3rd Grade		Housewi	fe		Home Maker	
CON	17. FATHER'S NAME (First, Middle, Last)	pod l		18. MOTHER	S NAME (First	, Middle, Malden Surname)	
111		Arthur Holmes				rie Ellis	
0	19a. INFORMANT'S NAME (Type/Print)					mber, City or Town, State, Zip	
	Lillian Ingram	Table 1		dian Landing	g Road	Millersvi	lle, Md. 21108
medical examiner must be notified TO BE	20a. METHOD OF DISPOSITION 1 Seriel 2 Cremation 3 Remo	val from State cemete	LACE AND DATE OF DIS	ice)	1	TE 20c. LOCATION — C	
-	4 Donation 6 Other (Specify)		udon Park	Cemetery 22. NAME AND ADDRESS O		24 Baltimo	re, Maryland
	VII. The	,	1	George J. (Gonce	Funeral Home	
ě	23. PART I. Enter the diseases, or co	anuslus	ac			. Baltimore	
event, the	shock, or heaft-failure. I. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions.	DUE TO (OR AS A CO	fiple	Myelm			Approximate Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO					
	PART II. Other significant conditions	and dhulles to death had					
: MEDIC	- Constant Conditions	Contributing to death but	not resulting in the	underlying cause give	n in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERS.	HOSPITAL:		26. PLACE OF DEATH	(Check only	one)	
YSI	1 TES 2 NO	Inpatient 2 - ER/Outpatie		1ER: Nursing Home 5 ☐ Reside	nce 6 🗆 Oth	ner (Specify)	
P. Bu	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c, INJURY AT WORK?		EȘCRIBE HOW INJURY OCCI	JRED
BY PI	2 Accident Investigation	90 PL 505 05 NUMBER		1 1 160 4 1 100	_		
ETED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	At home, farm, street,	factory, offica	28f. LO	CATION (Street and Number of y or Town, State)	r Rural Route Number,
COMPLETED		IAN: To the best of my knowledge: On the bests of axamination ar					d. cause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	- Hous	e sta	29c. LICENSE	NUMBER	29d. DATE	SIGNED (Mortin, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO WIT - NIMALA	HHC 300	il S. Ha	nover st	B	altimore	, Md.
	JUL 28 1992 Su	32. REGISTRAR'S SIGNATU					



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120	executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	n and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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BALTIMORE, MARYLAND 21215-0020	hospita	tached
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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IN OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be re	OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 to hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
4	20	Ē
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after	OURCOOR: After this certificate has been signed by the attending physician and completely filled in by the intending physician and completely filled in by the intending the state death with the State Debt, of Health and Mental Hydiene prior to build: cremation, or removal.	ca
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1. DECEDENT'S NAME (First, Middle, Las	t)			ICATI		-		2. DATE OF E	EG. NO.			3. TIME OF D	EATH
	ELMER	WILLIA	AM MA	ARTII	N			JULY	24,	199	2 YEAR	8:30 A	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ia	est birthday)	-	1 YEAR	IF UNDE	,	7. DATE OF B	HATH			IPLACE (State o	Foreign
217-05-8309	1 XXII 2 □ F	74	YRS.	MONTHS	DAYS	HOURS	MIN.	MAY 1	7,191	18	MARY	LAND	
9e. FACILITY NAME (If not institution, giv	street and number)			9b, CITY	y, TOWN	OR LOCATI	ON OF DI	EATH		9c. COU	NTY OF D	EATH	
408 WESTSHIRE R	DAD			(CATO	NSVI	LLE			BAL	LIMOI	RE	
408 WESTSHIRE RORESTSHIRE RO	ITY		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE C	ITY
MARYLAND B.	ALTIMORE			CA	CONS	VILL	E					LIMITS?	
10e. STREET AND NUMBER					101	. ZIP COO	ε			10g. CIT	IZEN OF Y	WHAT COUNTRY	
408 WESTSHIRE R	DAD					21:	229		- 1		J	J.S.A.	
100. STREET AND NUMBER 408 WESTSHIRE R	12. WAS DECEDEN			13.	WAS DEC	ENDENT (OF HISPAI	NIC ORIGIN? (S	pecify Yes	or No-	14. RACE	E — American II	ndian,
1 Never Married 2 X Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 AR OR DATES	INO			2XXNO		n, Puerto Ricen y:	, etc.)	- 1	Speci	ffy:	
15. DECEDENT'S EI	HICATION	tee D	ECEDENT'S	USUAL O	COLIBATIO	DAL						WH	ITE
(Specify only highest gra	College (1-4 or 5	(0	Give kind of u	work done	during mo	ost of workli	ng		OF BUS				
(Specify only highest ore Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Lest)	Conege (1-4 or 5 4	,	REDIT					CKI	DII			RE CITY	
17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First, Middle	, Maiden S			U UZZZ	
WILLIAM SADLER	MARTIN					IDA	CA	RRIE S	CHUI	THE	IS		
19a. INFORMANT'S NAME (Type/Print)		19	9b. MAILING	ADDRES	S (Street a	nd Number	r or Rural i	Route Number, C	ity or Town	, State, Zip	Code)		
EVELYN MARTIN	(WIFE)	4	108 W	ESTSI	HIRE	ROA	D, CA	TONSVII	LE, N	1ARYI	LAND	21228	
20s. METHOD OF DISPOSITION 1 X Murisi 2 Cremation 3 Re	moval from State	20b. PLACE						DATE	20c. LOC	ATION —	City or To	wn, State	
4 Donation 5 Other (Specify)		LOUDC	PA	_				27/92	BA	LTI	MORE,	MARYLA	ND
21. SIGNATURE OF FUNERAL SEPTICE	LICENSEE	LI				M ADDRE		SSELL (: W1	ואצידו	r FIIN	JEDAT H	OMES
Russell	en	FER		16	630	EDMOI	NDSO	N AVENU	JE, CA	TONS	SVILI		
23. PART I. Enter the diseases, o shock, or heart failure	complications tha	caused the d	aath. Do r	not enter	the mo	da of dy	ing, suc	h as cerdiac	or respir	atory an	rest,	Approx	
IMMEDIATE CAUSE (Final	0			11		1-5	->	1					and Deat
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due to (OR AS A CONSEQUENCE OF):													
DUE TO (OR AS A CONSEQUENCE OF):													
Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
If any, leading to immediate cause. Enter UNDERLYING	0.1	5. 500	lead	ررو								į	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	F):									
resulting in death) LAST	d												
DATE # 04 - 1 - 15	one contributing to	death but not	rasultina i	In the su	a do els do e		where he	Deal la					
PART II. Other aignificent condition of the condition of	Mais	Lui 1		in the ur	luariying	a cause i	given in	Part I. 248.	PERFORM		240.	AVAILABLE PRICOMPLETION O	OT RC
1000	1 to M	11/11/						10	YES 2	□ NO		OF DEATH?	r CAUSE
- Contract	yalo Go	44/169		-				-				1 YES 2] NO
25. WAS CASE REFERRED, TO MEDICAL	T				26. PL	ACE OF D	EATH (Ch	eck only one)					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Nur	Rt:			8 Other (Spi	nothe)				
27. MANNER OF DEATH	28e. DATE OF (Month, D		28b. TIM	-	28c. INJ			28d. DESCRIB		JURY OC	CURED		
1 Natural 5 Pending 2 Accident Investigation	100	-,, ,,,,,		M		ES 2] NO						
3 Suicide 6 Could not b	26e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm, s	street, fact	tory, office	•		26f. LOCATION City or Tox	(Street an	d Number	or Rurel F	loute Number,	
4 Homicide determined													
	SICIAN: To the best of												
One) a Tarrical Examp	MED. O- 16 1 1												
one) 2 MEDICAL EXAMI	NER: On the basis of at	umination and/or	Investigatio	in, in my d	opinion, d	eath occur	red at the	time, data and	place, and	due to th	e cause(a) and manner a	stated.

ALEJANDRO MEJIA M.D. 405 FREDERICK ROAD, SUITE 100, CATONSVILLE, MD. 21228
TE FILED (Month, Day, Year)

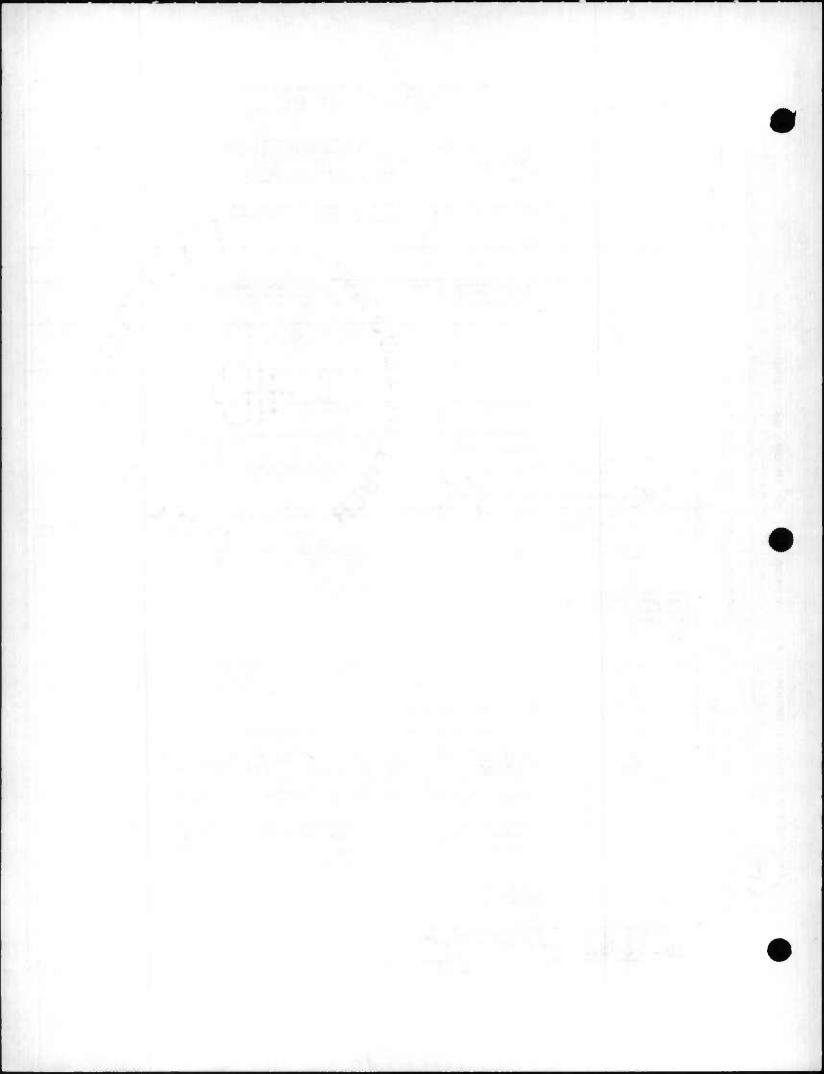
11 2 8 1992

Guine Designation for the control of th

31. DATE FILED (Month, Day, Year)

JUL 28.1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



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盖	TO THE PUNETAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the familiar be fined within 20 hours after death with the State Dept. of Health and Mental Hoplese prior to busis, committed, or emposit	IMPRITIAL II have 30 is marked on liters 93 shows any injury, as other transmists arend the medical assembles asset to see the
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TO WE ACCOUNT ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	28	3

	1 - STATE REGISTRAR	STATE OF		DEPAR ERTIF					IENTAL HYGI REG.			- 2003
	1. DECEDENT'S NAME (First, Middle,	Lest)							2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	JERMONE JO	SEPH		MAI	RTIN					24	92	9:52 A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	it birthday)	IF UNDE	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Yea	rl	8. BIPTI- Count	IPLACE (State or Foreign
	213-14-8779	1 X M 2 □ F	72	YRS.	MONTHS	DAYS	HOURS		05-07-19			LAND
	Se. FACILITY NAME (If not institution,	give street and number)			9b, CIT	Y, TOWN C	R LOCAT	ON OF DEA	ATH	9c. COU		
DIRECTOR	2909 Virgini	a Avenue			Ва	altin	norel	High1	ands	Balt	imo	re
ច្ឆ	RESIDENCE OF DECEDEN 10e, STATE 10b, CO			1 40. 00		OR LOCAT		1.00				
	145											10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER	TIMORE		LBAL	TIMO	RE H						1 TYES 2 X NO
FUNEHAL		A		3.47			ZIP COD	-		10g. CITI	ZEN OF Y	WHAT COUNTRY?
	2909 Virginia		Saltimore				21227				5.A.	
	1 Never Married 2 Merried	FORCES?	NT EVER IN U.S. AR I ☑ YES 2 ☐ N MAR OR DATES	NO		If yes, sp	ecity Cube	n, Mexican	C ORIGIN? (Specify, Puerto Rican, etc.		14. RACI Black	E — Americen Indian, k, White, etc.
2	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES	III		1 TYES	2 X NO	Specify:			Spec	"Y: WHITE
9	15. DECEDENT'S	EDUCATION		CEDENT'S	USUAL	CCUPATIO	N N		16h KIND OF	BUSINESS/IND	HETOV	WILLE
COMPLEIED	(Specify only highest Elementary/Secondary (0-12)	grade completed) College (1-4 or 5	(G	ive kind of Do NOT u	work done	during mo	st of worki	ng		AND GLA		
<u> </u>	12	NONE		INTE	NANC	E				RATION	100	
5	17. FATHER'S NAME (First, Middle, Las		- 110				16. MOT	HER'S NAM	E (First, Middle, Mei			
ונ	JOSEPH		MART	TN			MAR		= wet, middle, mer	KASI	D 7 A I	7
۱۵	19e. INFORMANT'S NAME (Type/Print)				ADDRES	S (Street e			oute Number, City or			
2	SHIRLEY K. MAR	TTN	1						LTIMORE,			
	20a. METHOD OF DISPOSITION		20b. PLACE					, D21.		LOCATION —		avo State
- 1	1 St Buriel 2 Cremation 3 C 4 Donation 6 Other (Specify)	Removal from State	cemetery, cre ΜΔΡΥΙΔ	matory or o	ther place	ANG	CEME	TEDV	7/28 CR			
	21. SIGNATURE OF FUNERAL SERVICE		Juneran	IVD V.				SS OF FACI		OWNSVI	وظللنا	HD
-1	• X 1)	(141)			SI	INGLE	TON	FUNE	RAL HOME			
-	23. PART I. Enter the discesses.	Sun			1	SECO	ND A	VE. S	S.W., GL	EN BURI	NIE,	MD 21061
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSECUTION AS	DUENCE O	ń. n:	me	tos	tat	7ċ			Onset end Dear
	PART II. Other aignificent cond	litions contributing to		Man (/ //	nderlying	ceuse (given in P	PERI	AN AUTOPSY FORMED?	246.	WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDIC.					26. PL	ACE OF D	EATH (Chec	k only one)			
	1 TES NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE	R: sing Home	don	sidence 6	Other (Specify)			
	27. MANNER OF DEATH	28e. DATE OF (Month, D	INJURY	28b. TIM	E OF	28c. INJ	JRY AT		28d. DESCRIBE HO	W INJURY OCC	URED	
,	1 Pending 2 Accident Investigat		wy, roury	ins	M	1 Y	ES 2	NO				
	3 Suicide 6 Could no	28e. PLACE C	F INJURY — At hor atc. (Specify)	me, farm,	street, fac	tory, office		- 1	281. LOCATION (Stre	et end Number	or Rural R	loute Number,
	4 Homicide determine	ed Doroning,	area (Opocay)						City or Town, St.	are)		
	294. CERTIFIER CERTIFYING P	PHYSICIAN: To the best of	my knowledge, des	ath occurs	ed at the t	lme data	and place	and then to	the cause(s) and			
	one) 2 MEDICAL EXA	MINER on the basis of e	xamination and/or is	nvestigatio	n, in my o	opinion, de	eath occur	ed at the th	me, date and place.	end due to the	cause(s	end manner as stated.
- 11	296. SIGNATURE AND TITLE OF CENT	1.7									-	_
4	Moralles	My)					Zvc. Lici	NSE NUMB	82	29d. DATE	SIGNED	116 7
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF DEATH (ITEM	1 27) /3	Drint1		V	100	50	1	12	1/14
	/ /	3		(rype,	· ranj							
1	31. DATE FIGEDs/Month Day Years	32/PECISTRA	M'S SIGNATIUSE									
	31. DATE FILED (Month Clay Year)	17 June D	M'S SIGNATURE	delle								

place made be commen 7/24/52

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for up be filed within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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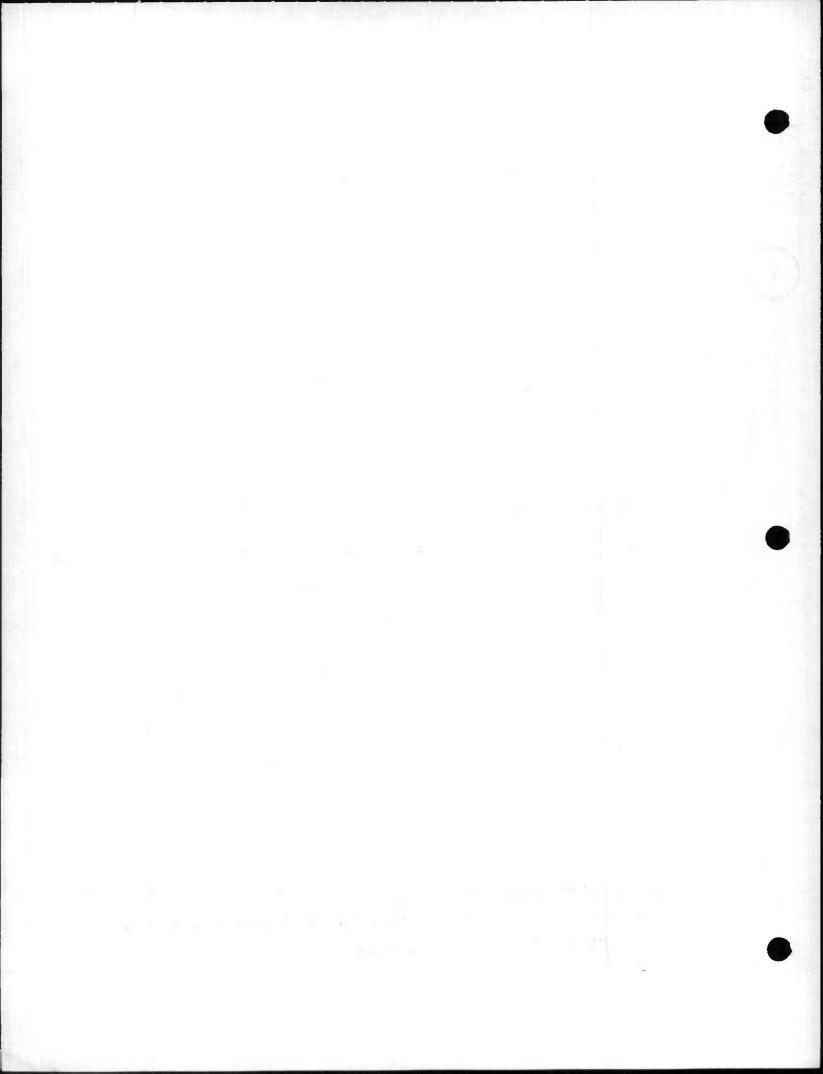
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-00

FOR 1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIFIC	CATE OF	DEATH		REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	OF DEATH			3. TIME OF DEATH
- 1	CARL	E.	MCIE		JR		JULY	25	1 992	YEAR	
13	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthdev)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C		1992	_	5:30 a.m M
1	217-78-1173	1 M 2 F			ONTHS DAYS	HOURS MIN.	(Month,	Day, Year)	- 1	Countr	γ)
	9e. FACILITY NAME (If not institution, give s		21		AL OUTY TOWN			/24/		Md.	
CC.	THE JOHNS HOPKI		TAT	- 1		OR LOCATION OF D			100	NTY OF D	
임	RESIDENCE OF DECEDENT	Tagon en	TAL		RALTI	MORE CIT	Y		BAL	TIMO	RE CITY
E C	10e. STATE 10b. COUNT	Υ	1	10c, CITY,	TOWN OR LOCA	TION		-			10d, INSIDE CITY
DIRECTOR	Md.				timor					l	LIMITS?
	10e. STREET AND NUMBER			Dal		f. ZfP CODE					1)XYES 2 NO
FUNERAL	409 S. Dun	con Str	a a +								YHAT COUNTRY?
N	11. MARITAL STATUS					21231				.S.F	
	1 X Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARM	ED	13. WAS DEC	CENDENT OF HISPA Hecify Cuben, Maxic	NIC ORIGIN? nn, Puarto Ri	(Specify Yas can, afc.)	or No-	14. RACE Black	— American Indian, t, White, etc.
BY	3 Widowed 4 Divorced	IF YES, OIVE W	AR OR DATES			2 NO Speci				Speci	fy:
	15. DECEDENT'S EDU	CATION	1 40 - 050		SUAL OCCUPATI					Whi	Lte
	(Specify only highest grade	completed)	(Give	e kind of wo	rk done durina mi	ost of working	16b.	KIND OF BU	SINESS/IND	USTRY	1
٦٠	Elementary/Secondary (0-12)	College (1-4 or 5 +)								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Dry	wal	.l Mec						
		6				18. MOTHER'S NA					
BE	Carl E. McIe.	Sr.					aret				
2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural					
	Betty Carraher					Terrace	Bal	timo	re, M	d.	21214
:	20s. METHOO OF DISPOSITION 1 XBurtal 2 Cremation 3 Ram	oval from State	20b. PLACE AN	ID DATE OF	DISPOSITION (No	eme of	OATE	20c. LO			
	4 Donation 5 Other (Specify)		Vosh	ell	Garde	าร		Ba	alti	more	e,Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1117		22. NAME A	ND ADDRESS OF FA	CILITY				21231
	Andrew	Alha.	M		11111	, & 70i	lor	Inc	100	1 5	astern Ave
	23. PART i. Enter the diseases, or o	complications that	Caused the deel	h. Do no	t enter the mo	de of dulon suc	T C T	1110.	170	1 1 0	
	anock, or neart rangre.	Liat only one cau	ae on each iine.			ac or dying, acc	in ad Colum	ac or reap	iatory arr	wat,	Approximete interval Between
- 1	iMMEDIATE CAUSE (Finei disease or condition	I	laste. 1	Н	-4-0-1	Failu	.0				Onset and Death
	resulting in desth)	s	OR AS A CONSECUTOR AS A CONSECUTION	1 1	epano	_ 14114				/	21/2 hrs
_		002 10	OH AS A CONSEQU	ENCE OF):		-10					
0	Sequentially list conditions,	b. IVI	OB AS A CONSECU	W 0	arug c	n Se					
AT	If any, leading to immediate cause. Enter UNDERLYING										
F	CAUSE (Disease or injury that initiated events	c. OUE TO	OR AS A CONSEOU	ENCE OF:	e						
CERTIFICATION	resulting in deeth) LAST										
핑		0									-
A	PART ii. Other significant condition	s contributing to	death but not res	ulting in	the underlyin	g ceuse given in	Part i.	4a. WAS AN		24b.	WERE AUTOPSY FINGINGS
EDICAL								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME							_				OF DEATH?
=							-				1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. Pt	ACE OF DEATH (Ch	eck only one)				
S	EXAMINER?	HOSPITAL:	ER/Outpetlant 3		THER:						
È	27. MANNER OF DEATH	28s. DATE OF		28b. TIME (e 5 🗆 Rasidence		Specify)	HIEW COS	11050	
	1 Natural 5 Pending	(Month, De	y, Year)	INJUR	Y WO	RK?	200. DESC	NIBE NOW IF	4JUHY OCC	UNEU	
ВУ	2 Accident Investigation 3 Suicide	28s. PLACE OF	INJURY — At home	form etc-			204 1 2 2 2				
	4 Homicide 8 Could not be determined	building, a	itc. (Specify)	, 101111, 0110	ret, rectory, ornic		City or	ION (Street a Town, State)	nd Number	or Rural Ad	oute Number,
Ξ.	29a. CERTIFIER										
₹ I	(Check only	CIAN: To the best of	ny knowledge, death	occurred	at the time, date	end place, end due	to the cause	(a) and men	ner as state	ıd.	
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of ax	amination and/or inv	eatigation,	in my opinion, d	eath occured at the	time, data a	nd placa, and	d dus to the	cause(s)	and manner as stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	ABER		29d. DATE	SIGNED	(Month, Day, Year)
	11. Willes	-	MD			L481-	7		> 7	1251	192
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF OEATH (ITEM 2	27) (Type, Pr	int)					, /	
	M. WILLIAMS ME) - Johns	Hopking	s Hos	spital	600 N. V	Jole 9	Lank	R.11	· ~~	an I
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAF	us signature una Davida			000 N. V	VUIL C	"CET	Dul	HITTON	-,11:0
	.1111 2.0	1H47 2	which Taril	. 70.							



3	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TAL	RECC	SON	, P.C). B	X 1	3146,		_	BALTIMORE, MARYLAND 21203-3146	MORE	, M/	ARYL	AND	2120	3-31	46
TO THE HOSPITA	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 widors after death. Page 6 may be retained by the hospital or attending physic	: The la	w requires	that the	death c	ertificat	be exe	uted with	in 24 (ours after	er death. P	age 6 ma	y be ret	ained by	the hospi	tal or att	ending	physi
TO THE FUNERAL	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	cate has	been sign pt. of Heaf	th and A	e attendi	ng phy	ician an	d complet	ely fille nation,	d in by t	he funeral	director,	age 5 s	hould be	detached	for use	as the	buria
IMPORTANT: If	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	item 2	3 shows	any in	ury, or	other	Irauma	ic even	, the	medica	examin	er must	be not	ffled at	once.			

9	2	2	U	y	3	-

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART	CATE C	F HEALTH AND	MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) HATTLE MILL					07	24	7.5	AR	O/40 A M
	4, SOCIAL SECURITY NUMBER (219/63340)	1 □ M 2 ØF	n yrs. last birthday) 93 YRS.	MONTHS DA	YS HOURS MIN.	08	DE BIRTH Day, Year)	96. COUNTY	YAR	CE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give s MANOR CARE ROS RESIDENCE OF DECEDENT	SSVILLE			TIMORE					10RE
DIRECTOR	10e. STATE 10b. COUNTY BAL	TIMORE		, town or L LTIMO					502	I, INSIDE CITY LIMITS? YES 24 NO
FUNERAL	100. STREET AND NUMBER 14 VAN COURT				101. ZIP CODE 21206			USA	OF WHAT	COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If ye	DECENDENT OF HISPAI s, specify Cuben, Mexics YES 2 NO Specif	en, Puerto R			RACE — A Black, WI Specify: WHI!	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18a. DECEDENT'S (Give kind of wilfe. Do NOT use CLERK	rork done durin	PATION g most of working		KIND OF BUS	NESS/INDUST	RY	:
	17. FATHER'S NAME (First, Middle, Lest) HUGO WEBEI	3			18. MOTHER'S NA	ME (First, M LIPIN		iumame) INKNOWI	4)	
TO BE	19a, INFORMANT'S NAME (Type/Print) MR. GORDON SLUSS				STONE LA		303	BALTO	MI	21236
	20 METHOD OF DISPOSITION 1. Burlel 2 Commetton 3 Rem 4 Donation 5/ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIN	B	other place)	HEBRI 22. NAN SOI	of cometery, crematory or \[\frac{7/26/9}{\text{LEVINSON}} \] LEVINSON LO REISTER	2 vcility & BR	20c. LOC REI	ATION — CHY STERS! NC.	or Town,	State MD
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR AS A DUE TO (OR AS A C.	CONSEQUENCE OF	7): & PLOS / 7):		ori de Card	nec or respir	atory arrest		Approximate Interval Between Onset and Deeth
PHYSICIAN: MEDICAL CER	PART II. Other significant condition	d. Hard and the second of the	out not resulting i	n the under	lying cause given in	Part I.	24a. WAS AN PERFOR	MED?	AW CO OF	RE AUTOPSY FINDINGS NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DOA	OTHER:	6. PLACE OF DEATH (C					
ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY	WORK?	28d. DES	CRIBE HOW IP	JURY OCCUR	ED	
ED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	(— At home, farm, c	street, factory,	office		ATION (Street a or Town, State)	nd Number or	Rural Rout	Number,
COMPLET	one)	BICIAN: To the best of my know ER: On the basis of examination							ause(a) an	d manner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE	B A	ls_	7	29c. LICENSE NU	MBER 52		29d, DATE S	19 (MC) 24	orth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WE	S 560/ L	OCH RA	Print) HEA	1 B2VD	BH	LTIM	OLE	N	Di
	31. DATE FILED (Month, Day, Year)	2 ST. HOUSTRAND SIGN	ATURE	L					V 2 3	5 / (

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Pages 1, 2, 3 should

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page 5 should

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BOX 13146,

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RECORDS,

OF VITAL

DIVISION

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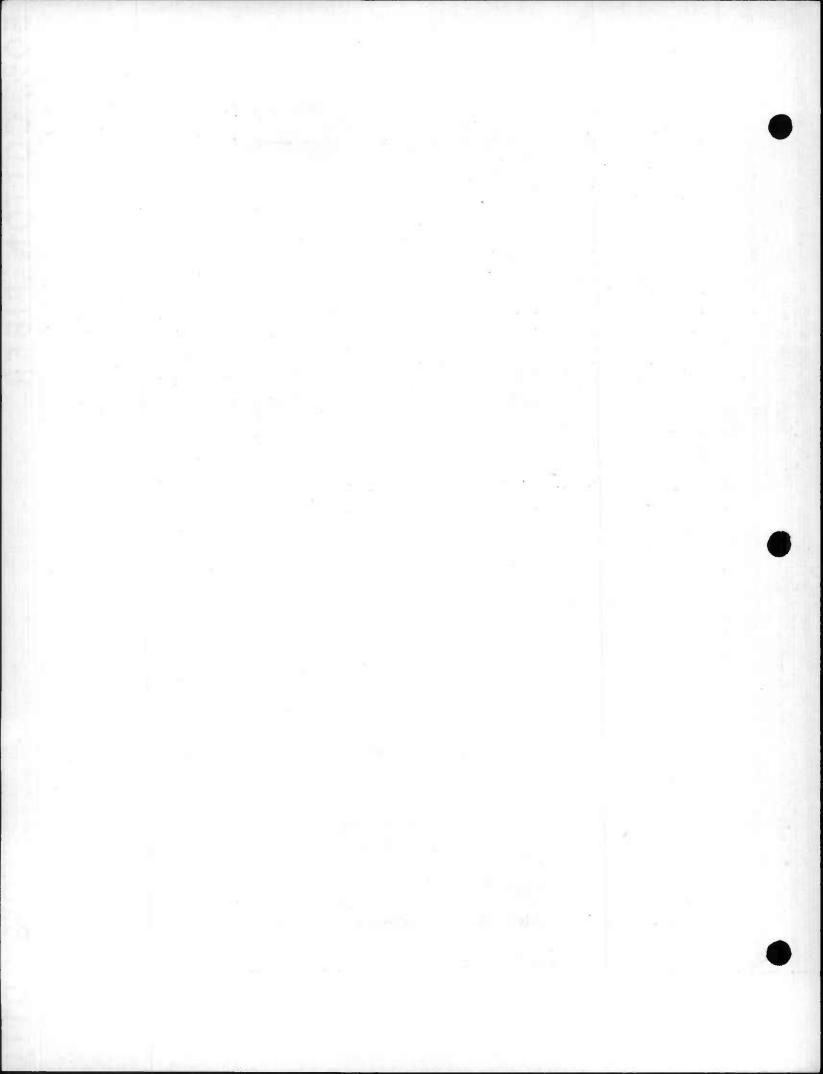
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 07-26-92 S. TIME OF DEATH 5:32am REATRICE (NMN) NATHAN) BEATRICE 532 Am - 26 -1992 7. DATE OF BIRTH (Month, Oay, Year) 11/15/1898 4 SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS BRINI 1 M 2 F 93 YRS. New York 497-03-3002 98. FACILITY NAME (If not institution, give street and number)
Levindale Hebrew Hospital
2434 W. Belvedere Av
RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH DIRECTOR Baltimore Avenue 10c. CITY, TOWN OR LOCATION 10a, STATE 10b. COUNTY 10d. INSIDE CITY NYES 2 NO Maryland -Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOF 10g, CITIZEN OF WHAT COUNTRY? USA 21215 2434 W. Belvedere Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIOIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerio Rican, etc.)
1 YES 2 (NO Specify: 11. MARITAL STATUS 14. RACE American Indian, Black White, atc. 1 Never Married 2 Married Specify BY ₩idowed 4 Divorced White ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Ghas kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Flementary/Secondary (0-12) College (1-4 or 5+) COMPL 8th Homemaker Home 18. MOTHER'S NAME (First, Middle, Melden Surname) 17. FATHER'S NAME (First, Middle, Last) Blondine de Lemos Ħ John Nathan BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7121 Park Heights Ave., Apt 708, Balto. 2 Conrad A. Nathan pe 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION --- City or Town, State Buriel 2 X Cremation 3 - Removal from State must 4 Donation 5 Other (Specify) Metro Crematory, Inc. 7/27 Baltimore, MD 21, SIGNATURE OF EUNERAL SERVICE LOCASI examiner 22. NAME AND ADDRESS OF FACILITY Cremation Society of Maryland, Inc. 299 Frederick Road, Balto., MD 21228 George MacNabb medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List pniy one cause on each ilne. interval Retween Onset and Daeth **IMMEDIATE CAUSE (Fine)** disease or condition event, the . CARCINOMA RIGHT BREAST WITH METASTASIS. resulting in death) OUF TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated eventa other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 10 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO апу COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) Item EXAMINER? OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO 0 26a, DATE OF INJURY (Month, Day, Year) 26b. TIME OF 27. MANNER OF CEATH 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUREO marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 60 6 Could not be COMPLETED 28 4 Homicide determined Item 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner se stated. TO THE HOSPITAL TO THE FUNERAL I be filed within 72 h (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Dev. Year) BE 025610 07 - 27 - 920 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LEVINDALE HEBREW GERIATRIC CENTER SHOSP WEST BEWERDERE AVENUE 2434 32. REGISTRAR'S SIGNATURE 28 1992 Julie Davidson-Randell

Wis no

OHMH-16 Rev 1/89



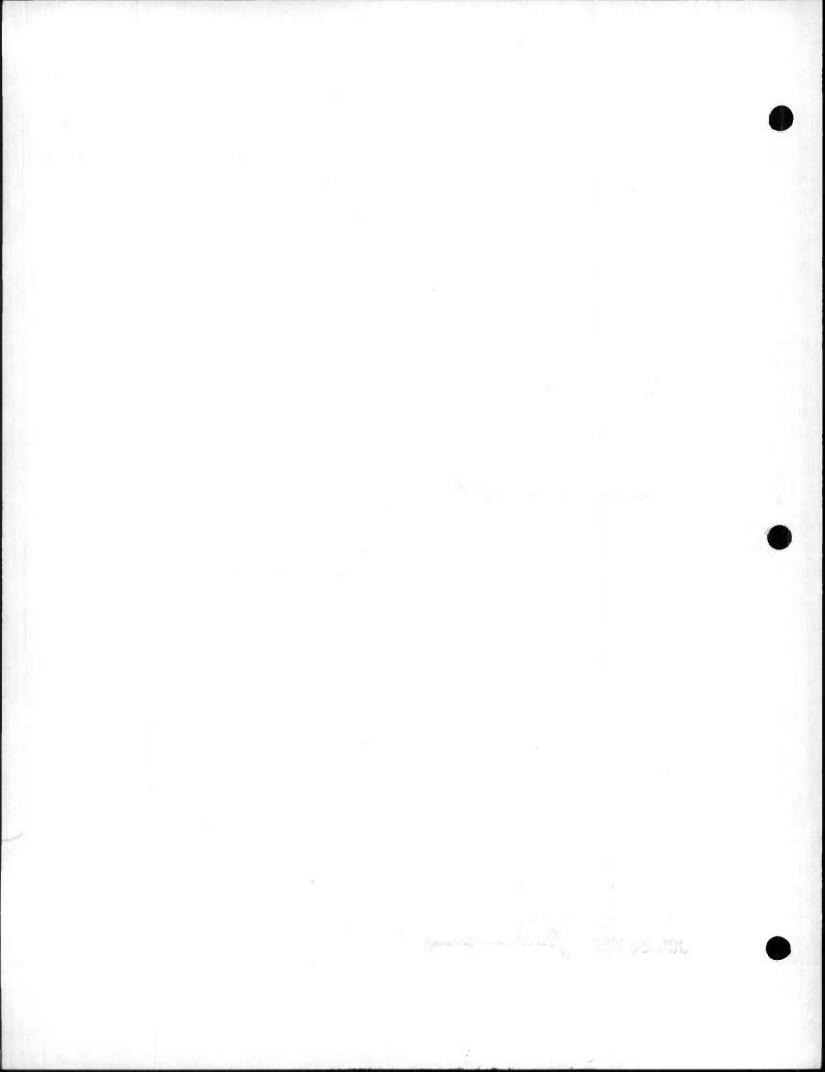
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			MENTAL	HYGIENE REG. NO.)	~	2003/
1	1. DECEDENT'S NAME (First, Middle, Last) PARULIS GI					2. DATE OF MONTH	DEATH	У	EAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. II	and high days are				- 11			11:11P M
	000-91-6954	1 M 2 F . O	YRS. MONT	NOER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 1)			Country)	CE (State or Foreign
~	9a. FACILITY NAME (If not inetitution, give stre G.B.M.C 6701 N		9b.		R LOCATION OF DI	EATH		9c. COUNTY	OF DEAT	
TO	RESIDENCE OF DECEDENT	CHARDES SII	(BBI	DABI.	- INONE			<i>D111</i>	2 2 110) I I
DIRECTOR	MD . 10b. COUNTY		10c. CIEY, 1700	TEW POP	PR					1. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		2 11	101.	ZIP CODE			10g. CITIZEN		YES 2 NO
FUNERAL	4082 CRADLE CRI				21037					USA
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2		If yes, spe	ENDENT OF HISPAI cify Cuben, Mexico	in, Puerto Ric	Specify Yes or en, etc.)	r No- 14.	Black W	American Indian, hite, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 🗋 YES	2 TNO Specif	y:			Specify:	Shit
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ompleted) (i	ECEDENT'S USUA Give kind of work of the Do NOT use retir	AL OCCUPATIO	N at of working	16b. K	IND OF BUSIN	IESS/INDUS	TRY	
필	Elementary/Secondary (0-12)	College (1-4 or 5+)								
S	17. FATHER'S NAME (First, Middle, Last)) /:			18. MOTHER'S NA					
BE		rulis				sin	raru			
2	19e. INFORMANT'S NAME (Type/Print)	1	96. MAILING ADDI	RESS (Street er	nd Number or Rural	Route Number,	City or Town,	State, Zip Co	de)	
	Susan Parulis 20a. METHOD OF DISPOSITION	20b. PLACI	AND DATE OF DIS	POSITION (Ner	ne of	OATE	20c. LOCA	TION — City	or Town	State
	1 Buriel 2 Cremation 3 Remov	ral from State complete or	rematory or other pl			1				
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE Ronald Wade	, Dir	22. NAME AN	D ADDRESS OF FA	GLITY St	ate Ar	natomy	7 Boa	rd
	Google B.	and and	24/92		. Baltim	ore St	, Bal	to.,M	D 21	201
	PART I. Enter the disesses, or co ahock, or heart failure. Li	empilestions that caused the dist only one cause on each lin	leath. Do not er	nter the mod	de of dying, suc	h ss cerdle	c or respira	tory srrest	,	Approximete interval Between
	iMMEDIATE CAUSE (Final disease or condition	CARDIOP	TTMONZ	ov zo	DFCT					Onset end Death
	resulting in death) a.	DUE TO (OR AS A CONSI		AII.	KBD1					
z	Ch	CYTOMEGA	ALOVIR	US IN	CLUSION	N DIS	EASE			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	EOUENCE OF):							
FIC	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	EOUENCE OF):							
RT	resulting in death) LAST	· ·							ĺ	
	PART il. Other algnificant conditions	contributing to death but not	resulting in the	underlylne	cause olven in	Dari I	In. WAS AN AU	TOBOY	0.45 1999	RE AUTOPSY FINDINGS
ICAL	PREMATURITY		rooming in the	underrying	couse given in		PERFORME	ED?	AVA	ALABLE PRIOR TO MPLETION OF CAUSE
MED						_ '	TYES 2	Į NO	1	DEATH?
Ä										
PHYSICIAN: MEDIC		HOSPITAL:		HER:	ACE OF OEATH (Ch					-
HYS	1 YES 2 NO	28e. OATE OF INJURY	28b. TIME OF	Nursing Home 28c. INJU	5 Residence		Specify) NBE HOW INJ	URY OCCUR	FD	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 Y	RK?					
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street,	factory, office			ON (Street and Town, State)	Number or I	Rural Route	Number,
Ē	29e. CERTIFIER	AN. Table 1 and 1								
COMPLET		AN: To the best of my knowledge, d On the beels of examination end/or							ruse(e) end	f menner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	10			29c. LICENSE NUI					pth, Day, Year)
O BE	Sedol l	la m			D- 39.			> 7/	13/9	Q
٩	30. NAME AND ADDRESS OF PERSON WHO	POMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Print)					-//	1	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	74(
	JUL 28 1992 Jul	- Series Rules	a X							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending physician
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the more amount of the attending physician and completely filled in the more after the attendance of the attending physician and completely filled in the more after the attendance of t
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DR. KEN MILLER

JUL 28 1992

										**) ha	20000
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	RTMEN	T OF H	EALTH	AND	MENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Land)			_,,,,,,	IOA	_ Oi	DEA	I II	REG. NO		Τ.	
	JAMES EDW	IN PETE	RS						7-20-92	AY	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	S. SEX	R. AGE (In yes, last	- hothday	E IMPE	R 1 YEAR	IF UNDER	24.1000	7-20-92			10:05A M
	185 18 9338	1 (M 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)		8. BIRTHPI, Country)	ACE (State or Foreign
		24	67	Theat					5/25/25		W. Vi	rginia
œ	Bu. FACILITY NAME (If not institution, give				9b. CIT	r, town o	R LOCATIO	ON OF DE	ATH	9c. COUN	TY OF DEA	тн
õ	17709 Topfield	Drive			Ga	aithe	ersbu	irg		Mont	aome	ry County
DIRECTOR	RESIDENCE OF DECEDENT 104. STATE 106. COUNT	W 3		1 017		OR LOCAT						
E	The state of the s	4.0	esta Minara								19	Od. INSIDE CITY LIMITS?
	MarylandMontg	omery cou	inty	Gi	aith	ersb	2				1	YES 2 NO
Z.						10f.	ZIP CODE	E		10g. CITIZ	EN OF WN	AT COUNTRY?
¥	17709 Topfield	Drive				2	0877				USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DECI	ENDENT O	F HISPAN	IC ORIGIN? (Specify Yes	or No-	I4. RACE -	- American Indian,
BY F	1 X Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES			If yes, spe 1 YES	2 NO	n, Maxica Specify	n, Puarto Ricari, etc.)		Black, V Specify:	White, etc.
	- m. 1914-47 (1) (1-20/9597)	l	У	res							, ·	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION complimed	(Gi	CEDENT'S	work done	CCUPATIO	N of workin	M.	16b. KIND OF BUS	SINESS/INDU	STRY	
Щ	Elementary/Secondary (0-12)	College (1-4 or 5 -	Pile.	Do NOT us	se retired.)	owny me	H DT Province	v				
MP	12								Ohio 1	Bell t	elep	hone Co.
00	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NA	ME (First, Middle, Maiden			
BE (Elmer Bair Pet	ers					Rul	by F	lorence Ei	cher		
TO B	19a. INFORMANT'S NAME (Nysofrini)		19b	. MAILINO	ADDRES	S (Street an			loute Number, City or Town		Code)	
F	Patricia Roby								, Gaithers			1077
	20s. METHOD OF DISPOSITION	HIRITANADOS	20b. PLACE A					110		CATION - C		
	1 Durtal 2 Cremation 3 Rem 4 XDonation 5 Other (Specify)	ovel from State	cemetery, cren				III OI		DATE	MIION - U	ty or rown	, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE DODA 1	d Wada	Dir	- 22	NAME AN	D ADDRES	OF EAC	W 1970 1 - 1 - 2			
	1/2/1	00	, water,	Ly	97 6	55 W	+ ובם	- i m ()	ce St, Bal	atomy	Boar	rd
_	xough w	· /an	Kary	7/2	- 1							101
	PART i. Enter the diseases, or ehock, or heart fellure.	complications that	caused the det	ath. Do n	ot anter	the mod	is of dyl	ng, such	as cerdiec or respi	ratory arres	st,	Approximate
	IMMEDIATE CAUSE (Final	1	OF OIL EACH INTO.		/							Onset and Death
	disease or condition resulting in death)	- Pr	101	OU(iel							5m2
	Total in a county	DUE TO	OR AS A CONSEO	UENCE OF	j:							0110
z												
ERTIFICATION	Sequantially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
A	cause. Enter UNDERLYING	_										i .
正	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	UENCE OF):							
F	resulting in death) LAST											
8		d										
AL	PART ii. Other significant condition	es contributing to	deeth but not re	sulting i	n the un	deriying	ceuse g	lven in l				ERE AUTOPSY FINDINGS
MEDICAL									PERFORI			MILABLE PRIOR TO MPLETION OF CAUSE
E									1 YES 2	□ NO	OF	DEATH?
											11	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
2	EXAMINER?	HOSPITAL:			OTHER		CE OF DE	ATH (Che	ck only one)			
YS	1 YES 2 XNO	1 - Inpatient 2 -		□ DOA		ing Home	_	sidence l	Other (Specify)			
F	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, Da		28b. TIME INJU		28c. INJU WOR			28d, DESCRIBE HOW IN	JURY OCCU	RED	
B	Natural 5 Pending Investigation				М		ES 2 🗌	NO				
	3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — At home	ne, ferm, s	treet, fact	ory, office			281. LOCATION (Street a)	nd Number or	Rural Route	Number,
H	4 Homicide determined	G=37/41.							City or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, des	th accum	d at the ti	data a	-d nines	and done	to the cause(a) and ment			
\$	one) 2 MEDICAL EXAMINE								to the cause(a) and ment ime, data and place, and			
8		- Λ	~/	2/1	r, in my o	prinon, de	ann occure	PO ALL LINE L	ime, data and place, and	due to the	cause(s) en	d manner as stated.
BE	29b. SIGNATURE AND ATTLE OF CERTIFIES	TV	< MI	111	7.1		29c. LICE	NSE NUM	BER	29d. DATE S	IGNED (N	onth, Day, Year)
5	M	W 1	- OIL	M	M	$ \mathcal{Y} $	N 2	20	86	▶ 7/	331	97
→ II	30. NAME AND ADDRESS OF PERSON WH	O'COMPLETED CAUS	E OF DEATH ATEM	27) /Time	Deint)						- VVV	10

18111 Prince Philip Drive, Olney, MD

20832

Same and Diffe

1. DECEDENT'S NAME (First, Middle, Last)

Antonio

4. SOCIAL SECURITY NUMBER

Jr.

6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

Pittman

5. SEX

1992

3. TIME OF DEATH

P

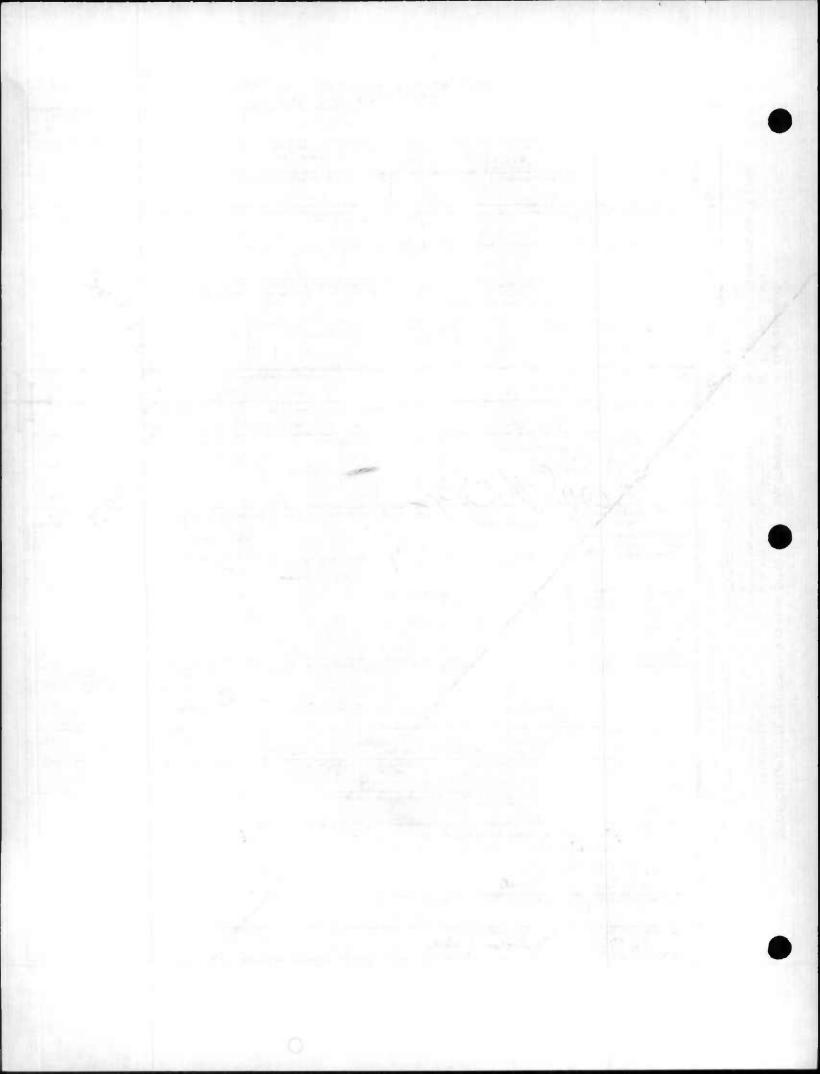
12:27

2. DATE OF DEATH MONTH 07 19

19 DAY

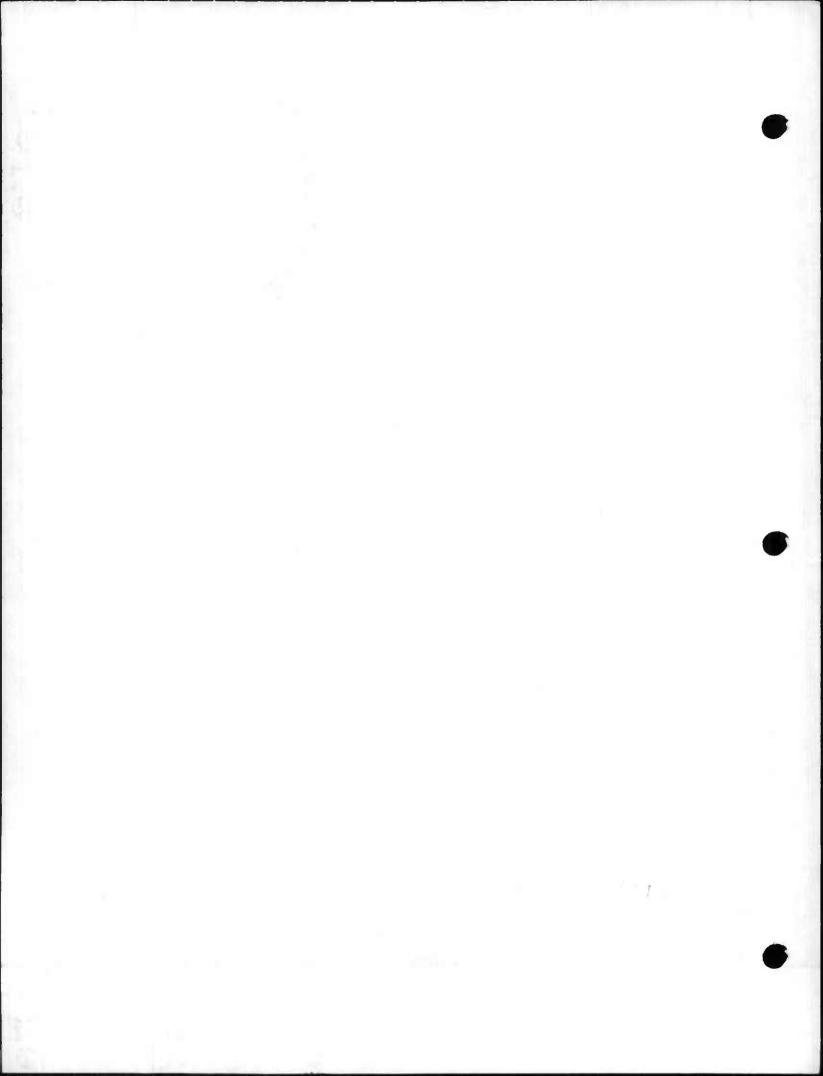
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	Johns Hopkins Hospital Baltimore											
DIRE	10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOC	CATION			10d. INSIDE CITY				
	MARYLAND		BALT	TIMORE				1X YES 2 N				
FUNERAL	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WH.											
	1934 WALBROOK AT	12 WAS DECEDENT EVER IN	U.S. ARMED	13. WAS D	21216	ANIC ORIGIN? (Specif	USA	. RACE American Indian,				
B	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	ATES "	If yes,	specify Cuban, Mexic ES 2 (∑ NO Spec	can, Puerto Rican, etc	1.)	Black, White, etc. Specify: AFR. AMER.				
PLETED	15. DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during i	TION most of working	16b. KIND OF	F BUSINESS/INDUS	тяу				
E COMPL	17. FATHER'S NAME (First, Middle, Last) ANTONIO PITTN	MAN SR.			16. MOTHER'S N	IAME (First, Middle, Me						
IO BE	19e. INFORMANT'S NAME (Type/Print) ANTONIO PITTM	MAN SR.				Anoute Number, City of BALTIMOR		AND 21217				
Jan Switz	20e. METHOD OF DISPOSITION 5 Suriel 2 Cremation 3 Ren 4 Donation 5 Qther (Specify)	moval from Stata cem	PLACE AND DATE OF etery, cremstory or oth STERN STA	DISPOSITION	Name of	DATE 200	LOCATION — City	y or Town, State				
	WESTERN STAR CEM, 07-23-92 BALTIMORE, MA 1. SIGNATURE OF FACILITY ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTIMORE, MARYLA											
	disease or condition resulting in death)	DUE TO (OR AS A	Over lay	:								
		b. DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF):	:	ng cause given ir	n Part i. 24a. WA	S AN AUTOPSY REORMED?					
MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF):	:	ng cause given ir	PE		24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO				
HAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	b. DUE TO (OR AS A c. DUE TO (OR AS A d	CONSEQUENCE OF): CONSEQUENCE OF): ut not reaulting in	the underlyi	ng cause given ir	PEI 1 YE	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?				
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A d.	CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in	the underlyi	PLACE OF DEATH (C	PEI 1 YE	RFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?				
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. DUE TO (OR AS A c. DUE TO (OR AS A d	CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in	28. OTHER: Nursing Ho	PLACE OF DEATH (C	heck only one)	RFORMED?	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO				
BT PHTSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (OR AS A d. DUE TO (OR AS A d. HOSPITAL: 1 □ Inpettent 2 ≅ ER/Output (Month, Day, Year)	CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in	28. OTHER: OF 28c. II V M 1	PLACE OF DEATH (Come 5 Residence NJURY AT HORKY 1 YES 2 NO	heck only one) 8 Other (Specify) 28d. DESCRIBE HI	OW INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO				
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	DUE TO (OR AS A c. DUE TO (OR AS A d. DUE TO	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in attent 3 □ DOA □ 28b. TIME INJUI At home, farm, str	28. OTHER: OF 28c. II V M 1	PLACE OF DEATH (Come 5 Residence NJURY AT HORKY 1 YES 2 NO	heck only one) 8 Other (Specify) 28d. DESCRIBE HI	OW INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO				
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART H. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	DUE TO (OR AS A c. DUE TO (OR AS A d. DUE TO	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in attent 3 DOA 28b. TIME INJUI At home, farm, str	28. OTHER: Nursing Ho OF 28c. If Letter Letter Washing to the state Washing to the	PLACE OF DEATH (Come 5 Revidence NJURY AT NORKY YES 2 NO lice te and place, and du death occured at the	heck only one) 8 Other (Specify) 28d. DESCRIBE HI 28f. LOCATION (St. City or Town, S a to the cause(s) and e time, data and place	OW INJURY OCCUR reet and Number or Filter) manner as stated. e, end due to the ca	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO Rural Route Number, suse(a) and manner as state GNED (Month, Day, Year)				
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (OR AS A c. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A d. DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Ut not resulting in attent 3 DOA 2 28b. TIME (NJU) At home, farm, str., str	28. OTHER: Nursing Ho OF 28c. If Y 1	PLACE OF DEATH (Come 5 Residence NJURY AT NORKY 1 YES 2 NO No No No No No No No No No No No No No	heck only one) 8 Other (Specify) 28d. DESCRIBE HI 28f. LOCATION (St. City or Town, S a to the cause(s) and e time, data and place	OW INJURY OCCUR	AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO Rural Route Number, BUDG (Month, Day, Year) 20 1992				



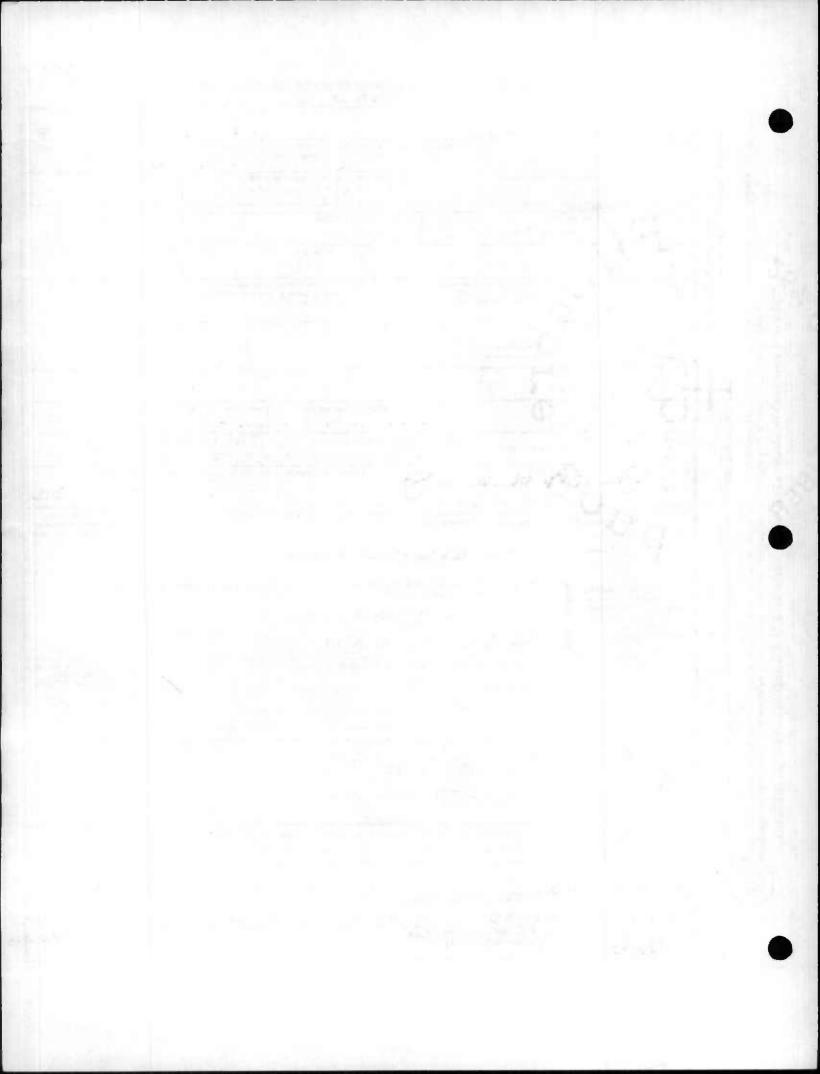
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DELORES E. PROUT YEAR 92 07 10:30 A M 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIFITH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 216-34-0706 1 [] M 2 F 53 MARYLAND 12-15-38 for use as the burial-transit permit. Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE DIRECTOR PIKESVILLE 8346 STREAMWOOD 10a. STATE 19c, CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND PIKESVILLE 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8346 STREAMWOOD DRIVE 21208 1158 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE - American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 YES 2 NO Specify BY Specify. 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) DAVID LIDE ANNIE LIDE notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 R. PROUT 8346gTREAMWOOD DRIVE PIKESVILLE, MARYLAND 21208 THEODORE pe 20a. METHOD OF DISPOSITION
1A Burlel 2 Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE director, must nation 3 🗆 Rer BALTIMORE, MARYLAND 07 - 28 = 92ARBUTUS MEMORIAL PARK examiner 21. SIGNATURE OF FUNETIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY UNERAL HOME PA the funeral 1300 EUTAW PLACE, BALTIMORE, MARYLAND21217 medicai 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, filled in by Approximate shock, or heart failure. List only one case e on each line. interval Betwe 6 **IMMEDIATE CAUSE (Final** Onset and Death completely filled rial, cremation, o the disease or condition executed within resulting in death) other traumatic event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): Hygiene prior to burial, CERTIFICATION and Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING physician CIPPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events attending resulting in death) LAST 50 has been signed by the atter Dept. of Health and Mental shows any injury, PART if, Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES 2 4-NO OF DEATH? 1 YES 2 CHO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check-only one) After this certificate I death with the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 1 YES 2 NO 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending 1 YES 2 NO В 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 60 L DIRECTOR: A COMPLETED 6 Could not be item 28 | 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated TO F PAYERAL C (Check only one) 2 MEDICAL BIXAMINER: On the basis of examination and/or investigation, in my opinion, death ed at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF 29d. DATE SIGNED (Month, BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year 32. REGISTRAR'S SIGNATURE 0 Davidson 28 1992

DHMH-15 Rev 1/89



FINERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should make after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. ISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

1. DECEDENT'S NAME (FIRE		Gerra		. Pric	ce			2. DATE		AY	YEAR 92	3. TIME OF DEATH		
	SOCIAL SECURITY NUMBER		5. SEX 8. AGE (in yrs. last i		MONTHS DAYS				DATE OF BIRTH (Month, Day, Year)			NPLACE (State or Foreign		
Sa. FACILITY NAME (If not	Institution, give a		L			2	LOCATION OF D	EATN.	- 20	92	NTY OF I			
Universi		NOOTE THE					more C			9c. C00	NITOFI	DEATN		
RESIDENCE OF DE	-				Du	TUTI	MOIC O	rol				10d. INSIDE CITY		
10e. STATE	10b. COUNT				TY, TOWN OR		M					10d. INSIDE CITY LIMITS?		
Md .		e Arund	тет	ŀ	Pasad							1 TES 2 NO		
							CIP CODE			10g. CIT	IZEN OF			
	7884 Brighton Court			ED WILLO ADMED		21122					U.S.A			
1 Never Married 2	. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI			2 NO	13. W/ 17 1	13. WAS DECENDENT OF NISPANIC ORIGIN 19 yes, specify Cuban, Maxican, Puerl 1 YES 2 NO Specify:			IIGIN? (Specify Yes or No.— 14. into Rican, etc.)		Blec	4. RACE — American Indian, Black, White, etc. Specify: Black		
	CEDENT'S EDU		16	Be. DECEDENT'S	B USUAL OCC	CUPATION		161	b. KIND OF BU	SINESS /INF	HISTON	Brack		
	nly highest grade			(Give kind of life. Do NOT u	work done die	ring most o	of working	100	- ANNU OF BU	SHESS/INL	JOINT			
			-′	N/A	A				N/A					
17. FATHER'S NAME (First,	Middle, Lest)	7		•,		1	18. MOTNER'S NA	ME (First,	Middle, Maiden	Sumame)				
Gary D.							Joyc	e Ar	nn Fie	elds	Code)			
19a. INFORMANT'S NAME				19b, MAILING	ADDRESS (Street and	Number or Rural	Route Num	nber, City or Tow	n, State, Zip	Code)			
Gary D.														
0a. METHOD OF DISPOSITION 20b. PL/					7884 Brighton Court; Pasadena, Md. 211									
1 🗌 Burlel 2 🖾 Cremati	ion 3 🗌 Ram	oval from State	comoto	ny oromatony or	other places			1						
1 Donation 5 Othe	lon 3 🗆 Rem er (Specify)		comoto	ny oromatony or	other place) Crema	tory	y, Inc	.7/	25/92	Ca	ton	sville,Mo		
1 Donation 5 Othe	lon 3 🗆 Rem er (Specify)		comoto	ny oromatony or	other place) Crema 22. NA	tory	y, Inc	7/:	25/92 McCu	<u>Ca</u>	ton Fun	sville,Mo eral Home		
1 Buriel 2 ACremati 4 Donetion 5 Othe 21. SIGNATURE OF CUNER. James 23. PART I. Entar the 6	AL SERVICE LIFE F. H diseases, or chaart failure.	Tackman complications the List only one car	Jr. at caused the use on aach	ne daath. Do	crema 22. NA 3 2 not antar th	AME AND	y, Inc ADDRESS OF FA Mounta n of dying, suc	.7/: courv in 1	25/92 McCu Rd.,	Ca 11y Pasa	ton Fun den	sville,Mo		
1 Burlel 2 Acremate 4 Donetion 5 Othe 21. SIGNATURE OF FUNER. 23. PART I. Entar the condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in the condition resulting in the condition resulting in death if any, leading to immediate. Entar UNDERLY CAUSE (Disease or Injuthst initiated events	ion 3 Ram or (Specify) AL SERVICE LIA S F . H diseases, or or chaart failure. Innal tiona, bdiata ring ury	ackman complications the List only one can a. CARD DUE TO b. RDS DUE TO DUE TO DUE TO DUE TO	Jr. at caused the use on aact of the control of th	the death. Do he death. Do he line. CRAT DISEQUENCE OF HEMO CONSEQUENCE OF CONSEQUENCE CONSEQUENCE OF CONSEQUENCE CONSEQUENCE OF CONSEQUENCE OF CONSE	not antar the series of the se	tory AME AND O4 1 he moda FAVI	y, Inc ADDRESS OF FA Mounta a of dying, suc LURE	in I	25/92 McCu: Rd., i	Ca 11y Pasa Iratory sn	ton Fun den	eral Home a, Md. 2007 Approximate Interval Betwee		
1 Burlel 2 Acremate 4 Donetion 5 Othe 21. SIGNATUSE OF SUNER. 23. PART I. Entar the condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or Injury Laurence Property Laurenc	tion a Ram Remore (Specify) AL SERVICE LIA F . H S F . H See asses, or one art failure. In all Itiona, addista Iting Iting Iting Iting Iting Iting Iting Iting Iting	ackman complications the List only one ca a. CARD DUE TO C. CEREC DUE TO C. CER	Jr. at caused the use on aach of or as a constant of the caused the use on aach of or as a constant of the caused the ca	the death. Do he d	not antar the CRY ACHER	tory AME AND O4 1 he mode FA12 ORRIT	y, Inc. ADDRESS OF FA MOUNTA TO 1 of dying, suc LURE HAGE, R	in I	25/92 McCu: Rd., i	Ca 11y Pasa Iratory sn	ton Fun den	eral Home a, Md. 2007 Approximate Interval Betwee		
1 Burlel 2 Acremate 4 Donetion 5 Othe 21. SIGNATURE OF FUNER. 23. PART I. Entar the 6 shock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition from the cause. Entar UNDERLY CAUSE (Disease or Injust Initiated events resulting in death) LAS	tion a Ram Remore (Specify) AL SERVICE LIA F . H S F . H See asses, or one art failure. In all Itiona, addista Iting Iting Iting Iting Iting Iting Iting Iting Iting	ackman complications the List only one ca a. CARD DUE TO C. CEREC DUE TO C. CER	Jr. at caused the use on aach of or as a constant of the caused the use on aach of or as a constant of the caused the ca	the death. Do he d	not antar the CRY ACHER	tory AME AND O4 1 he mode FA12 ORRIT	y, Inc. ADDRESS OF FA MOUNTA TO 1 of dying, suc LURE HAGE, R	in I	25/92 McCu Rd., I	Ca 11y Pasa Iretory sn	ton Fun den	SVI11e, Mo eral Home a, Md. 21/2 Approximata Interval Betwee Onset and De were Autropsy Findin Amailable Prior to Completion of cause DF DEATH?		
Duriel 2 Acremate Donation 5 Othe St. SIGNATURE OF SURER. James 23. PART I. Entar the cohock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condit frany, leading to immediate, Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in death) LAS	tion a Ram Remore (Specify) AL SERVICE LIA F . H S F . H See asses, or one art failure. In all Itiona, addista Iting Iting Iting Iting Iting Iting Iting Iting Iting	ackman complications the List only one ca a. CARD DUE TO C. CEREC DUE TO C. CER	Jr. at caused the use on aach of or as a constant of the caused the use on aach of or as a constant of the caused the ca	the death. Do he d	not antar the CRY ACHER	tory AME AND O4 1 he mode FA12 ORRIT	y, Inc. ADDRESS OF FA MOUNTA TO 1 of dying, suc LURE HAGE, R	in I	25/92 MCCU Rd., Idlac or reapi	Ca 11y Pasa Iretory sn	ton Fun den	SVIIIe, Mo eral Home a, Md. 21/2 Approximate Interval Betwee Onset and De WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE		
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1 Burlel 2 Acremate 4 Donetion 5 Othe 21. SIGNATURE OF TUNER. 22. SIGNATURE OF TUNER. James 23. PART I. Enter the cache, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other algnific PART III. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Notice of the condition of the con	ion 3 Ram or (Specify) AL SERVICE LIA S F . H diseases, or or anart failure. Inal tions, ediata line ant condition TO MEDICAL Pending Investigation Could not be determined TIFYING PHYSI DICAL EXAMINE	a CARD Complications the List only one can a. CARD DUE TO B. RDS DUE TO C. CERE DUE TO C. CERE DUE TO C. CERE DUE TO EXTRA C. CERE DUE TO C. CERE DUE TO C. CERE DUE TO C. CERE DUE TO C. CERE DUE TO C. CERE DUE TO C. CERE DUE TO DUE TO C. CERE DUE TO DUE	Jr. at caused it use on aact look as a complete of the comple	The dath. Do hillns. CPRATONSEQUENCE OF HEMOLOUSEQUENCE OF PREMONE OF THE MANAGEMENT ON THE MANAGEMENT OF THE MANAGEMEN	ortherplace) 22. N/ 3 2 not antar the street, factory and at the time red at the time	tory AME AND O4 1 he moda FA11 ORRI erlying c 28. PLAC 17 Ves WORK 1 Ves y, office 21	Y, Inc. ADDRESS OF FA MOUNTA a of dying, suc LURE AAGE R DIC Cause given in CE OF DEATN (Ch. 5 Realdence W AT S 2 NO	Part I. 28d. DE 28f. Loo City to the car time, dete	25/92 MCCU Rd., rdlac or reapi FA\L 24a. WAS AN PERFOR 1 □ YES 2 TO TOWN, State) Use(a) and mar	Ca 11 y Pasa Iratory sn NGC AUTOPSY IMAED? NO NJURY Occ and Number nner as stat d due to th	ton Fun den rest, PD 244 curse or Rural ed. ee cause(e)	SVIIIe, Mo eral Home a, Md. 247 Approximate interval Betwee Onset and De Were Autopsy Findin MAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO		



3. TIME OF DEATH

00:16 8. BIRTNPLACE (State or Foreign Maryland

> 10d. INSIDE CITY 1 YES 2 X NO

Approximats Interval Between Onset and Death 12 m

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

nd due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) D7/25/92

FOR STATE REGISTRAR

MARIO

ARTURO

BELTRAN

Union Memorial Hospital

1. DECEDENT'S NAME (First, Middle, Last)

Matilda

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Union Memorial Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Baltimore 10c. CITY, TOWN OR LOCATION Baltimore (Dundalk) 10c. STREET AND NUMBER 1222 Willow Road, 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced Baltimore City 10c. CITY, TOWN OR LOCATION Baltimore (Dundalk) 10d. ZIP CODE 21222 11. WAS DECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yea or No- If yes, apecify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:	OUNTY OF OEATH N/A 10d. INSIDE CITY LIMITS? 1 YES 2 CITIZEN OF WHAT COUNTRY? USA										
10e. STREET AND NUMBER 1222 Willow Road, 11. MARITAL STATUS 1 Never Married 2 Married 12 Married 3 Wildowed 4 Divorced 12 Married 3 Wildowed 4 Divorced 100. ZIP CODE 21222 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specifly Yea or No- If yes, GIVE WAR OR DATES 10 NO. ZIP CODE 11 Name of the control of the con	10d. INSIDE CITY LIMITS? 1 ☐ YES 2 € CITIZEN OF WHAT COUNTRY?										
106. STREET AND NUMBER 1222 Willow Road, 11. MARITAL STATUS 1 Never Married 2 Married 12 Married 3 Wildowed 4 Divorced 109. ZIP CODE 21222 1109. ZIP CODE	LIMITS? 1 VES 2 X CITIZEN OF WHAT COUNTRY?										
106. STREET AND NUMBER 1222 Willow Road, 11. MARITAL STATUS 1 Never Married 2 Married 2 Never Married 2 Married 3 X Widowed 4 Divorced 109. ZIP CODE 21222 11. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No- If yes, apecify Cuban, Maxican, Puerto Rican, etc.) 1 YES, GIVE WAR OR DATES 109. ZIP CODE 119. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No- If yes, apecify Cuban, Maxican, Puerto Rican, etc.)	1 TYES 2 X										
The specific of the specific											
3 X Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:	03/1										
15. DECEDENT'S EDUCATION 16e. OECEDENT'S USUAL OCCUPATION 16b. KINO OF BUSINESS.	- 14. RACE — American Indi Black, White, etc. Specify: White										
(Specify only highest grade completed) (Give kind of work done during most of working	/INDUSTRY										
Elementary/Secondary (0-12) Coffege (1-4 or 5+)	U										
10th Grade Homemaker Domestic 17. FATHER'S NAME (First, Middle, List)	Housewife										
I Inomac W Uohn I Lowonea Cabilta	Hohn										
190. INFORMANT'S NAME (Type/Print) Atty. Daryl Fletcher, Esq. 8905 Harford Rd., Baltimore, Maryl	Zip Code) land 21234										
20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of	— City or Town, State										
21. SIGNATURE OF FUNERAL SERVICE LICENSEE WOVIN F FCLOY 22. NAME AND ADDRESS OF FACILITY	nore, Marylan										
McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md.											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. iMMEDIATE CAUSE (Final disease or condition resulting in death) SEPSIS DUE TO (OR AS A CONSEQUENCE OF):	arrest, Approxim Interval B Onset an										
Sequentially list conditions, if sny, leading to immediats DUE TO (OR AS A CONSEQUENCE OF):	2 d										
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d	2.6										
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. CHF., HTV., Dn, TA. 1 YES 2 YNO	AVAILABLE PRIOR										
	1 YES 2										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Short S											
27. MANNER OF OEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 18JURY AT WORK? 28d. OESCRIBE NOW INJURY WORK?	OCCURED										
2 Accident investigation 2 Accident 3 Suicide 8 Could not be determined 4 Nomicide Nomicide 4 Nomicide Nomicide 5 Nomicide 5 Could not be determined 6 City or Town, State)	28t. LOCATION (Street end Number or Rural Route Number, City or Town, State)										
29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to											
29b. SIGNATURE AND TITLE OF CERTIFIER 29d. IC	DATE SIGNED (Month, Day, Year)										
D 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	07/25/92										

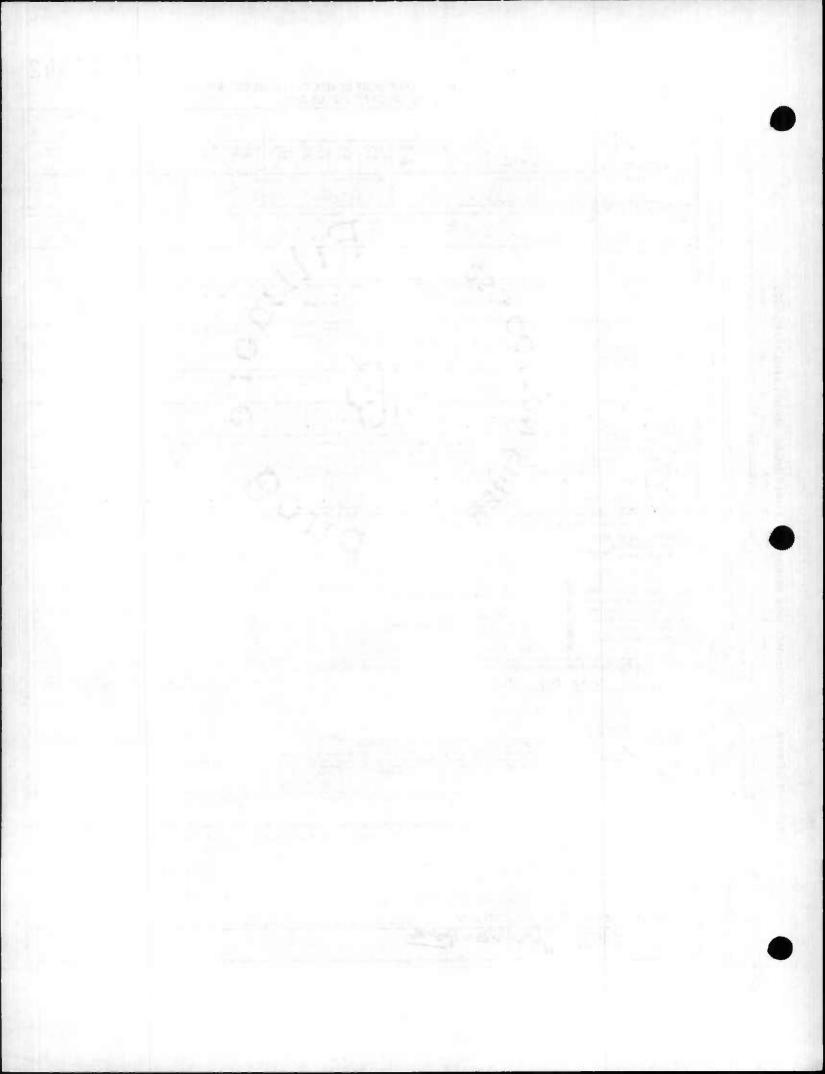
Pandolfini

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

2. DATE OF OEATH

DAY 25

OHMH-16 Rev 1/89



Pages 1, 2, 3 should

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PURTANT: IF

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PUNERAL DIRECTOR:

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After death CERTIFICATION

MEDICAL

PHYSICIAN:

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ysician and completely filled in by the funeral director, page 5 should be prior to burial, cremation, or removal.

DIRECTOR

FUNERAL

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	VITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft
5	OR
	TAL

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH July 27, 1992 YEAR GERALD POLLOCK 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign March 15, 18 HOURS MONTHS DAYS Ireland 215 09 4577 1 🙀 M 2 🗌 F VDS 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 406 Orchard Ave., Brooklyn Park A.A.Co. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION
Brooklyn Park 10a STATE 10b. COUNTY 10d, INSIDE CITY Maryland A.A.Co. 1 TYES 2 KNO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 406 Orchard Ave. 21225 U.S. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerio Rican, etc.) 1 YES 2X NO Specify 3 Widowed 4 Divorced 1942-1946 White 15. OECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Protection Service Federal Government 12th Grade 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) William Pollock Rose 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Rose Rennie 58 Wohl Ct., Severna Park, MD 21146 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Burial 2 Cremation 3 Removal from State cemetery, cremetery or other place)
Glen Haven Mem. Park7/31/92 Donation 5 Kother (Specify) entombed A.A.Co., Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
George J. Gonce Funeral Home, P.A. 4001 Ritchie Hgwy., Baltimore, MD 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdisc or respiratory arrest, Approximate shock, or haart failure. List only one ceuse on each lina. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition METASTAGIZ CO LON CANCOR resulting in death) QUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE t TYES 2 NO OF DEATH?

1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATN (Check only one) OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 ☐ Nursing Nome 5 ☐ Rasidence 5 ☐ Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO Z Accident 28s. PLACE OF INJURY — At home, term, etreet, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined

CERTIFYING PHYSICIAN: To the best of my knowledge, dash occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner as stated.

- retel MD. 29c. LICENSE NUMBER D37111 29d. DATE SIGNED (Month, Day, Year) 27192

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

606 HAMMONDS LN, BALTO, MD21225

PRAFULL PATEL MD

29b. SIGNATURE AND TITLE OF CERTIFIER

Juna Davidson-Randale

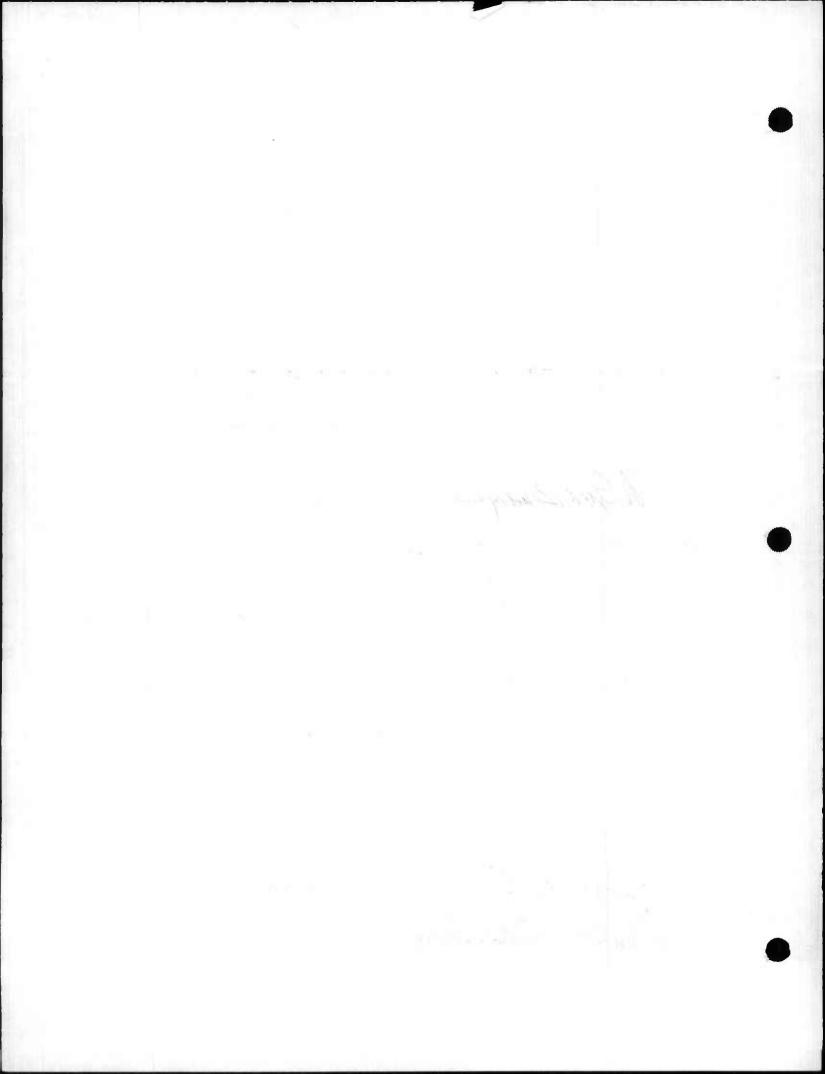
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	1 - STATE REGISTRAR		STATE OF N	MARYLAN			F HEALTH AND OF DEATH		GIENE 3. NO.								
	1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF DE		3. TIME OF DEATH							
- 3	Melville Ch						, = 1	JULY		2322							
3	4. SOCIAL SECURITY NUMBE 219-44-127		5. SEX 1 X M 2 F	8. AGE (In)	yrs. lest birthday) YRS.	MONTHS DA	AR IF UNDER 24 HRS	Character Co)	18, 1907 N	RTHPLACE (State or Foreign syntry)							
	9a. FACILITY NAME (If not inst PENINSULA R			AL CEN	NTER	96. CITY, TO SAL	WN OR LOCATION OF ISBURY	DEATH	9c COUNTY C WICOMI	PF DEATH CO							
DIRECTOR	RESIDENCE OF DECI	EDENT 10b. COUNTY															
	Md		cester			ry, town or u lin	OCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO							
	10a. STREET AND NUMBER						10f. ZIP CODE		1	OF WHAT COUNTRY?							
	10517 Cash	n Road					21811		USA								
DI PONENAL	11. MARITAL STATUS 1 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married Never Married Never Married Never		12. WAS DECEDEN FORCES? 1: IF YES, GIVE W Coast	YES AR OR DATE	2 NO	If ye	DECENDENT OF HISI s, specify Cuban, Mex YES 2 NO Spe	ican, Puerto Rican, e	tc.) E	ACE — American Indian, Black, Whits, etc. Specify: White							
	15. DECE	DENT'S EDUC	ATION		a. OECEDENT	USUAL OCCU	PATION	16b. KINO (OF BUSINESS/INDUSTR	Υ							
COMPLEIED	Elementary/Secondary (0-1	highest grade (College (1-4 or 5 -		(Give kind of life. Do NOT (ise retired.)	g most of working	Coas	st Guard								
5	17. FATHER'S NAME (First, Mid	idle, Last)					18. MOTHER'S	NAME (First, Middle, A									
	John Wesle	ey Qui	illin				Anna	Belle Joh	nnson								
	198. INFORMANT'S NAME (TV). Dorothy H	· ·					eet and Number or Rur t., Berli		or Town, State, Zip Code)							
	20a. METHOD OF DISPOSITIO 1 XBuriel 2 Cremation 4 Donation 5 Other (5	3 🗆 Remo	val from State		ACEANDDATE	OF DISPOSITIO	N (Name of	OATE 2	Oc. LOCATION — City o								
	21. SIGNATURE OF SUNERAL	-	ENSEE	IEV	ergree		E AND ADDRESS OF		Berlin, Mo	J.							
	· 13	six 1	Bula			Bu	rbage Fullin, Md.	neral Hor	me, 108 W	illiams St.							
	23. PART I. Enter the disshock, or her immediate CAUSE (Fina disease or condition resulting in death)	art fellure, L	lat only one ceu	se on each	na death. DD n line.		moda of dying, s	uch as cardiac or	reapiratory srreat,	Approximats Interval Between Onset and Dest							
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST									2							
MEDICAL VENTILICATION	PART II. Other significant	And	contributing to	death but	not raculting	In the under	ying causa given	P	AS AN AUTOPSY ERFORMED? YES I NO	S4b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JULY							
HYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL				2	. PLACE OF DEATH /	Oheck only one;									
6	1 TES 2 NO	-	HOSPITAL:	ERVOutpette	mt 3 □ DOA	OTHER:	Home 5 🗆 Residenc	e B 🗆 Other /Specif	N)								
- 1	27. MANNER OF DEATH	ending vestigation	28s, DATE OF (Month, De			E OF 29c	WORK?		HOW INJURY OCCURED	K.C.							
בו ב	2 Accelerate	28e. PLACE O	F INJURY -	At home, farm,	atreet, factory,	tet, factory, office 2af. LOCATION (Street and Number or Rural Route Number, City or Town, State)											
TED BY P	3 Suicide a Co	ould not be stermined	building,	etc. (Specny)			29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(s) and menner as stated.										
E EU BY P	3 Suicide a Co	rterminad	IAN: To the best of	my knowledg					nd menner as stated.								
D BY P	3 Suicide a Co	FYING PHYSIC	IAN: To the best of	my knowledg				he time, dats and pla	nd menner as stated.	se(s) and manner as attated.							



31. DATE FILED (Month, Day 1992)

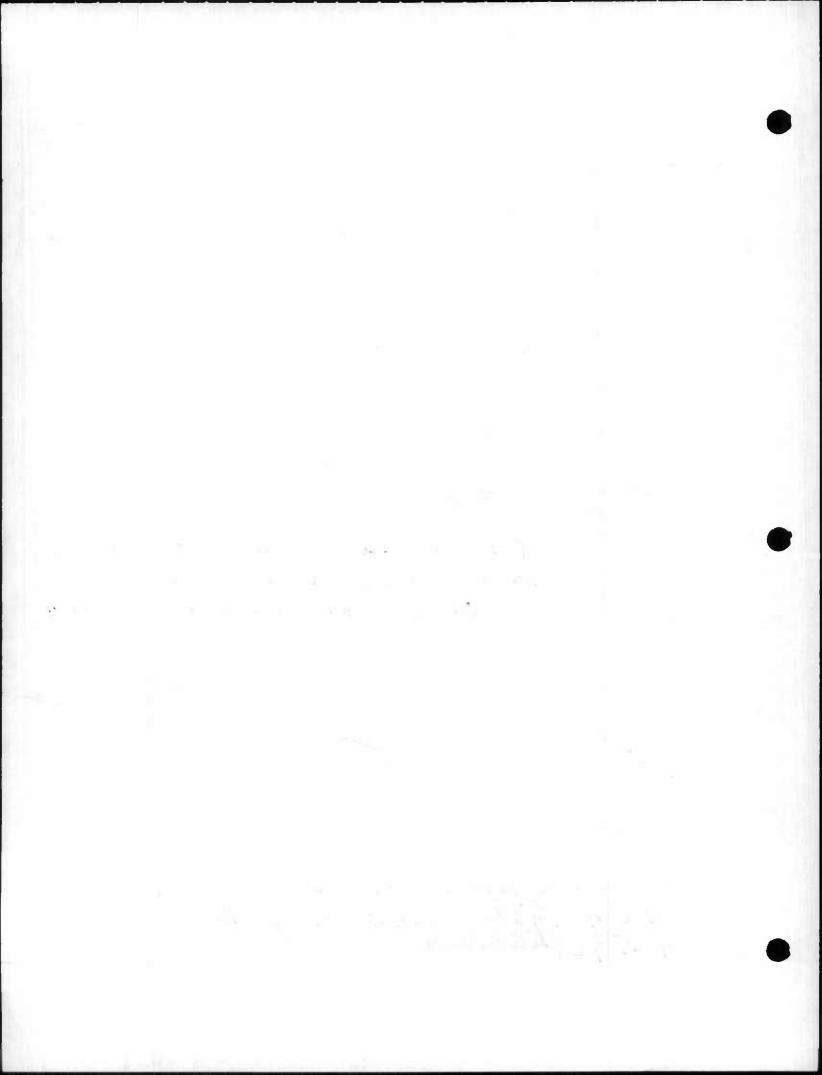


68760,
BOX
P.O.
RECORDS
JE VITAL
DIVISION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		LA ROSE		2. DATE OF DEATH J	ULY24 TEAT 09 TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-24-8443	1 □ M 2XXF		FUNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 18, 18	8. BIRTHPLACE (State or Foreign Country) 1TALY		
NO.	9a. FACILITY NAME (If not institution, give si BEL AIR CONVALI	STATE OF THE PARTY		BEL AIR	EATH	9c. COUNTY OF DEATH HARFORD		
ធ្ល	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	7	10e CITY T	OWN OR LOCATION		1		
L DIRECTOR	MARYLAND	10 Cla dad ana dad gap		BALTIMORE		10d. INSIDE CITY LUMITS? 1 X YES 2 NO		
FUNERAL	8200 HILLCREST			101. ZIP CODE 21207		U.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES UF YES, GIVE WAR OR DA	2 ZNO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Specify	en, Puarto Rican, etc.)	or No— 14. RACE — American Indian, Black, Whita, atc. Specify: WHITE		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	18e. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPATION cone during most of working stired.)	16b. KIND OF BUS	SINESS/INDUSTRY		
OMPL	N/A 17. FATHER'S NAME (First, Middle, Last)	N/A	HOMEM		OWI	N HOME		
BE C(JOSEPH LIBERATO	ORE			RIO TASCINO			
5	19a. INFORMANT'S NAME (Type/Print) NORMA MILLER (I	DAUGHTER)		ROOKHAVEN COUR				
	20a METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	ovat from Stata ceme	PLACE AND DATE OF D	DISPOSITION (Name of place)	DATE 20c. LO	CATION City or Town, Stata		
	21. SIGNATURE OF FUNERAL SERVICE LIC		ST HOLY K	EDEEMER CEMETE 22. NAME AND ADDRESS OF FA		TIMORE, MARYLAND		
	Vinole 1	m Tu		SCHIMUNEK FU 9705 BELAIR	NERAL HOMES	S, INC. MORE, MD 21236		
	23. PART I. Enter the diseasea, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List Dnly one couse on ee	ch line.			interval Between		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF):	e clear is sever deferiation	- Cercy	1473.		
EDICAL (PART II. Other aignificant condition	e contributing to death bu	t not resulting in t	he underlying cause given in	Part i. 24a. WAS AN PERFOR	MED? AVAILABLE PRIOR TO COMPLETION DF CAUSE		
Σ						DF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	_ 0	26 PLACE OF DEATH (CH				
	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpar 28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Nursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	8 Other (Specify) 28d. DEŞCRIBE HOW IN	JURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, tarm, street, factory, office building. atc. (Specify) 28t. LOCATION (Street and Number or Rural City or Town Steam						
COMPLETED				t the time, data and place, and due				
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER		and/or investigation, t	29c. LICENSE NU		d due to the cause(a) and manner as stated. 29d. DATE SIGNED (Month, Day, Year)		
0	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED QUE OF DEA	TH (ITEM 27) (Type, Pri	7 0117	52	17-25-92		
	Wm. A. T	4502	BOX		ville 1	W- 21087		
	JUN 28 1982 4	32 BEGISTRAR'S SIGNATURE Davidson-Pork	TURE					



O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

92 20866

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG	S. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ATH	3.	TIME OF DEATH
	EDUARDO	RAM]	RE7			7/24/9	DAY	YEAR	o ccoss M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT			ACE (State or Foreign
	583-47-7195		O YRS.	MONTHS DAYS		(Month, Day,)	bar)	Country)	
	9a. FACILITY NAME (If not institution, give a		0			Mar. 5			to Rico
œ					N OR LOCATION OF DE	ATH		UNTY OF DEAT	
DIRECTOR	PRINCE GEORGES HO	SP. CIR.		CHEVERL	<u>.Y</u>		PRIN	ICE GEC	ORGE
2	10e. STATE 10b. COUNT	Y	10c CITY	r, TOWN OR LO	PATION			Lan	d. INSIDE CITY
Ë	Maryland Prin	nce George							LIMITS?
	100. STREET AND NUMBER	ice deorge			ge Park				X YES 2 NO
Y.					10f. ZIP CODE		10g. CI1	TIZEN OF WHA	T COUNTRY?
FUNERAL	9314 Cherry Hill				20740			USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMEO	13. WAS D	ECENDENT OF HISPAN specify Cuban, Mexican	HC ORIGIN? (Spec	Ify Yes or No-	14. RACE	American Indian, hite, etc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			ES 2 NO Specify		IC.)	Specify:	intel etc.
	7//2_34 - 37/227	<u> </u>		/ ***	Puer	to Rica	n	<u> </u>	White
E I	15. OECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	vork done durina	TION most of working	16b. KIND (OF BUSINESS/IN	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)		Accur	ate In	ventor	v &
P		4	Auc	itor			lating		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAI				
BE	Eduardc Ramirez	: Saldaña			Elba Za	avas			
-	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t end Number or Rural R	loute Number, City	or Town, State, Zi	ip Code)	20740
2	Alexis Ramirez	Zavas	9314	Cherry	Hill Rd.	Apt 11	12 00	11000	
	20e. METHOD OF DISPOSITION	20	b. PLACE AND DATE O				De. LOCATION -		
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State Co	metery, crematory or ot	her place)				1100-11	
i	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	rinquen 1		AND ADDRESS OF FAC	CHITY	Caguas,	Puert	o Rico
	- 1/0,	1. 1			RT C. ALT		TINERAL.	HOME.	INC.
	Meno	Attention	7	6009	Harford I	P. 59	1+imor	O ME	
	23. PART Enter the diseases, pr	emplications that cause	tha daeth. Do n	ot anter the r	node of dying, auch	aa cerdiec or	reapiratory ar	raat,	Approximata
	snock, or heart fellure.	List pniy one ceuse on							Onset and Death
	disease or condition	D	CPP	men	upung				Onser and Daskii
	reaulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):					-
١,	_		CPP A CONSEQUENCE OF	DID	C				j
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF						
X I	cause, Enter UNDERLYING								
Ĕ	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):					
E	resulting in death) LAST								
8									
A	PART II. Other algnificent condition	s contributing to death	but not reaulting i	n the underly	ng cause given in i	Part i. 24s. W	AS AN AUTOPSY ERFORMED?		RE AUTOPSY FINDINGS
EDICAL							ES 2 NO	co	MPLETION OF CAUSE
						_ '''	20 20		DEATH?
Σ	_					-		11	YES 2 NO
A I	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (Che				
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:					
¥ ∥	27. MANNER OF DEATH	1 ☑ Inpetient 2 ☐ ER/Out 28e. DATE OF INJURY			ome 5 Residence				
	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJ	URY 1	NJURY AT VORK?	28d. DESCRIBE	HOW INJURY OC	CURED	
B	2 Accident Investigation	00- Bt 405 05 M HIM			YES 2 NO				
	3 Suicide 6 Could not be 4 Hornicide determined	26a. PLACE OF INJUR building, atc. (Spe	r — At home, farm, a pcify)	treet, factory, of	lice	28f. LOCATION (S City or Town,	Street and Numbe State)	r or Rural Route	Number,
E #									
립	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	viedge, death occurre	d at the time, de	te end place, end due	to the cause(s) en	d menner as ste	ited.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the besis of exemination	on end/or investigation	n, in my opinion	death occured at the	time, date end pla	ce, end due to t	he cause(s) en	d menner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER		0		29c. LICENSE NUM	nen	1 204 DAT	TE SIGNED (Mg	ant One Visit
BE	Dam	Tollane	ĭ		D342	7/4	290. UAI	4/DI	Ot)
2	30. NAME AND ADDRESS OF PERSON WHO	730-1-1-0		Print)	70/0	1-1		11-31	-,-
	The state of the s	- July release on the	(riem zr) (lype,	i int					
	31. DATE FILED (Month, Day, Year)	22 BECIETATE CO	ATIME						
		1992 Suha	K. S						
	JUL 28	1776 guna	Davidson-Ra	nace					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE FUNERAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

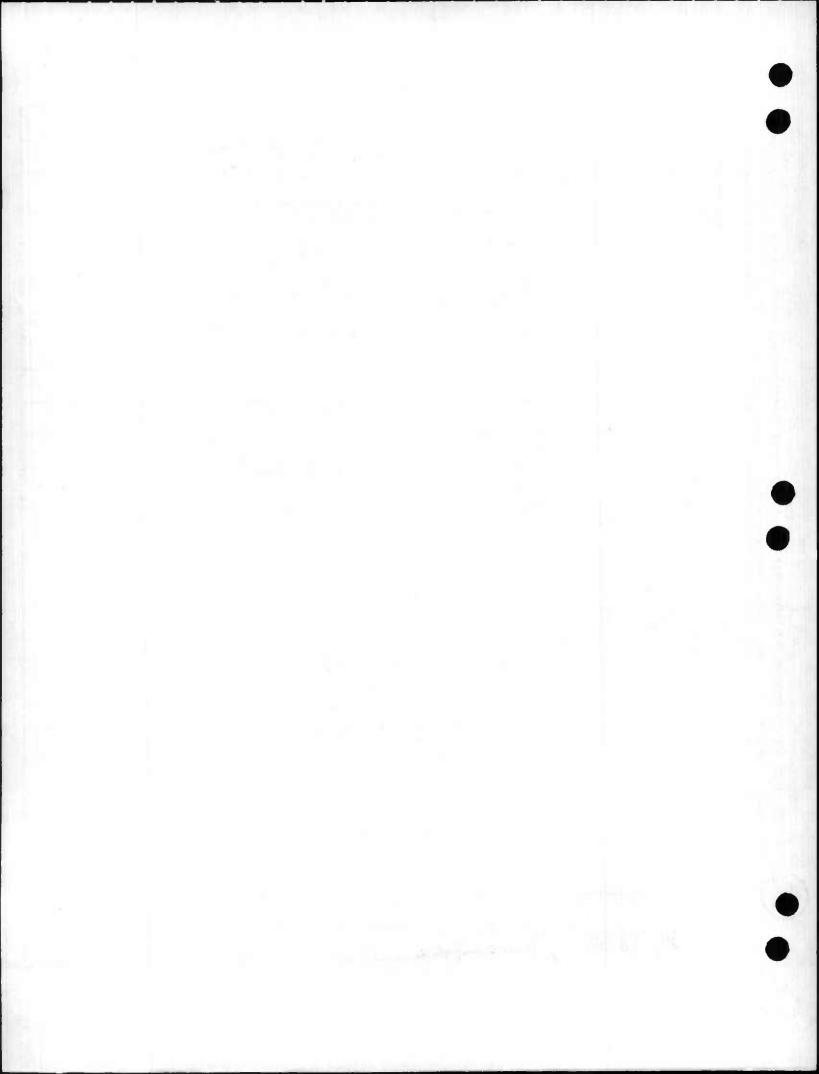
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	YGIENE
3	CERTIFICATE OF DEATH	EG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN				MENTAL			
	1. DECEDENT'S NAME (First, Middle, Last)	-					OF DEATH		3. TIME OF DEATH
		KENNETH S.	RUPPERT				4	YEAR	1230 AM
	4. SOCIAL SECURITY NUMBER		rs. last birthday) IF		IF UNDER 24 HRS.			B. BIRT	HPLACE (State or Foreign
	216-03-4015 9e. FACILITY NAME (If not institution, give str	1 → M 2 ☐ F 82	YRS.			11-2	21-1909	N	IARYLAND
				BAL	TIMORE (CITY			
1	10a. STATE 10b. COUNTY		10c. CITY, 10	WN OR LOCAT	ION				10d. INSIDE CITY
	MARYLAND B	ALTIMORE			DUNDALI	K			1 TES 2 XX
2	10a. STREET AND NUMBER			101	ZIP CODE		10g. CI	TIZEN OF	WNAT COUNTRY?
	3460 DUNRAN ROAT							L	1.S.A.
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced			If yes, spe	cify Cuban, Mexico	en, Puerto Ri	(Specify Yes or No-ican, etc.)	Blac	k, White, atc.
	(Specify only highest grade of	completed)	(Give kind of work	done during mo:		16b.	KIND OF BUSINESS/IN	DUSTRY	WIIZIE
							CDEENCDO.	THO 1	MINU
	17. FATHER'S NAME (First, Middle, Last)	N/A	MILLINIMAN		16. MOTNER'S NA	ME (First, M		ING L	MIKY
	HARRY RUPPERT						Fair Transporter,		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	PRESS (Street a	nd Number or Rural			ip Code)	
	SHIRLEY M. BACINSI	KI	3460 DU	INRAN R	OAD BA	LTIMO	DRE. MARY	LAND	21222
	20a. METHOD OF DISPOSITION 1)(C)(Burlal 2 Cremation 3 Remo-	val from State 20b. PL	ACE AND DATE OF DI	SPOSITION (Ne	ne ol	DATE	20c. LOCATION -	City or To	
			ENS OF F				BALTIMO	DRE,	MARYLAND
	Elah W	Feel 1		DUDA-R	UCK FUNI	ERAL H	HOME OF DU		
٦	23. PART I. Enter the diseases, or co	mplications that caused th	e deeth. Do not e	nter the mo	te of dying, suc	ch se cerdi	ec or respiratory s	rrest,	Approximate
1	IMMEDIATE CAUSE (Fine)	ist only one ceuse on each	iline.						Interval Between Onset and Death
	disease or condition resulting in death)	Congestive	Heart F	allure	,				10 months
		DUE TO (OR AS A CO	INSEQUENCE OF):						
	Sequentielly list conditions, b.			iscare	/				
	cause. Enter UNDERLYING	302 10 (011 70 7) 00	MSEODENCE Gry.						
	that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF):			7-7-			
	resulting in deeth) LAST								
	PART ii. Other significent conditions	contributing to death but	not resulting in th	e underivino	cause given in	Part i	24- WES AN AUTORS	1	WERE ALITHOUGH CHINAINA
	Non-Insulin Der	revelent Da	hotos	o anderrying	couse given in		PERFORMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1		Top C. Safel			-	1 TES 2 NO		DF DEATH?
						- 1			T YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			26. PL	ICE OF DEATH (Ch	eck only one,)		
	-4				5 Realdence	6 Other	(Specify)		
1. DECEMBER ANAME (PIST, MARGIN, Late) 1. DECEMBER ANAME (PIST, MARGIN, LATE) 1. DEC									
1. SECRETARY MANUEL PROPERTY 4. SOCIAL SECURITY NUMBER 5. SECX									
	_ O O COURT HOLDS	28s. PLACE OF INJURY — i building, atc. (Spec/ly)	At home, farm, etreet	, factory, office				or or Runal I	Route Number,
	29a. CERTIFIER 1 CERTIFYING PHYSIC	AN: To the best of my knowledg	e, death occurred at	Ihe Ilme dete	and place, and due	to the cour	a(a) and manner as at	de d	
									a) and menner se stated.
	Cathering Wo	4 Ubm M	0		D410	182	▶7	-24-	-92
	Catherine Wash	IDVA 4940			- Bal	timo	u MD	212	24
	31. JUL 28 1992	22. REGISTRAR'S SIGNATURE LE Davidson-Range	RE						





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	he law requires that the death certificate be executed within 24 hours an
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	death
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	OSPITAL DR ATTENDING PHYSICIAN: The la

JUL 28 1992

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR		STATE OF I	MARYLA	ND / DEP					MENTAL	HYGIEN REG. NO.			2004
1	1. OECEDENT'S NAME (First,	Middle, Last)								2. DATE (OF OEATH			3. TIME OF OEATH
1	Mar	garet	M	ae		S	mith	n		Jul v		1992	YEAR	
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (in	yrs. last birthd	ly) IF UN	NDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE C	F BIRTH	1 3 3 2		PLACE (State or Foreign
- 8	212-09-62	76	1 🗆 M 2 💢 F	84	YR	MONT	HS DAYS	HOURS	MIN.		Day, Year)	വെ	Country	vland
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. C	CITY, TOWN	OR LOCAT	ION OF DE	EATH	10/1		NTY OF OR	
CTOR	349 Warr	en Av	re			l p	2 1 + -	imor	0				ity	
5	RESIDENCE OF DEC	10b. COUNTY	,		140-								,10,	
DIRE		102. 000111					VN OR LOC	re C	4 4					10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER				1	<u>sar</u> u		IOF. ZIP COL	-4					1 YES 2 NO
8	1514 Hobo	+0 = 0	troot				- [212					S.A	HAT COUNTRY?
FUNERAL	1514 Webs	rer s	12. WAS DECEDEN	IT EVER IN L	J.S. ARMED		12 WAS DE			NIC OBIOINI	(Specify Yea			
1	1 Never Married 2	Married	FORCES? 1	YES	2 300		If yes, s	specify Cub	an, Mexica	in, Puerto Ri	(Specify Yea can, etc.)	or No-		- American Indian, White, atc.
BY	3 Widowed 4 Otvo	rced	W YES, GIVE Y	WAN ON DAIL	E3 +		1 📙 YE	S 2 X NO	Specify	у:			Specify	White
ETED	15. DECI (Specify only	EDENT'S EDU	CATION	- 1	8a. DECEDEN	T'S USUAI	L OCCUPAT	ION		16b.	KIND OF BUS	INESS/IND	USTRY	
91	Elementary/Secondary (0-		College (1-4 or 5	+)	life. Do NO	use retire	one during ri id.)	nast of work	ing					
COMPL	6TH		0		Fact	ory	Worl	ker		I	omin	io S	Suga	r
8	17. FATHER'S NAME (First, Mi	ddle, Last)						16. MOT	HER'S NA	ME (First, Mi	iddle, Malden :	Surname)		
BE	Charles E		SS								Rob			
2	19a. INFORMANT'S NAME (7)	rpe/Print)			19b. MAIL	NG ADDR	ESS (Street	and Numbe	er or Rural F	Route Numbe	r, City or Town	, State, Zip	Code)	
	Mrs Anne				145	7. тс)WSO	n St	reet	Bal	timo	re,N	1d.2	1230
	20a. METHOD OF DISPOSITION 1													
	4 Donatton 5 Other (Specify) Cedar Hill Cem. July 28 1992 Brooklyn, Md.													
	22. NAME AND ADDRESS OF FACILITY Baltimore, Md. 21230													
	MCCully Funeral Home 130 E. Fort. Av													
	23. PART I. Enter the diseases or complications that county the death De cat c											Approximate		
	IMMEDIATE CAUSE (Fin	al												Onset and De
	disease or condition resulting in death)	120	19	1	30	10	206	n			1/ /2			
	disease or condition resulting in death) o. CARCINOMA 3 (ADER) DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentially list condition	000						017	7-7	7/				
CATION	If any, laeding to immed	llata	DUE TO	(OR AS A C	ONSEQUENCE	OF):								
FIC	cause. Entar UNDERLY!! CAUSE (Disease or Injur		Dur To											
	that initiated events resulting in death) LAST		DUE 10	(OH AS A C	ONSEQUENCE	OF):								
8 1			1											-
4	PART II. Other significan	nt conditions	contributing to	daeth but	not resultin	g in the	underlylr	ng ceuse	given in i	Pert I.	4a. WAS AN A	WTOPSY	24b. 1	WERE AUTOPSY FINDIN
EDICA	7										PERFORM			MAILABLE PRIOR TO COMPLETION OF CAUSI
Ä											1 120 2	N NO	1	DF DEATH?
1										_				1 123 2 10
CIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. P	PLACE OF C	EATH (Che	ck only one)				
SICI	1 YES 2 NO		HOSPITAL:	ER/Outpation	ent 3 🗆 DOA	OTH 4 🗆 N		me 5 🗆 Re	naldence i	6 Other ((Specify)			
PH	27. MANNER OF DEATH		26a. DATE OF (Month, Da		26b. 1	IME OF	28c. IN	JURY AT ORK?			RIBE HOW IN	JURY OCC	URED	
B	1 Natural 5 P	M		YES 2	□ NO									
	3 Suicide 8 C	could not be	28e. PLACE Of building.	F INJURY — etc. (Specify)	At home, lern	, street, f	actory, offic	CO			ION (Street an	d Number	or Rural Ro	ute Number,
	4 Homicide d	etermined								City or	Town, State)			
MPLE	29a. CERTIFIER (Check only	FYING PHYSIC	IAN: To the best of	my knowled	ge, death occu	rred at th	e time, date	e and place	, and due t	to the cause	(a) and mann	er an state	м	
8	one) 2 MEDIC	AL EXAMINER	t: On the beals of ex	amination a	nd/or investigs	tion, in m	y opinion,	death occu	red at the t	tima, date e	nd place, and	due to the	cause(a)	and manner as stated
S	29b. SIGNATURE AND TITLE								ENSE NUM					
BE	11/-	n						01	9 (4	2		DATE) /	Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF OEATH	1 (ITEM 27) (TV	oe, Print)			. , ,				1	// _
	MARCI	+	MISN		un			114	7	5.	HA	wo	VFA	57.

ttending physician.	TOWN THE CHENTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the first hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
APPINITY OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	e funeral director, page 5 should be detached for I.	examiner must be notified at once.
death certificate be executed within 24 hours after	nowant, DRESTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	MKE. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PHYSICIAN: The law requires that the d	this certificate has been signed by the with the State Dept. of Health and Mei	ked, or item 23 shows any injur
PESPITAL OR ATTENDING !	UNITED DREETOR: After	ANT. If item 28 Is mar

FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND C	ERTIF	ICATE	OF	DEATH	WEN I	REG. NO		thous.	20849
1. DECEDENT'S NAME (First, Middle, Las								E OF DEATH	AV	VEAR	3. TIME OF DEATH
Margaret Anna S							MON O	7 - 3	<u>2</u> 4 –	92	15:55
4. SOCIAL SECURITY NUMBER 217-50-4685	5. SEX 1 ☐ M 2 ☐ F	6. AGE (In yrs. In 92	st birthday) YRS.	MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATI	E OF BIRTH 1th, Day, Year) 4-26-00)	Coun	HPLACE (State or Foreign try) aryland
9s. FACILITY NAME (If not institution, give	street and number)		-	9h. CITY.	TOWN O	R LOCATION OF					
									Sc. CO0		
Meridian Long G	reen	_	Baltimore City							1	N/A
10a. STATE 10b. COUN	ITY		10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY
Maryland Bal	timore Co	unty	R	odger	r's	Forge					1 YES 2 NO
10e. STREET AND NUMBER					101.	ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?
210 Dunkirk Road						21212				U.	S.A.
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13. W	WAS DECE	ENDENT OF HISP	ANIC ORIG	IN? (Specify Yes	or No—	14. RAC	E — American Indian,
1 Never Merried 2 Merried	IF YES, GIVE W	YES 2 X	NO	11	yes, spe	city Cuben, Mexic 2 X NO Spec	can, Puerto	Rican, atc.)		Blec Spec	ck, White, etc.
3 N Widowed 4 Divorced						- gg iii	,y.			эрис	White
15. DECEDENT'S EE (Specify only highest gra	DUCATION de completed)	16a, Di	ECEDENT'S	USUAL OC	CUPATIO	N at of working	16	b. KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+		a. Do NOT us	retired.)	uning mus	a or worming					
6 yrs.			Homem	aker					N	I/A	
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First,	Middle, Maiden	Sumame)		
George Peter Zu	lauf					Mary		Haa	as		
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street an	nd Number or Rura	l Route Nur	nber, City or Tow	n, State, Zig	Code)	
Geraldine Entle	r		147 B	rando	on R	oad, Ba	1tim	ore. Ma	arvla	and 2	21212
20s, METHOD OF DISPOSITION		20b. PLACE		-			DA				own, State
				JE DISPUSIT	LION (Man	rre ur					
1 🖾 Buriel 2 🗆 Cremation 3 🗆 Re 4 🗆 Donation 5 🗆 Other (Specify)	movel from State	Park	ematory or of	ther place)	terv	7/	1				
		Park	ematory or of WOOD	Cemet	tery	7 /	27/9	2 B	altin		, Maryland
4 Donation 5 Other (Specify)	ICENSEE LD	Park	ematory or of WOOD	Cemet Cemet	tery	7/ D ADDRESS OF F	27/9	2 Ba	altin ne	nore	, Maryland
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I John G. Rei	tz oh	3 Rech	ematory of oi WOOd	Cemet	tery Mitc 6500	7/ D ADDRESS OF F Chell-Wi York R	27/9 ACIUTY edef	2 Barrel	altin ne re, M	nore	
4 Donation 5 Other (Specify)	t 2 complications that	t caused the se	ematory or of WOO d	Cemet 22. N	tery Mitc 6500	7/DADDRESS OF FINE 11-William York R	27/9 ACILITY edef d. B.	2 B; eld Hor altimor	ne re, M	fary	, Maryland
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I John G. Rei 23. PART I. Enter the diseases, or shock, or heart failure	t 2 complications that	t caused the se	ematory or of WOO d	Cemet 22. N	tery Mitc 6500	7/DADDRESS OF FINE 11-William York R	27/9 ACILITY edef d. B.	2 B; eld Hor altimor	ne re, M	fary	, Maryland Land 21212 Approximate Interval Between
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I John G. Rei 23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finsi disease or condition	complications that. List only one cause	DRah Caused the se	ematory or of WOO d	liter place) Ceme t 22. N N enot enter t	tery Mitc 6500	7/DADDRESS OF FINE 11-William York R	27/9 ACILITY edef d. B.	2 B; eld Hor altimor	ne re, M	fary	, Maryland Land 21212 Approximate Interval Between
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32 REGISTRAR'S SIGNATURE
DEMOSON-Hunders

JUL 28 1992

Market A. Alexander and the second and the second TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE O	F DEATH	RE	G. NO.		
1, DECEDENT'S NAME (First, Middle, Lest)	STRX	MBER	G.		2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH
	5. SEX 6. AGE (/	n yrs. last birthday)	F UNDER 1 YEA		7. DATE OF BIF	22 TH. /	6. BIRTI	HPLACE (State or Foreign
	M 2 □ F 86	YRS.	111-3					SSIA
** BALTIMORE Institutional auto-	GENERAL HOS	PITAL °	RAND	N OF LOCATION OF DE ALLSTOWN	EATH *		LTIMO	
MARYLAND 106. COUNTY		10c. CITY, 1 BAL	TIMOR	CATION E				10d. INSIDE CITY LIMITS?
5717 PARK HEIGHT	S AVE.,APT.	607		10f. ZIP CODE 21215		10g. Cr USA		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes	DECENDENT OF HISPAN apacify Cuban, Maxica (ES 2 X NO Specify	n, Puerto Ricen,		Spec	E — American Indian, ik, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade od Elementary/Secondary (0-12)	ATION most of working		OF BUSINESS/IN		JAIL			
17. FATHER'S NAME (First, Middle, Last). SAMUEL STROMB	EDC			18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)		ONID
				RACH		AUFMAN		
MRS. BEN SEAMAN		3829		RYBROOK RD				בבווכ חו
20s. METHOD OF DISPOSITION 20 Burlei 2 Cremation 3 Remove 4 Opnation 5 Other (Specify)	al from State	PLACE OF DISPOSIT other place) ETH JACOB	ION (Name of	7/24/92		20c. LOCATION - FINKSBI	- City or T	own, Stata
21. SI PANURE OF FUNERAL-SERVICE LICE		511	SOL	E AND ADDRESS OF FA LEVINSON REISTERS	CILITY & BROS	S, INC.	·	
23. PART (Enter the diseases, or conshock, of heart failure. List immediate Cause (Final disease or condition, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	END DUE TO (OR AS A DUE TO (OR AS A	STAGE CONSEQUENCE OF):	RTE	CHF			errest,	Approximate Interval Between Onset and Death
PART II. Other significant conditions	contributing to death b	ut not resulting in	the under	ying ceuse given in		WAS AN AUTOPS	Y 24	b. WERE AUTOPSY FINDINGS WARLABLE PRIOR TO
						PERFORMED?		OMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	HOSPITAL:		OTHER:	S. PLACE OF OEATH (Ch		-4-1		
27. MANNER OF DEATH Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIME	OF 26c	Home 5 Realdence INJURY AT WORK? YES 2 NO		E HOW INJURY O	CCURED	
2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, str	eet, factory,	office	26f. LOCATION City or Tow	(Street and Numb rn, State)	ber or Rural	Route Number,
CONSUM STATE OF THE STATE OF TH	AN: To the best of my know							(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	HOUSE				30000	29d. D.	ATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO AVTAR S. B.	ASSIN, M	AIH (ITEM 27) (Type, F	rint)	C.C.H.				
31. DATE FILEO (Month, Day, Year)	AS SIN M 32. REGISTRAR'S SIGN JUL 28 1	992 July	in Davis	Serve The days	54			

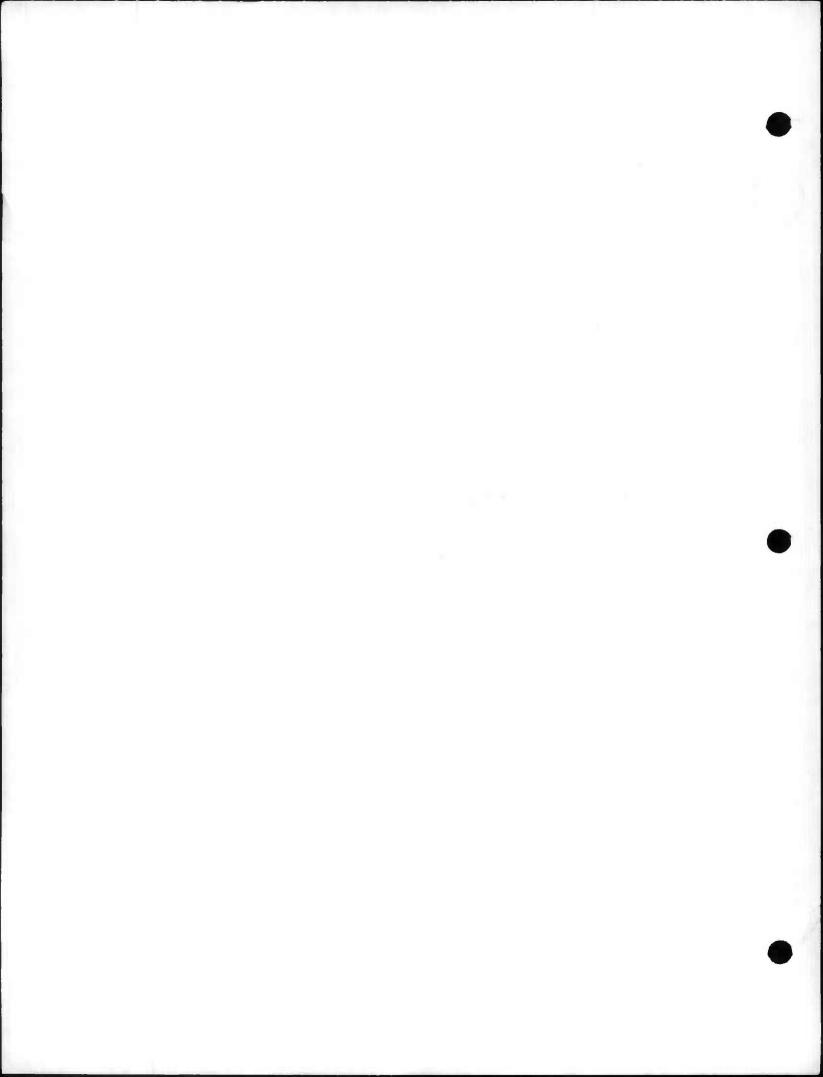
urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

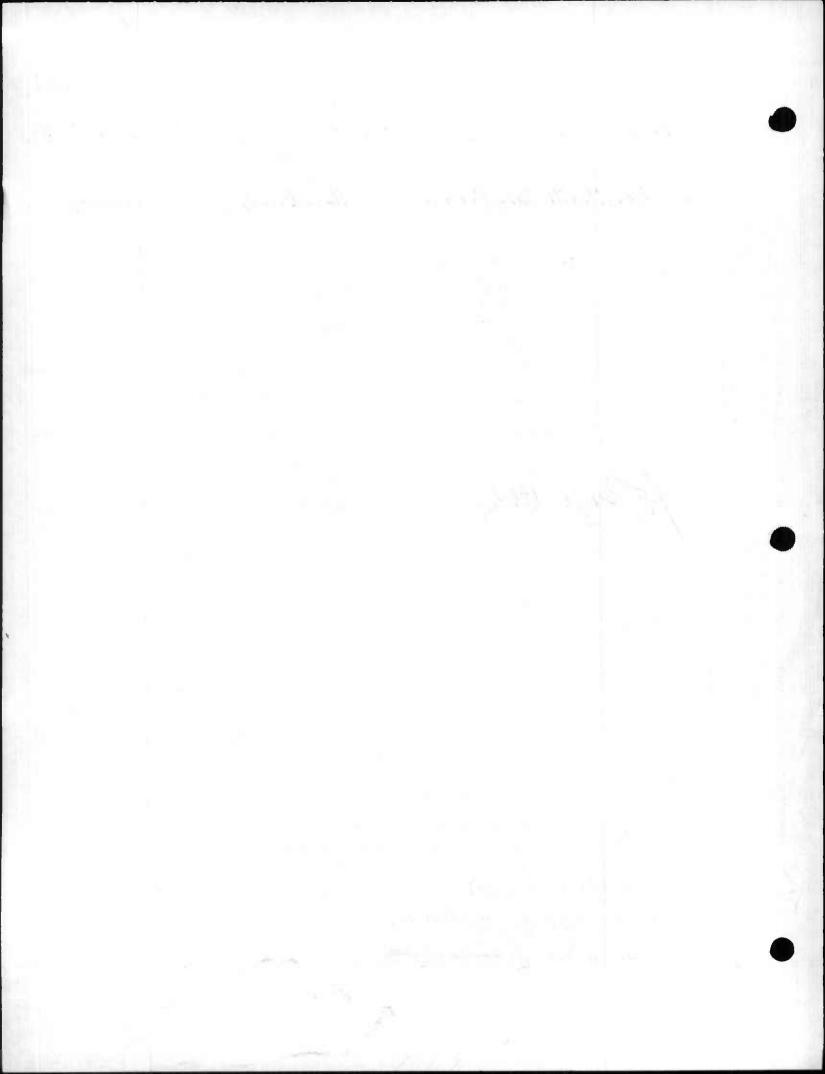
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DHMH-18 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
S ATTENDING PHYSICIAN: The	RECTOR; After this certificate	irs after death with the State	m 28 is marked, or item	
TO THE HOSPITAL OF	TO THE FUNERAL DIE	be filed within 72 hou	IMPORTANT: If ite	

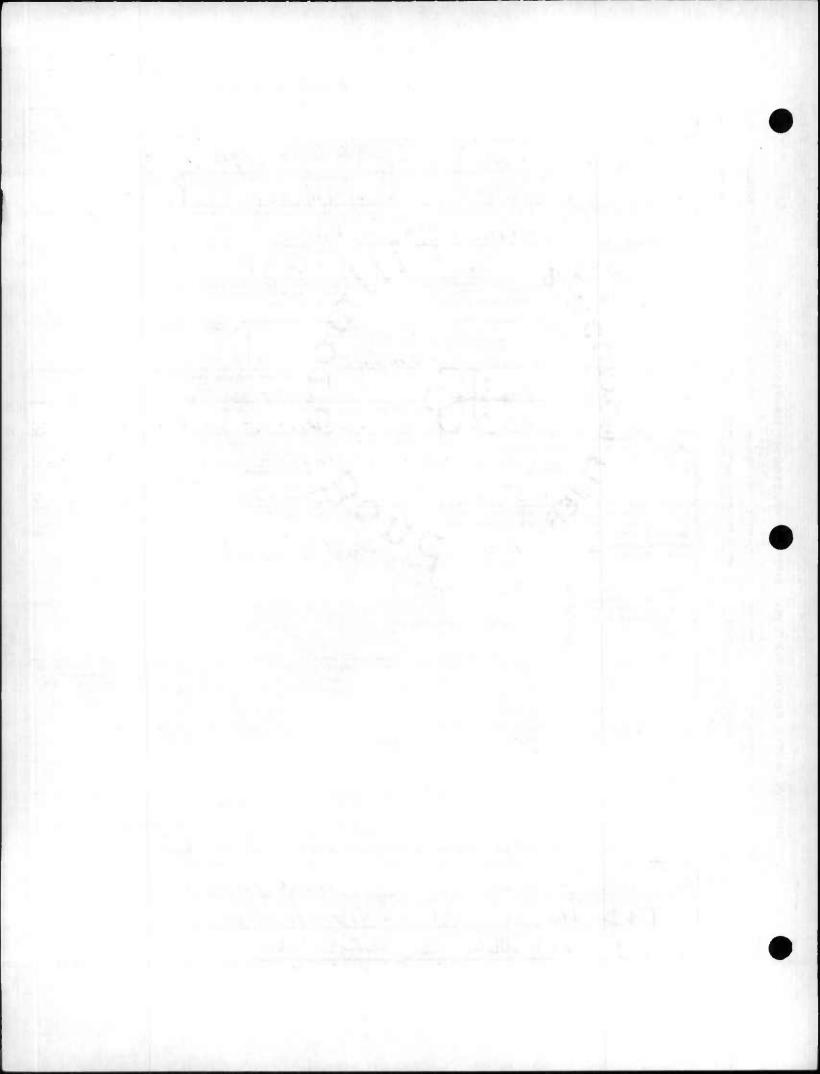
	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		NTAL HYGIEN REG. NO	_	2 20851	
	1. DECEDENT'S NAME (First, Middle, Last)	? 5	TREC.	KFUS		DATE OF DEATH	7 9	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 014-20-5083		(In yrs. lest birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	MOTION NAME	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Georgia	
TOR	90. FACILITY NAME (If not institution, give H. W. Bon Healt RESIDENCE OF DECEDENT	//	Her		PRESONATION OF DEATH		9c. COUNTY OF DEATH Monte		
DIRECTOR	10e. STATE 10b. COUNT	altimore	toc. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?	
	40- ATREET AND HUMBER	H Malcolm Ci	r.		. ZIP CODE			1 N YES 2 NO	
Y FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spe	21030 ENDENT OF HISPANIC Confity Cuban, Mexican, Proceedings of the Confit of the Conf			JSA RACE — American Indian, Black, White, etc. Specify: 1:11*	
TED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDI (Specify only highest grad	JCATION completed)	16a. DECEDENT'S U	ISUAL OCCUPATION Advised the second s	DN .	16b, KIND OF BUS	SINESS/INDUST	wnite	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Bock	retired.)		Manı	ufactur	ring	
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (First, Middle, Maiden	Sumeme)		
BE	Frederick Merri	lll Pyke				es Taft			
2	190. INFORMANT'S NAME (Type/Print) Michael Streck!	us			nd Number or Rural Route by Valley F				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State Cen	PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DATE OF THE PLACE AND DESCRIPTION OF THE PLACE AN	DISPOSITION (Na	me of	DATE 20c. LO		or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LE	CENSER	cen noune	22. NAME AN ROEER!	C. ALTEN	BURG FUN	ERAL H	OME, INC.	
	23. PARTA, Enter the diseases, or	alle	data da at m	6009 I	Harford Rd	., Balt	imore,	MD 21214	
	iMMEDIATE CAUSE (Final	Elst only pne ceul on e	ech line.			cardlec or respi	ratory arrest	Approximate interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. OUE TO (OR AS A	CONSEQUENCE OF)						
E I		d							
PHYSICIAN: MEDICAL	PART II. Other significant condition	na contributing to deeth b	ut not resulting in	the underlying	ceuse given in Part	24e. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
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SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	etient 3 DOA	OTHER:	ACE OF OEATH (Check o				
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26e. DATE OF INJURY (Month, Dmy, Year)	28b. TIME INJU	OF 28c. INJU	JRY AT 28d	I. DESCRIBE HOW I	NJURY OCCURE	ED	
	2 Accident 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, ferm, str	eet, fectory, office	261	. LOCATION (Street e City or Town, Stete)	and Number or F	Rurel Route Number,	
COMPLETED		ICIAN: To the best of my knowl ER: On the basis of examination						ruse(e) end menner ee stated.	
TO BE C	Management of Certifie R Mule	(in the			29c. LICENSE NUMBER		29d. DATE SI	GNED (Month, Day, Year)	
		NICK 911	RUMELL		GAITHE	MIDURC	No	0 2019	
	31. DATE FILED (Month, Day, Year) JUL 28 199	2 Julia David						,	
	- 0 108	9	Titley day					DHMH-16 Rev 1/89	



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	4 hours
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BOX 6	cate be exe
S, P.O.	death certifi
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a
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I OF VI	PHYSICIAN
VISION	ATTENDING
0	SPITAL OR

	1. DECEDENT'S NAME (First, Middle, Last)		OLITITI I	CATE OF DEATH	REG. NO.						
- 1	wlodzim	iers .	SURVIC	A	2. DATE OF DEATH DAY	92 15					
71	4. SOCIAL SECURITY NUMBER 092-26-394/	5. SEX 6. AGI		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	8. BIRTHPLACE (State of Country)					
e B	9a. FACILITY NAME (If not institution, give a	ntreet end number)		BATTOWN OR LOCATION OF		COUNTY OF OEATH					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCATION		10d. INSIGE					
	104. STREET AND NUMBER	HIMON	re B	Altimore 101. ZIP CODE	100.	1 VES 2					
FUNERAL	ST- John'S D	OM ICIAD	y Hone	212	ANIC ORIGIN? (Specify Yes or No	U.S.1					
B	1 Never Married 2 Nerried 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 100	If yes, specify Cuban, Ment	can, Puerto Rican, etc.)	14. RACE — American Black, White, etc. Specify:					
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COMPL	Elementary/Secondary (0-12)	2 4/5	Tego								
	17. FATHER'S NAME (First, Middle, Last)	urkiewic:	>	18. MOTHER'S N	AME (First, Middle, Melden Surnan	11.					
) BE	19a. INFORMANT'S NAME (Type/Print)	TRIEWIC.		DDRESS (Street and Number or Rura		ATKIEWICZ					
2		izinski	10401	Grosvenor	Apt 1320, Roc	41.11-4.0					
	20a METHOD OF DISPOSITION 15 Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)		0b. PLACE AND OATE OF ometery, crematory or other	r place). >	OATE 20c. LOCATION	N — City or Town, State					
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Cedgy F	22. NAME AND ADDRESS OF	don erv	sington, D.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FÁCILITY 1901 Eastem Ave. Lilly & Zeiler Inc. Baltimore, md. 2.										
					ch as cardiec or respiratory						
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO (OR AS	A CONSEQUENCE OF):	Heart dix		Approx Interva Onset					
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Y PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	the underlying cause given in 28. PLACE OF OEATH (C THER: Mursing Home 5 Residence SE 28c. INJURY AT	Part I. 24a. WAS AN AUTOP PERFORMEO? 1 YES 2 JANO theck only one)	PSY 24b. WERE AUTOPS AWAILABLE PRI COMPLETION OF DEATH? 1 YES 2					
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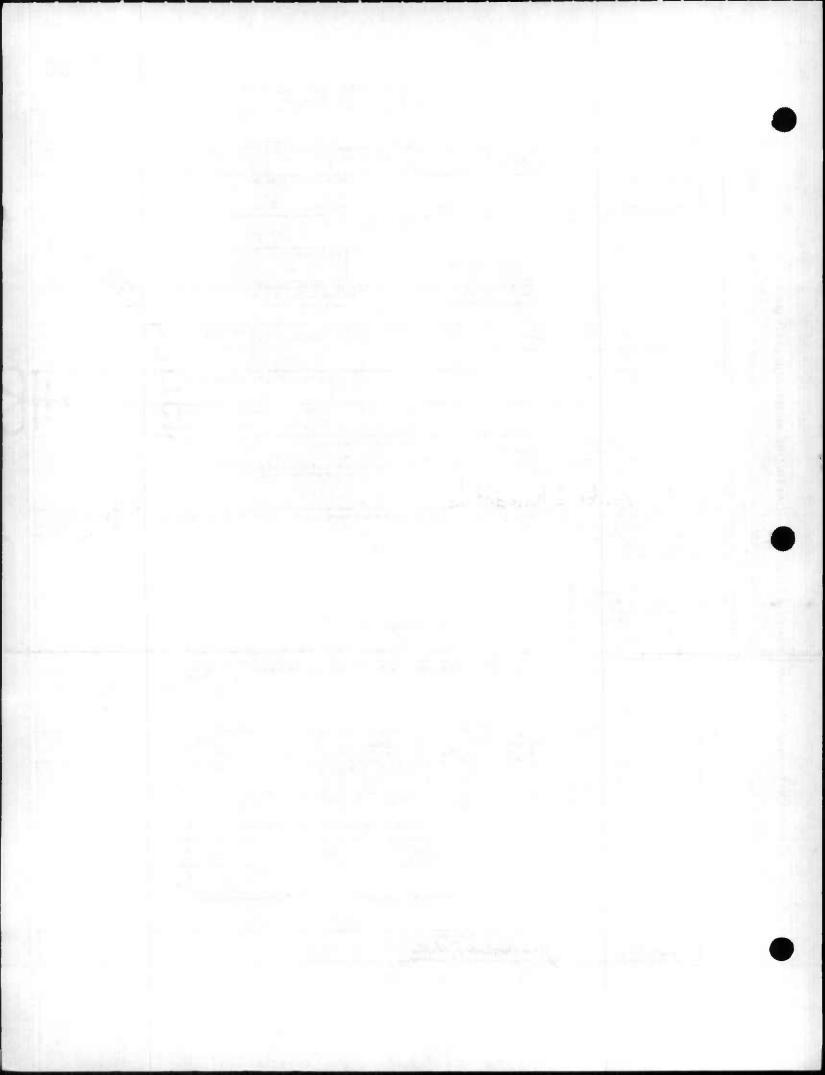
Julia Davidson-Randall



MATCH HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouis aner orani. rage or meaning to use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WINDRIANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	OIAIL OF I	IARYLAND /				DEAT		MIEN IA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPHINE		F.		ST	ORY			2. DATE	E OF OEATH	24	YEAR 92	3. TIME OF DEATH 12:19 P M
	4. SOCIAL SECURITY NUMBER 215-03-1314	6. SEX	6. AGE (In yrs. les 76	t birthday) YRS.	IF UNDER	DAYS	IF UNDER :	24 HRS.	(Mon	of BIRTH	1916	Count	IPLACE (State or Foreign
H.	9e. FACILITY NAME (If not inetitution, give a	,		96. CITY, TOWN OR LOCATION OF BAT TTMORE C									
اظ	RESIDENCE OF DECEDENT								-				
DIRECTOR	Maryland 106. COUNT			10c. CIT	Y, TOWN	Balt	imor	e C	ity				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	106. STREET AND NUMBER	Moore A	venue			101	. ZIP CODE	2	1234				States
B	11. MARITAL STATUS 1 Never Married 2 Married 3 XX Widowed 4 Divorced	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2 X			It yee, sp	ENDENT OF colfy Cuben 2 X NO	, Mexica	in, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		(G		usual o work done se retired.)	during mo	ON st of working	,	16	b. KINO OF BU	SINESS/INC	DUSTRY	
ទ្ច	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First,	Middle, Maiden			
BE	Salvitore	Dellos						Mai	V			ecor	`a
٩	Josephine A. Sant	cella	19	b. MAILING 15	11 C	s (Street a Carri	age	Hil.	l Dr	ive W	n, stare, zip estmi	nste	er,Md. 21157
	20a. METHOD OF OISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ovel from State	cemetery, cre	matory or o	ther nincel			v 7,	/28/		cation — ltimo		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LA	Milton			22.	NAME AN	D ADDRES	S OF FA	CILITY		ltimo	re,	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events ONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PRISICIAN: MEDICAL CEN	PART II. Other eignificent condition	a contributing to	in the ur	n the underlying ceuse given in Part i				Part I. 24e. WAS AN AUTOPSY PERFORMED? 1 XYES 2 NO			WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 XYES 2 \(\subseteq \text{NO} \)		
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF OE	ATH (Ch	eck only o	ne)			
ן ק	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	R:	5 🗆 Res						
Ē	27. MANNER OF OEATH	26a. DATE OF (Month, Da	INJURY V Mari	26b. TIM	-	28c, INJI	JRY AT			SCRIBE HOW I	NJURY OCC	URED	
20	1 Natural 5 Pending 2 Accident Investigation	07/24/			57A	1 🗆 Y		NO	PASS	ENGER	IN AU	JTO Z	ACCIDENT
	3 Suicide 6 Could not be determined	3 Suicide 6 Could not be							PASSENGER IN AUTO ACCIDENT 261. LOCATION (Street and Number or Flural Floute Number, City or Town, State) E.NORTHERN PKY & CLEARSPRING				
COMPLEIED		CIAN: To the best of ax						and due	to the ca	use(e) end mar	ner as state	ed.) end manner ee stated.
2	296. SIGNATURE AND TITLE OF CERTIFIER	1					29c. LICEN						
)right M					O.C.M						
	30. NAME AND ADDRESS OF PERSON WHO DONALD G. WRIGHT		E OF OEATH (ITER			NN S'	TREET	, BA	LTIM	ORE,MA			
	JUL 28 1992	32. REGISTRATE	s signature									-	



JE VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal-transit nermin page 1. 2 amounts	, or removal,	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	D MENTAL HYGIEN		20854							
	1. DECEDENT'S NAME (First, Middle, Lest)	2. DATE OF DEATH		3. TIME OF DEATH							
	CHANDLEE, THOMAS W.	July 26	, 1992 EAR	3:59AM M							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) 1 Norths 1 Norths DAYS HOURS MIN. 1 Norths DAYS HOURS MIN.	(Month, Day, Year)	Cou	THPLACE (State or Foreign nitry)							
	197-09-2767 1 M 2 F 77 YRS. MONTHS DAYS HOURS MIN. 9a. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF	2/4/15		NNSYLVANIA							
DIRECTOR	PERRY POINT VETERANS MEDICAL CENTER PERRYVI	PERRY POINT VETERANS MEDICAL CENTER PERRYVILLE CEC									
	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION ELKTON			10d. INSIDE CITY LIMITS? 1 XXES 2 NO							
FUNERAL	106. STREET AND NUMBER 43 ELKMORE ROAD 21921		USA	WHAT COUNTRY?							
BY	11. MARITAL STATUS 1 Never Merried 2	kican, Puerto Rican, etc.)	Bla	CE — American Indian, ock, White, atc. WHITE							
田	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION	16b. KIND OF BUS	SINESS/INDUSTRY								
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) I NSPECTOR	RAILRO	A D								
BE CO	IRA W. CHANDLEE LUCY										
10	GEORGIA H. CHANDLEE 196. MAILING ADDRESS (Street and Number of Run 43 ELKMORE RD., E	TELL FOUND Number, City or Town		21							
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of		CATION — City or 1								
	PINE GROVE CEMETERY 7		RVILLE	PA.,17302							
	21. SIGNATURE OF THE PRINCE LICENSEE 22. NAME AND ADDRESS OF 600 M	AIN ST.	DELTA	PA., 17314							
	23. PART i. Enter the diseases, pr complications that caused the daeth. Do not enter the mode of dying, st shock, pr hasrt failure. List only one cause on each line.	S INC, I	ratory srrest,	Approximate							
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) s. Cardio M-OPAH DUE TO (OR AS A CONSEQUENCE OF):			intarvsi Between Onset end Desth							
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in the public Insufficient Chamil Obstactive Lung Disease	PERFORI	Pert I. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO								
IAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (C	(Check only one)									
SIC	EXAMINER? 1 YES 2 NO THER: 1 Vinpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence		-								
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW IN	JURY OCCURED								
B	2 Accident investigation M t YES 2 NO										
ETED	3 Suicida 8 Could not be determined 28e. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify)	26f. LOCATION (Street ar City or Town, State)	nd Number or Rural	Route Number,							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, deta and place, and decored at the time, deta and the time, deta	us to the cause(s) and manning time, data and place, and	ner as stated,	(a) end menner as stated.							
BE C	296 SIGNATURE AND TULE OF CERTIFIER 29c. LICENSE NO			D (Month, Day, Year)							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CADSE OF DEATH (ITEM 27) (Type, Print)	000	1-9	6-92							
	E. CRATG, MID. VAML Person Pt	- Wary)	Cons								
	JUL 28 1992 Fine Davidson - Randale										

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Harman Love Breezeway Condia mapph thing Channelland 8 00 mg

is a round after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	the medical examiner must be notified at once.	COMPANIE VO COTO DO CT
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	MOLTACIONAL MEDICANI MEDICANI OFFICIAL

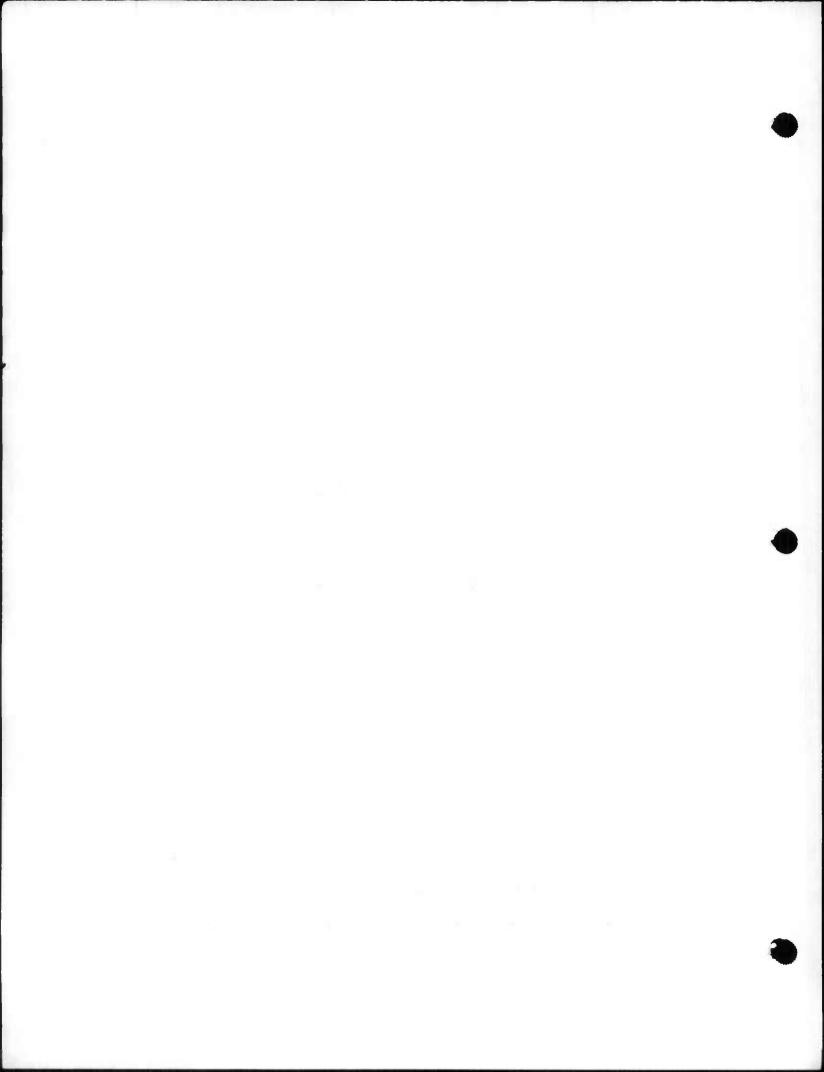
	1 - FOR STATE REGISTRAR	STATE OF	MARYLAND /		RTMENT				MEN	TAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, L	st)								ATE OF DEATH		YEAR	3. TIME OF DEATH
	SABB, HENRY									7/25/92		TEAM	1:33 a.m.
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER	_	IF UNDER			ATE OF BIRTH fonth, Day, Year)		8. BIRTI	IPLACE (State or Foreign
	248-50-6023	1 M 2 F	55	YRS.	MONTHS	DAYS	HOURS	MIN.		9 29	36		S.C.
	9a. FACILITY NAME (If not institution, g	ve street and number)			9b. CITY,	TOWN (R LOCATI	ON OF DE	ATH			INTY OF D	
DIRECTOR	St. Agnes	Hosp.				Ва	ilto.						
입	10a, STATE 10b. CO			10c. CIT	TY, TOWN O	R LOCAT	ION						10d. INSIDE CITY
	Md.			Ва	alto.								LIMITS? 1 X YES 2 NO
A	10e. STREET AND NUMBER					101	. ZIP COD	Ε			10g. CIT		WHAT COUNTRY?
FUNERAL	311 N. Den	ison St.					212	229				U S	SA
5	11. MARITAL STATUS		NT EVER IN U.S. AR							IGIN? (Specify Yes	or No-	14. RAC	E - American Indian, k, White, etc.
₽	1 Never Married Z Married 3 Widowed 4 Divorced		YES 2 N	io			2 賀 NO			rto Rican, atc.)		Spec	0.1
COMPLETED	15. DECEDENT'S (Specify only highest of	EDUCATION rade completed)	/G	ive kind of	work done o	CCUPATIO	ON st of worki	ng		16b. KIND OF BU	SINESS/IN	DUSTRY	
اتا	Elementary/Secondary (0-12)	Collage (1-4 or 5	+)		te Co	vvo.	tion	Tne)EE:		
Σ	17. FATHER'S NAME (First, Middle, Last	or yes	Mu.	Stat	-e co	rrec	_			rst. Middle, Maiden	Offic	er	
	,										Sumame)		
띪	REV. John All	en Sabb, S								oper	0		
2	19a. INFORMANT'S NAME (Type/Print)		191	D. MAILIN	G ADDHESS					Number, City or Tow		ip Code)	
l'I	Retty T Sabb		1	311			ison				1229		
	20a. METHOD OF DISPOSITION XIX Burlat 2 ☐ Cremation 3 ☐	Removat from State	20b. PLACE other pl	ace)						20c. LO			own, Stata
	4 Donation 5 Other (Specify)		(edar	Hil								
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. M	arc	me and address of facility rch F/H West						
	Blades	Wane				300	Wal	bash	Av	enue			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heert fellure. List only one cause on each line. Approximate interval Between Onset and Death												
	disease or condition resulting in deeth)		ary Athe			is,	mar	ked	of	the Cir	cumf	lex	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate b. and Right Coronary Arteries. Due to (or as a consequence of):												
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c											
旧	that initiated events	DUE TO	O (OR AS A CONSE	OUENCE (OF):								
E	resulting in deeth) LAST	d,											
4	PART II. Other significant cond	tiona contributing t	o death but not a	reaulting	In the un	derlyln	g ceuse	given in	Part	I. 24a. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC	Old_Myocardi	al Infarc	tion							1 X YES	2 NO		COMPLETION OF CAUSE OF CEATH?
ME	Extensive												1 X YES 2 NO
	Pulmonary Co	ngestion											
Ž	25. WAS CASE REFERRED TO MEDIC	L				28. P	LACE OF I	DEATH (C/	eck on	nly one)			
Sic	EXAMINER? 1 Q YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER		ne 5 🗆 R	aeldenca	a 🗆 e	Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE C	FINJURY	28b. TI	ME OF	28c. IN-	JURY AT			DESCRIBE HOW	INJURY O	CCURED	
	1 Natural 5 Pending		Day, Year)		IJURY M		ORK? YES 2 [_ NO					
D BY	2 Accident 3 Suicide 8 Could not be 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									Route Number,			
TEI	4 Homicide detarmin		n men (obachy)							City or Town, State			
COMPLETE	29a. CERTIFIER Charle only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.												
N N	anal anal												(s) and menner as stated.
1 1	29b. SIGNATURE AND TITLE OF CER	-						ENSE NU					O (Month, Day, Year)
BE	Mitul) tel	an	M				9990	MOER			7/25	
2	30. NAME AND ADDRESS OF PERSO	WHO COMPLETED CA	USE OF GEATH (ITE	M 27) (7/0	oe, Print)		20	7930	-			1160	1 16

Pelczar, M.D., St. Agnes Hospital, 900 Caton Ave., Balto., Md. 21229

32. REGISTRAF SISIGNATURE TO A ME



Michael E.



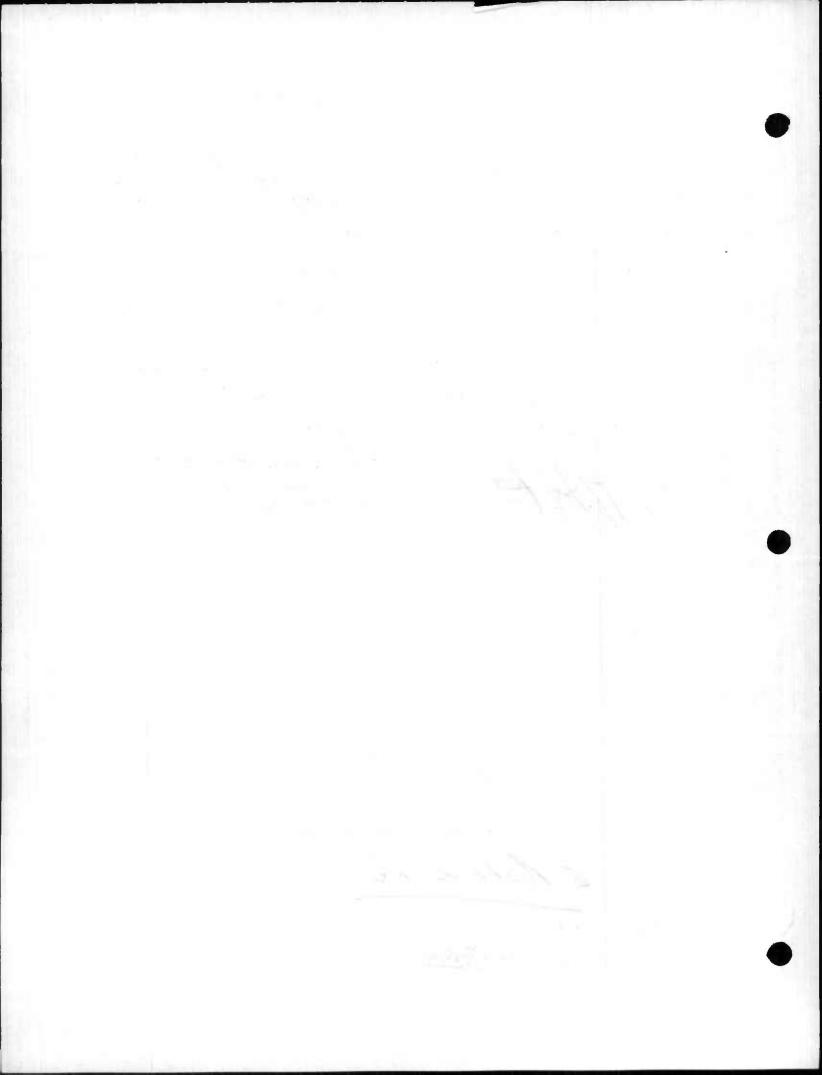
FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

	1. OECEDENT'S NAME (First		S Smith			IOATI	- 01	DEA		2. DAT	HEG. NO		9 MEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUM		S. SEX		lest birthday)	IF UNDER		IF UNDE	1		E OF BIRTH			ACE (State or Foreign
	214-88-3891 9e. FACILITY NAME (# not ii		1 🖟 M 2 🗆 F	//.	YYS YRS.		DAYS	HOURS	MIN.		7 8 /15		Burma	
8	819 Jamieson	n Road						rvil		EATH			imore	
DIRECTOR	RESIDENCE OF DEC	10b. COUNT	Υ		10c. Cf1	Y. TOWN C	DR LOCAT	TION						
AL DIN	Maryland 100. STREET AND NUMBER	Balti	more		Lu	ther							,	LIMITS?
2	819 Jamieson							1093				Bur		AT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Olivo			T EVER IN U.S. YES 2	ARMED		f yes, sp	ENDENT Cocify Cube	n, Maxica	n, Puerto	N? (Specify Yes Ricen, etc.)		14. RACE —	- American Indian, Vhite, etc.
9	15. DEC	CEDENT'S EDU	CATION	16a.	DECEDENT'S	USUAL O	CUPATIO	ON	_	16	b. KIND OF BU	SINESS/IND		
MPLET	Elementary/Secondary (College (1-4 or 5		(Give kind of life. Do NOT u		during mo	st of worldi	ng		U.N.E.			
COMP	17. FATHER'S NAME (First, M	fiddle, Last)	-	G 111							Middle, Maiden			
BE	Charles	Time/Print1	P.	Smith					Doro				rey	
임	Mrs. Lillian	,	mith		same				or Rural F	Route Nun	nber, City or Tow	n, State, Zip	Code)	
ı	20s. METHOD OF DISPOSIT	on 3 Rem	Over from State		CE AND DATE					OAT	TE 20c. LO	CATION C	ity or Town,	State
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA	and the second of the A	entre /	Dula	ney V									aryland
- 1	Conf	714	2 for								al Hom			
-	23. PART I. Enter the d	111	st/III	t coursed the	death Do						wson,			
	ehock, or h iMMEDIATE CAUSE (Fir disease or condition resulting in death)	east tellure.	Car	rcinoma	a lun	g			ng, auci		arec or reep	ratory erre	est,	Approximate interval Batwe Onset and Dea
.	OUE TO (OR AS A CONSEQUENCE OF): Arteriosclerotic cardiovascular disease													
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF):													
CEMILLIC	CAUSE (Disease or inju that initieted events resulting in deeth) LAS		c. OUE TO	(OR AS A CON	SEQUENCE OF	F):								
EDICAL	PART II. Other eignifice	ent condition	s contributing to	deeth but no	ot resulting i	in the un	deriying	couse (lven in l	Pert i.	24e. WAS AN PERFOR 1 YES 2	MEO?	OF	ERE AUTOPSY FINDING ARLABLE PRIOR TO MMPLETION OF CAUSE DEATH?
N:										_			11	YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		ACE OF O						
E		Pending	26e. DATE OF (Month, D	INJURY	26b. TIM		28c. INJU	JRY AT RK?			SCRIBE NOW I	NJURY OCC	JREO	
LED BY	3 Suicide	Investigation Could not be determined	26s. PLACE O building,	F INJURY — AI etc. (Specify)	home, lerm, a	itreel, facto			100	26f. LOC City	CATION (Street a or Town, State)	nd Number o	r Rural Route	e Number,
COMPLET	29a. CERTIFIER (Check only one) 1 CERT MEDI	IFYING PHYSI	CIAN: To the best of	my knowledge,	death occurre	nd et the ti	ne, date	end place,	and due	to Jhe car	use(a) and man	ner as stete	d. cause(a) an	d menner as stated,
u II	29b. SIGNATURE AND TITLE			hod-	1	2			NSE NUM					onth, Day, Year)
2								D :	1550	4		•	07/2	24/92
	E. Nakhuda	M.D.	, 2300 Du	ilaney	Valley	Print) y Roa	ıd,	Tows	on,Mo	d 21	204			
	JUL 28 199	Year) g	32. REGISTRA	AS SIGNATURE										
	ALLE MAINTER													

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020

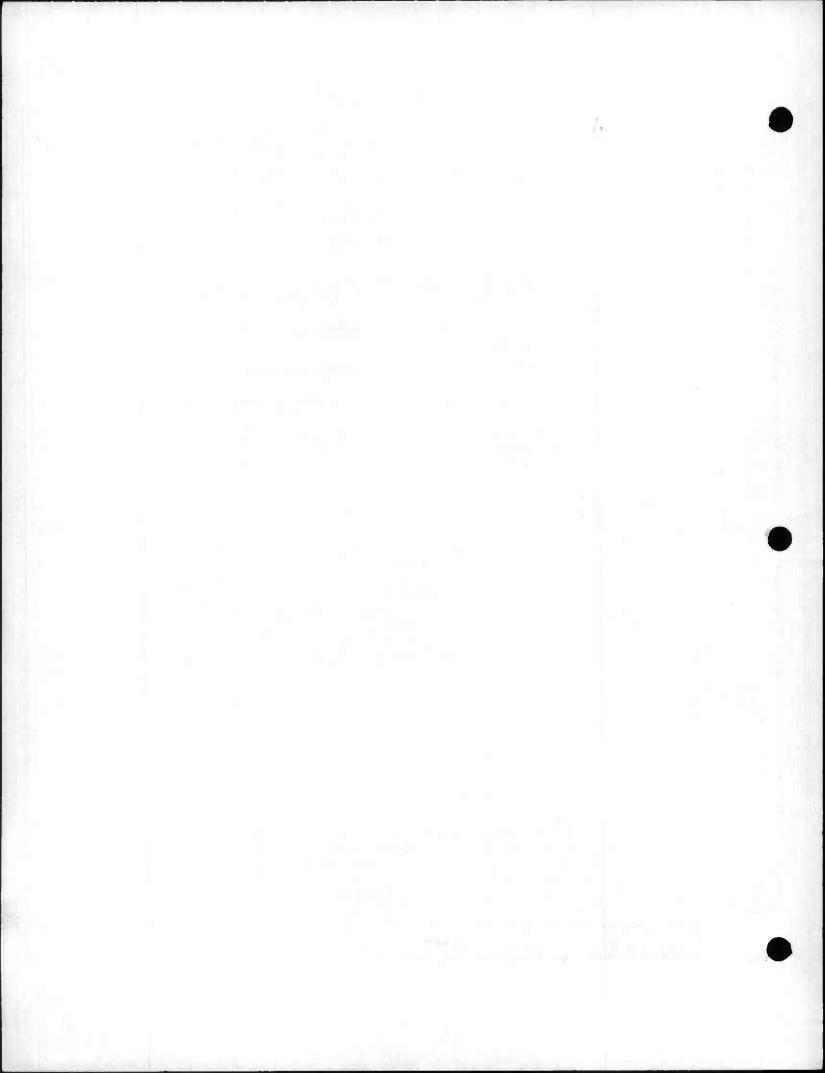
DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

WIL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		# item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
signed by the attendi	Health and Mental Hy	we any injury, or	
s certificate has been	ith the State Dept. of	ed, or item 23 sho	
DIRECTOR: After this	hours after death will	item 28 is marke	
3	R	=	

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR AGNES VERONICA SHREENACERTIFICATE OF DEATH REG. NO. 1/23/92 1. DECEDENT'S NAME (First 2. DATE OF DEATH 3. TIME OF DEATH 50 YEAR 6N 3 5. SEX 6. AGE (In vrs. last birthday) IF UNDER I YEAR 7. DATE OF BIFTH 09/15/05 IF UNDER 24 HRS 8. BIRTHPLACE (State or Fore DAYS HOURS 86 SCOTLAND 027-40-4968 1 M 2 W F Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BY FUNERAL DIRECTOR BON SECOURS HOSPITAL BALTIMORE _____ RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND HOWARD MARRIOTTSVILLE 1 TYES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 1525 MARRIOTTSVILLE ROAD 21104 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 Specify: 14. RACE -- American Indian, Black, Whits, stc. FORCES? 1 YES 2 Never Married 2 Married Specify: 3 Widowed 4 Divorced WHITE BE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) NUN 12th RELIGION 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GALLAGHER AGNES **JAMES** SHREENAN 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1525 MARRIOTTSVILLE RD. MARRIOTTSVILLE, MD 21104 SISTER MARGARET MATHEWSON 20s. METHOD OF DISPOSITION
1X Nourial 2 □ Cremetton 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State "NEW "CATHEDRAL CEMETERY 7/27/92 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY M & RUSSELL C WITZKE FUNERAL HOME 1630 EDMONDSON AVE CATONSVILLE, MD 21228 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one-cause on each line. Approximate Intarval Between IMMEDIATE CAUSE (Final Onset and Daath disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART if. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO petient 2 ER/Outpetient 3 DOA ng Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident Investigati 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) SPCOMS GUNZATES 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) viewdoon-Mano

DHMH-16 Rev 1/89



THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be clearly with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. THE MISPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospiral or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

m1 7-31-92 FilmG68	9 W.H. P	er r/H								9	6	208	00
FOR STATE REGISTRAR	STATE OF I							MENTA		_			
1. DECEDENT'S NAME (First, Middle, Last)	Edna	B. Spe	ddor	3	Spec	lden		MONT	OF DEATN		992	3. TIME OF	DEATH A M
4. SOCIAL SECURITY NUMBER 219 12 9312	5. SEX 1 M 2 F				-		24 HRS.	7. DATE (Mont	OF BIRTH		8. BIRTH	ny)	e or Foreign
9a. FACILITY NAME (If not institution, give s								ATH		9c. COU	NTY OF D	EATH	ric.
RESIDENCE OF DECEDENT			10c CIT				ny	Ra.		RaT	to.		
	0.					11401	e					1 YES	?
Committee of the commit	idøe Rd	. 2122	28		101					_			RY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. A	DMED		If yes, sp	ENDENT O	F HISPAN	n, Puerto	N? (Specify Yee Rican, etc.)		14. RACE Bleck	E — Americe k, White, atc.	n Indian,
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	(0	Give kind of v	work done o			a a	166	. KIND OF BUS	INESS/INI		HILL	06
Elementary/Secondary (0-12) N/A		+)	le. Do NOT us	e retired.)			•		Greif	Sui	it C	0/	
17. FATNER'S NAME (First, Middle, Last)								ME (First,	Middle, Meiden				
William Hoel 19a. INFORMANT'S NAME (Type/Print)	richs	10	9h MAILING	ADDRESS	S /Strpat a					Contr. Ti	0-4-1		
												Md.2	1228
20g. METHOD OF DISPOSITION LL Burlel 2 Cremetton 3 Remo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cemetery, co	and DATE	ther place)	ITION/No.	me of	יזי דו	OAT	1 0 0 2	CATION —	City or To	wn, State	
	ENSEE	- I DOGG	2011 1										
G. Truman	Calara h												
												166)	
23. PART I. Enter the diseases, or c ahock, or heert fellure. I IMMEDIATE CAUSE (Final	omplications that list only one cau	t caused tha dese on each line	ie.	not entar	tha mod	de of dyl	ng, auch	n aa card	diec or reapi	ratory an	rest,	Appn Inten	oximata rai Between t and Death
23. PART I. Enter the diseases, or c ahock, or heert fellure. I IMMEDIATE CAUSE (Final	omplications that list only one cau	t caused tha dese on each line	ie.	not entar	tha mod	de of dyl	ng, auch	n aa card	diec or reapi	ratory an	rest,	Appn Inten	rai Between
23. PART I. Enter the diseases, or cahock, or heert feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	omplications that List only one cau	t caused tha dese on each line	EOUENCE OF	not entar	tha mod	de of dyl	ng, auch	n aa card	diec or reapi	ratory an	rest,	Appn Inten	ral Between t and Death
23. PART I. Enter the diseases, or c shock, or heert feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	omplications that List only one cau DUE TO OUE TO	t caused the dise on each line	EQUENCE OF	not entar	tha mod	de of dyl	ng, auch	n aa card	diec or reapi	ratory an	rest,	Appn Inten	ral Between t and Death
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 219 12 9312 9a. FACILITY NAME (If not institution, give si Frederick Vill RESIDENCE OF DECEDENT 10b. COUNTY Md 10b. STREET AND NUMBER 1403 Woodbr: 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) N/A 17. FATNER'S NAME (First, Middle, Last) William Hoel 19a. INFORMANT'S NAME (Type/Print) Mrs Marvin Bt 20g. METHOD OF DISPOSITION 120g. METHOD OF DISPOSITION 120g. METHOD OF DISPOSITION 121. SIGNATURE OF FUNERAL SERVICE LICE	1. STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest) Edna 4. SOCIAL SECURITY NUMBER 2. 1	1. DECEDENT'S NAME (First, Middle, Lest) Edna B. Special Security Number 4. SOCIAL SECURITY NUMBER 5. SEX 9a. FACILITY NAME (If not institution, give street and number) Frederick Villa RESIDENCE OF DECEDENT 10a. STREET AND NUMBER 1403 Woodbridge Rd. 2122 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) N/A 17. FATNER'S NAME (First, Middle, Lest) William Hoerichs 19a. INFORMANT'S NAME (Type/Print) Mrs. Marvin Butler 20b. PLACE (gmelery, Q. Information State) 10 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1. DECEDENT'S NAME (First, Middle, Last) Edna B. Spedder 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey) 86 YRS. 9a. FACILITY NAME (If not institution, give street and number) Frederick Villa RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Md Balto 10a. STREET AND NUMBER 1403 Woodbridge Rd 21228 11. MARITAL STATUS 1 Never Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) N/A 17. 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FRESIDENCE OF DECEDENT 109. STATE 109b. COUNTY 109c. CITY, TOWN OR LOCATION OF DEATH TOS. STATE 109b. COUNTY 109c. STATE 109b. MAILING ADDRESS (Street and Number or Rural Route Num 10c. MARY 109b. MAILING ADDRESS (Street and Number or Rural Route Num 11c. MARILING ADDRESS (Street and Number or Rural Route Num 12c. MARY 109b. STATE 100b. STATE 1	1. DECEDENT'S NAME (First, Mickie, Last) Edna B. Speddon Spedden Spedden July 2. 4. SOCIAL SECURITY NUMBER S. S.EX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HMS. 7. DATE OF BEATH MONTH; DAYS HOURS MMN. July 2. 98. FACILITY NAME (If not institution, give street and number) 98. CITY, TOWN OR LOCATION OF DEATH 711 Academy Rd. 10e. STREET AND NUMBER 10e. COUNTY 10e. CITY, TOWN OR LOCATION RESIDENCE OF DECEDENT 10e. STREET AND NUMBER 10e. COUNTY 10e. CITY, TOWN OR LOCATION Residence of DECEDENT 10e. CITY, TOWN OR LOCATION Residence of DECEDENT 10e. CITY, TOWN OR LOCATION Residence of DECEDENT 10e. 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A C add emy Rd. 81. MARITAL STATUS 100. STREET AND NUMBER 100. STREET AND NUMBER 100. STREET AND NUMBER 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT SEDUCTION (Specify only highest grade comphished) 12. WAS DECEDENT'S USUAL OCCUPATION (Specify only highest grade comphished) 13. WAS DECEDENT'S USUAL OCCUPATION (Specify only highest grade comphished) 14. WOOTHER'S NAME (First, Middle, Last) William Hoerichs 15. Marvin Butler 16. OECEDENT'S USUAL OCCUPATION (Specify only highest grade comphished) 16. NOTNER'S NAME (First, Middle, Meiden Surname) 17. PATHER'S NAME (First, Middle, Meiden Surname) 18. MOTHER'S NAME (First, Middle, Meiden Surname) 19. MALLING ADDRESS (Street and Number or Rural Fourth Number, City or Town, State, Zip Code) 14. O3 Woodbridge Rd. Catonsville, 14. D3 Woodbridge Rd. Catonsville, 15. DELACE AND DATE OF DISPOSITION (Nume of Usual Fourth Number, City or Town, State, Zip Code) 14. D3 Woodbridge Rd. Catonsville, 15. DELACE AND DATE OF DISPOSITION (Nume of Usual Fourth Number, City or Town, State, Zip Code) 14. D3 Woodbridge Rd. Catonsville, 15. DELACE AND DATE OF DISPOSITION (Nume of Usual Fourth Number of Rural Fourth Number, City or Town, State, Zip Code) 14. D3 Woodbridge Rd. Catonsville, 15. DELACE AND DATE OF DISPOSITION (Nume of Usual Fourth Number of	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 1. DECEDENT'S NAME (First, Middin, Led!) Edna B. Spedden Spedden Spedden Spedden Spedden Spedden Spedden Spedden 1. DECEDENT'S NAME (First, Middin, Led!) Edna B. Spedden Spedden Spedden Spedden Spedden Spedden Spedden 1. DATE OF DEATH MONTH MO

SYII OLD FLEDERICK KD BALTMORE,

L. COMMEKFORD MO

(Month, Day, Year)

32. REGISTRAR'S SIGNATURE

28 1992

Julia Savidon-Rand

OHMH-16 Rev 1/89

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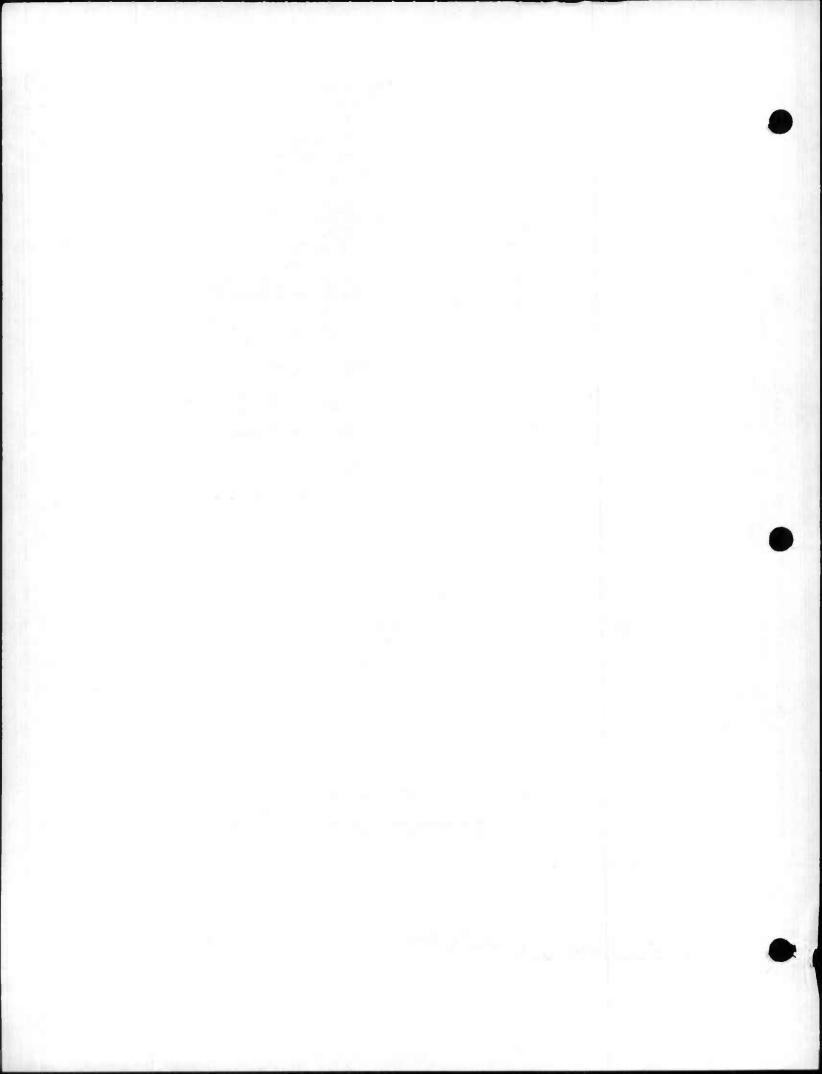
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. DOPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. PORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	_	92 20859
	1. DECEDENT'S NAME (First, Middle, Leat) Teresa	E.	Saff		2. DATE OF DEATH MONTH		year 3. TIME OF DEATH
	213-74-2014	5. SEX 6. AGE (In yrs. 1 M 2 F	92 YRS. MONTHS		7. DATE OF BIRTH (Morth, Day, Year) May 21,	1900	BIRTHPLACE (State or Foreign Country)
TOR	90. FACILITY NAME (If not institution, give street 1119 Harwall Rd. RESIDENCE OF DECEDENT		9b. Cl	TY, TOWN OR LOCATION OF C	DEATH		y of DEATH timore
DIRECTOR		timore	10c. CITY, TOWN Balt:	or Location LMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL	100. STREET AND NUMBER 1119 Harwall Rd.			10f. ZIP CODE 21207		U.S	O.A.
BY FUNERAL	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	NO 13	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rican, atc.)	e or No-	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	DECEDENT'S USUAL (Give kind of work don with Do NOT use retired Homemake)	e during most of working !.)	16b. KIND OF BU	SINESS/INDUS	
BE CON	17. FATHER'S NAME (First, Middle, Last) Theodore J. Roed	er		16. MOTHER'S N.	AME (First, Middle, Maiden	Weber	
9	190. NAFORMANT'S NAME (Type/Print) A. Virginia Saff			ss (Street and Number or Rural		n, State, Zip Co	
	20e. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetion 3 □ Remov 4 □ Donation 5 □ Other (Specify)	ral from State cemetery, o	eand date of disponsional control of the control of	osition (Name of e) lral Cem.	DATE 20c. LO		ly or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICES	I mile		2. NAME AND ADDRESS OF FA David J. Web	ACILITY		
	23. PART I. Enter the diseases, of co- shock, or heart fellure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the lat only one cause on each life of the cause of the cau	Dear	er the mods of dying, suc			ot, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS					
MEDICAL CE	PART II. Other significent conditions Mullim	contributing to death but not	t resulting in the u	undarlying ceuse given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (CI	heck only one)		1 YES 2 NO
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK? 1 YES 2 NO	6 Other (Specify) 26d. DESCRIBE HOW I	NJURY OCCUP	RED
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At I building, atc. (Specify)	home, term, street, fa	ctory, office	28t. LOCATION (Street of City or Town, State)	and Number or	Rural Route Number,
COMPLETED		AN: To the best of my knowledge, of On the basis of examination end/o					
TO BE	280. EXCHAPTINE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WARD	yio 6		29c. LICENSE NU	MBER 80	29d. DATE S	OGNED (Magnith, Day, Year)

31. DATE FILED (Morith, Day, Year)

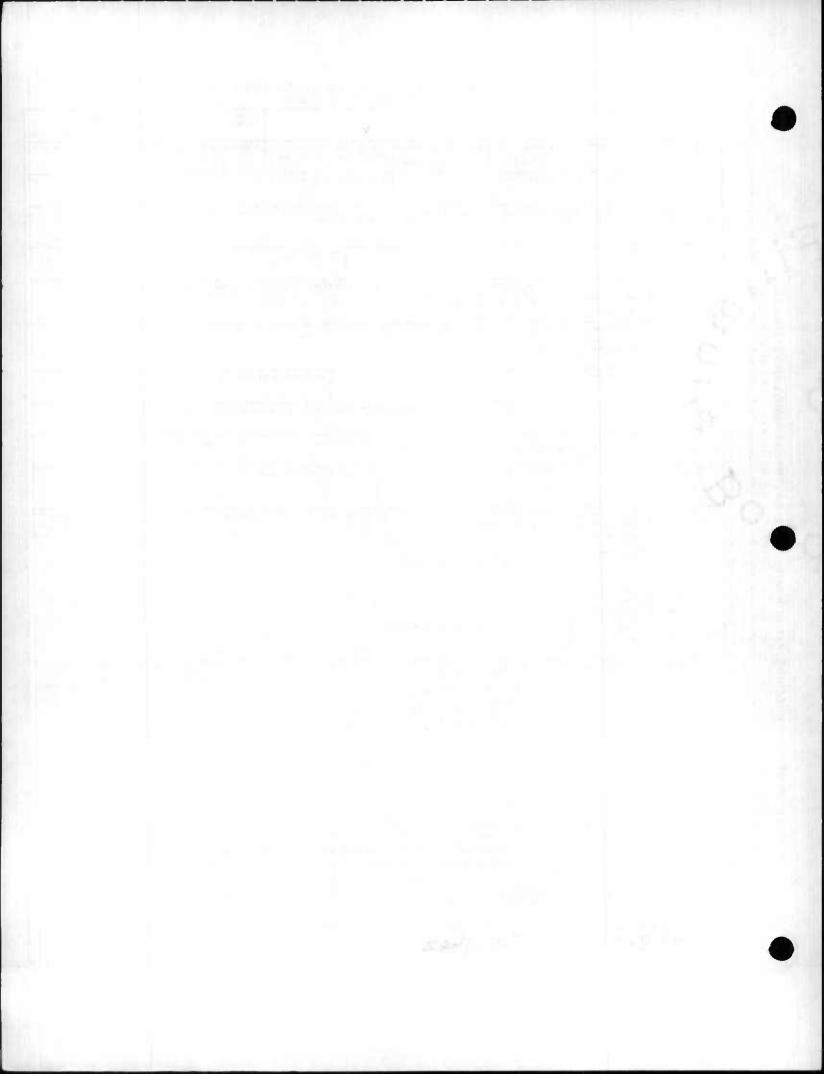
JUL 28 1992

1732 REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	manufaction and the second for a second for a second secon
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal,	INDOCTANT If Item 28 is marked on Item 23 shows any injury, or other fraumelic away the madical averages much be settled as seen

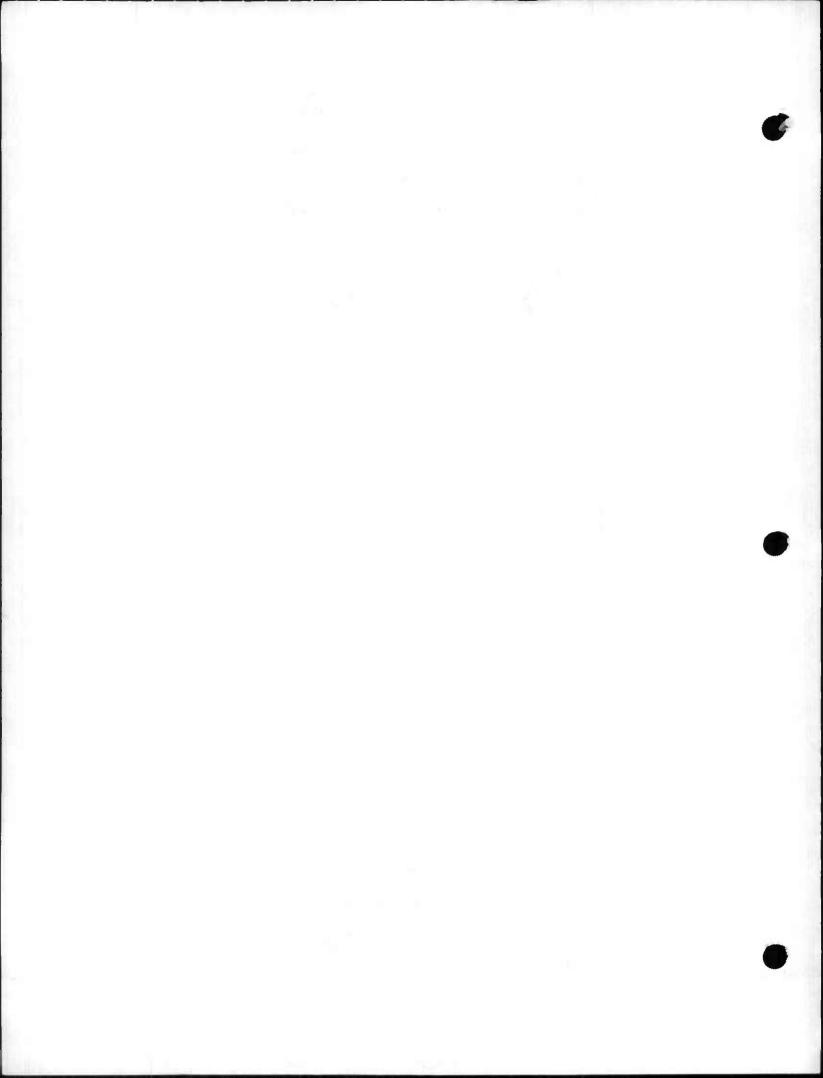
		ANDREW Andrew	III COII .	JANDU	BORSKY RSKY	7		2. DAT MON JU	y 24,	~ 1992	YEAR	3. TIME OF DEATH 3:55 A
4. SOCIAL SECURITY NUM	17.794	5. SEX	6. AGE (In yrs.	last birthday)	F UNDER 1 YEA		R 24 HRS.	7. DATI	E OF BIRTH		8. BIRT	HPLACE (State or Foreig
113-20-69		1 R M 2 F	63	YRS.	MONTHS DAT	MOUNS	MIPL.		-17-1	929		w York
Se. FACILITY NAME (If not i					9b. CITY, TOW	N OR LOCAT	ION OF DE				NTY OF	
Franklin	Squar	ce Hospi	ital			Esse	x			Ba1	timo	re County
RESIDENCE OF DE	10b. COUNT	,		Lancar								
				10c. CIT	Y, TOWN OR LO							10d. INSIDE CITY LIMITS?
Maryland		Harford				Jo	ppa	town	ne			1 TYES 2X X NO
100. STREET AND NUMBER		1				10f. ZIP COD		0.5		10g. CIT		WHAT COUNTRY?
309 Garne	ett Ko	oad					2108	85			US.	A
11. MARITAL STATUS 1 Never Married 25		12. WAS DECEDEN FORCES?	T EVER IN U.S. A			Specify Cubi			IN? (Specify Y	fes or No-	14. RAC	E — American Indian, k, White, etc.
3 Widowed 4 Div		IF YES, GIVE W				ES ANO			riioani, atot,		Spec	W.
		Kore										White
	CEDENT'S EDU			(Give kind of I	Work done during	ITION most of world	ng	16	b. KIND OF B	USINESS/INI	DUSTRY	
Elementary/Secondary ((0-12)	College (1-4 or 5 +	.)	ife. Do NOT u					f 1			
CT FATHERING MARKET	Market 1 11	5+	E	ngin	eer	_		-			Eng1	neering
17. FATHER'S NAME (First, A						18. MOT	HER'S NA	ME (First,	Middle, Meide	n Surname)		
		amborsky										
19a, INFORMANT'S NAME (, .			ADDRESS (Stre							
Mercedes		amborsky	У	309	Garnet	t Rd	,	Jop	patow	ne,M	D 2	1085
20a. METHOD OF DISPOSIT		oval from Stata	20b. PLAC	EANDDATE	OF DISPOSITION	(Name of		DA	TE 20c. L	OCATION -	City or To	own, State
4 Donation 8 Dothe	r (Specify)		Metr	o Cr	thar place) emato:	y, I	nc.	7-2	24 B	alti	mor	e, MD
21. SIGNATURE OF FUNERA	AL SERVICE LA	WASEE AL	1//		22. NAME	AND ADDRE	SS OF FA	CILITY				
George	F	MacNabb	1-6									lnd, Inc
					499	rreu	erre	CK.	Ku, D	arto	. , .	MD 21228
iMMEDIATE CAUSE (Fi disease or condition resulting in death)	inal	a. Cereby	se on eech lir	ne. lar A	cci dent		ing, suci	h aa ca	rdiac or res	piratory an	reat,	Approximate interval Betw Onset and D
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RECORDS,
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DIVISION

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPART			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3.	TIME OF DEATH	
	ANGELA PA	TRICIA SHA	ARFF			07- 26		VEAC	12:40	
	216 20 0777			ONTHS DAYS	HOURS MIN.	10-28-19	21 3	Country)		mg/ri
	216-28-0777 1 90. FACILITY NAME (If not institution, give stree	A 00						Mary.		
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DIRECTOR	5164 Terrace D	rive		0ver1	ea		Balt	timo:	re	
입	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION			104	d. INSIDE CITY	_
<u> </u>	Maryland Ba	ltimore			01				LIMITS?	
	10e, STREET AND NUMBER	ItImore		1 10	Over16	28	T 40 - OFFICE		T COUNTRY?	Ю
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FUNERAL	5164 Terrace D	11VE 2. WAS DECEDENT EVER IN U		1	2123			JSA		
	1 Never Married 2 Married	FORCES? 1 YES	2XXNO	If yes, sp	ecify Cuban, Mexica	YIC ORIGIN? (Specify Ye in, Puerto Rican, etc.)	a or No 1	Black, W	American Indian hite, etc.	١,
à	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	ES	1 🗌 YES	2 NO Specify	y :		Specify:	White	
ဂ္ဂ	15. DECEDENT'S EDUCAT	TION 1	Sa. DECEDENT'S US	UAL OCCUPATION	OM .	16b. KIND OF BU	SINESS/IND/		MILLE	
Ë	(Specify only highest grade cor	mpleted) Coffege (1-4 or 5+)		k done during mo		TOU. KIND OF BU	3ME33/MOO.	JIMI		
2	12th	Conage (1-4 or 5+)	Sec	cetary		Veterans	Admini	strati	an	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			, , ,	18 MOTHER'S NA	ME (First, Middle, Maiden			101	
	Anthony Gutowsk	ต่			IS. MOTHER S NA	Tillie Kowa				
出	19a. INFORMANT'S NAME (Type/Print)		405 474 11 11 10 4		100000000000000000000000000000000000000					
ဍ၂	Karen A. Soderstrom					Aoute Number, City or Tox				
	20s. METHOD OF DISPOSITION				e .Drive					
	1 ☐ Buriel 2 Commetter 3 ☐ Remove	of from State 20b. P	LACE AND DATE OF bry, crematory or othe	DISPOSITION (No r place)	me of	DATE 20c. LO	CATION - CH	ty or Town,	State	
	4 Donation 5 Other (Specify)	Me	tro Cre	emator	y, Inc	7/27 Ba	<u>ltimo</u>	ore,	MD	
	21. SIGNATURE OF FUNERAL SERVICE CICEN	SEE		Crema	it on Sc	ociety of	Mary	vlan	d. Inc	
	George E. Ma	cNabb				ck Rd., E				
	23. PART I. Enter the diseases, or con		he death. Do not						Approximat	_
	shock, or heert failure. Lis	t only one cause on eac	h line.						Interval Bet	ween
	IMMEDIATE CAUSE (Final disease or condition	Malas	Latin		- 0100	0000	2.1		Onset and	Death
ŀ	resulting in death) a.,	DUE TO (OR AS A C	DASEQUENCE OF		OLUVI	Cano	EV		6 dec	45
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CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR AS A C	ONSEQUENCE OF:						-	
¥	if any, leading to immediate cause. Enter UNDERLYING		,					i		
ᇤ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE OF):							_
	resulting in death) LAST							-		
뜅	0								-	
¥ ا	PART II. Other significent conditions of	contributing to death but	not resulting in	the underlyin	ceuse given in	Part I. 24s. WAS AN PERFO		24b. WE	RE AUTOPSY FINE	
읽						1 _ YES			MPLETION OF CA	
ij									DEATH?	,
- 1										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)				
S		OSPITAL: Inpatient 2 ER/Outpati		THER:	a 5V Wasidanca	8 Other (Specify)				
<u></u>	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME			28d. DESCRIBE HOW	INJURY OCCU	RED		
	1 Netural 5 Pending	(Month, Day, Year)	INJUF	Y WO	RK? /ES 2 NO					
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY —	At home, ferm, str			28f. LOCATION (Street	and Mumber or	- Promi Pourte	Attenhan	
	4 Homicide 8 Could not be	building, atc. (Specify,		and instancy, office		City or Town, State		Hurar House	raumoer,	
	29a. CERTIFIER									
를	(Check only 1 X CERTIFTING PHYSICIA	N: To the best of my knowled								
COMPLETE	2 MEDICAL EXAMINER:	On the beels of examination e	nd/or investigation,	In my opinion, d	eeth occured at the	time, dete end place, er	nd due to the	cause(e) en	d manner ee sta	ted.
ш	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	WBER	29d. DATE S	SIGNED (Mo	onth, Day, Year)	\neg
9	Janet (raple in	0				D 0:	7-27	-92	_
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type, P	int) 22	S. Gree	n Stract				-
į.	Janet Cooper, M	. D. Univ	arcitu		ruland	n Street Medical	Conta	,	MD	_ 1
	31. DATE FILED (Month Day Year) #	an applicant the contract	URE	OT Ha	VIAIIU	nedical	cente	T		
1	JUL 28 1992 July	Davidson-Mande								

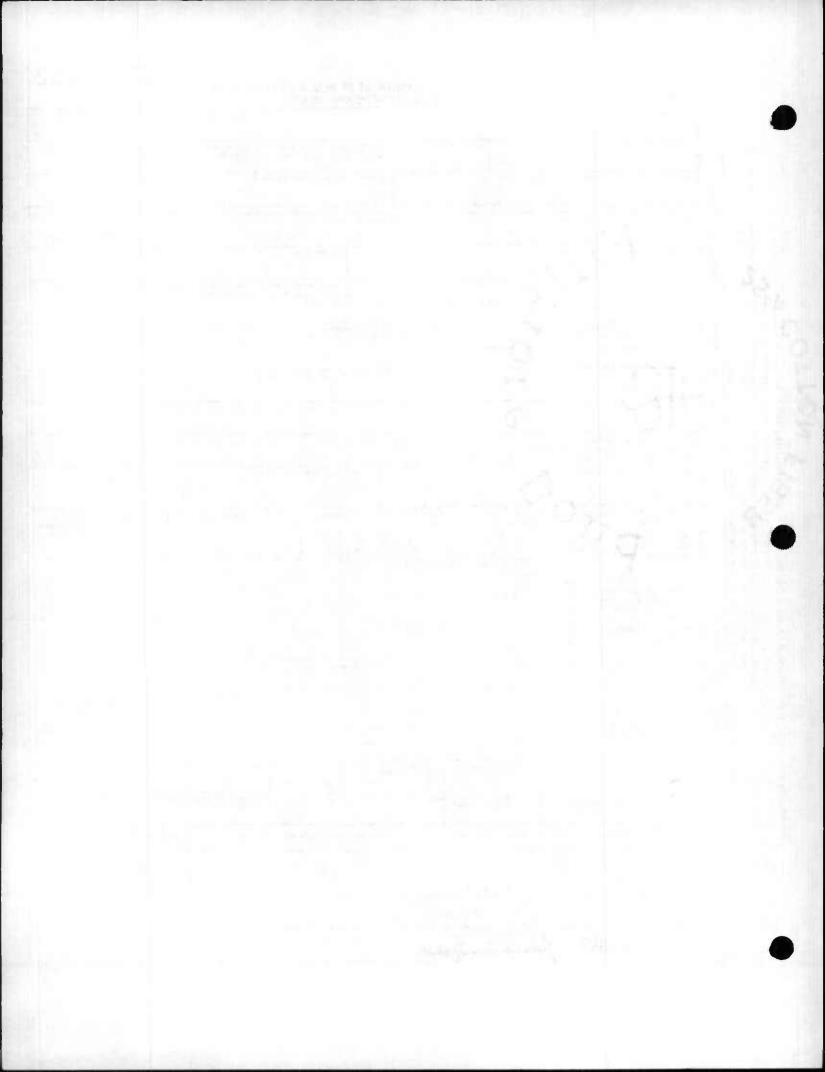




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						2. DATE OF DEATH	DAY	YEAR	3. TIME OF	DEATH		
	<u>Yolanda</u>		1.		Smith			07 2	23	1992	9:58	Α.
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		MONTHS DAY	-	24 HRS.	7. DATE OF BIRTH (Month, Day, Year	2	Cour	THPLACE (State	
	212-90-2130	1 M 2 XF	30	YRS.				6/23/1	962	BA	LTO.,	MD
or	9a. FACILITY NAME (If not institution, g					N OR LOCATIO		HTA	9c. C	DUNTY OF	OEATH	
OT:	3305 Belle A	Ave. (Re	es.)		Balti	more (City					
DIRECTOR	10a. STATE 10b. CO			10c. CI	TY, TOWN OR LO	CATION					10d, INSIDE	
	MARYLAND				BAL	TTMOR	E C	ITY			1 YES	
AL	10e. STREET AND NUMBER					101. ZIP CODE			10g. C	TIZEN OF	WHAT COUNT	
EB	3305 BELLE A	VENUE				2	121	5			USA	
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1						IC ORIGIN? (Specify		- 14, RAC	CE — Americar ck, White, etc.	Indian,
BY	3 Widowed 4 Divorced	IF YES, GIVE W				YES 2 NO					Bla	ck
ED	15. DECEDENT'S	EDUCATION	16a, DE	ECEDENT'S	USUAL OCCUP	ATION		16b. KIND OF	DISCHESS	MOLICTON	DIG	OR
	(Specify only highest g	grade completed) College (1-4 or 8 +	(G	live kind of Do NOT u	work done during	most of working	g	100. KIND OF	BUSINESS/	MUUSINI		
Pt		- Sue Mar (14 or 0.4	'	duca	tiona	l Aj.d	е					
COMPLET	17. FATHER'S HAME (First, Middle, Last,)						ME (First, Middle, Mei	den Surname)		
ш	WILLIAM SMITH	I				S	HIR	LEY SMI	ΓH			
TO B	19a, IHFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stre	et end Number		loute Number, City or				
	SHIRLEY SMIT	H		3305	BELL	E AVE	B	ALTIMOR	E, M	D	21215	
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 5	Removal from State	20b. PLACE A		OF DISPOSITION	(Name of		OATE 20c.	LOCATION	— City or 1	lown, State	
	4 Donation 5 Other (Specify)				MORIAI				BALTI	MORI	E, MAR	YLA
	21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE) 0	1		OY O.	DY I	ETT & S	ON F	UNER	AL HO	ME.
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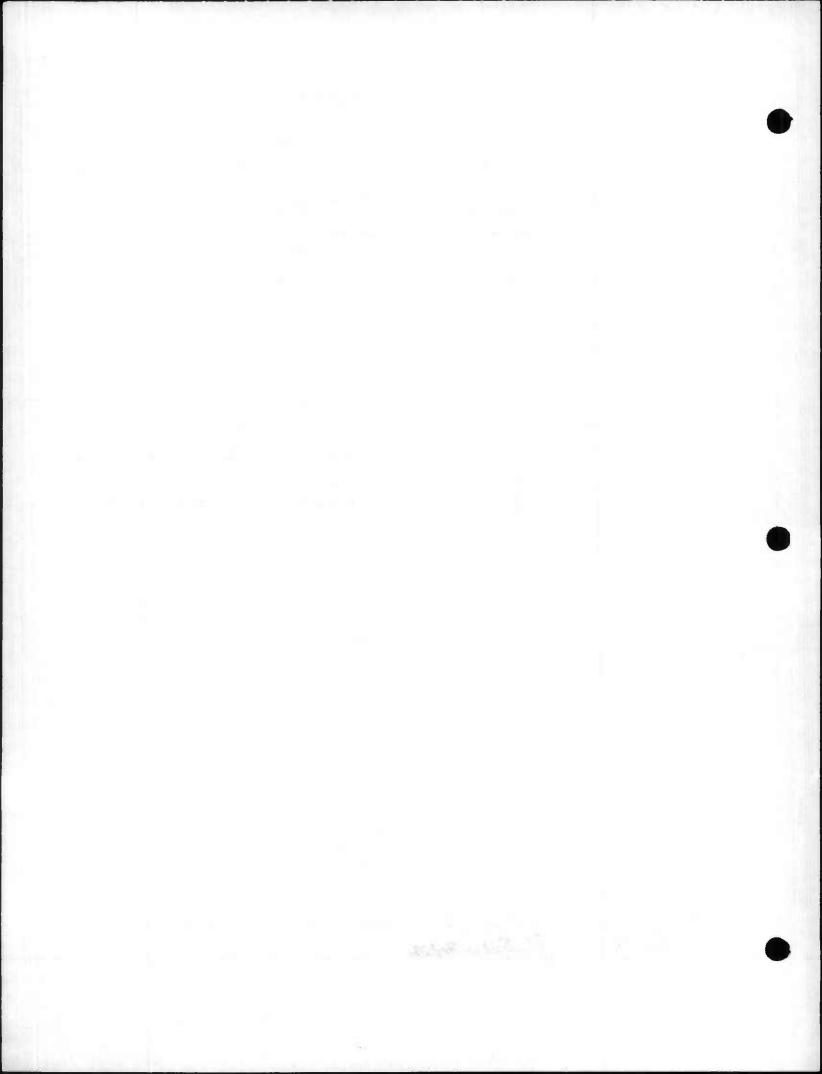




FOR 1 - STATE REGISTRAR
1. DECEDENT'S NAI
Ethel
4. SOCIAL SECURIT
212-40-
9e. FACILITY NAME
Fallston
RESIDENCE O
10e. STATE
Marylan
10e. STREET AND N
4022 Si
11. MARITAL STATUS
1 Never Married
3 X Wildowed 4

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

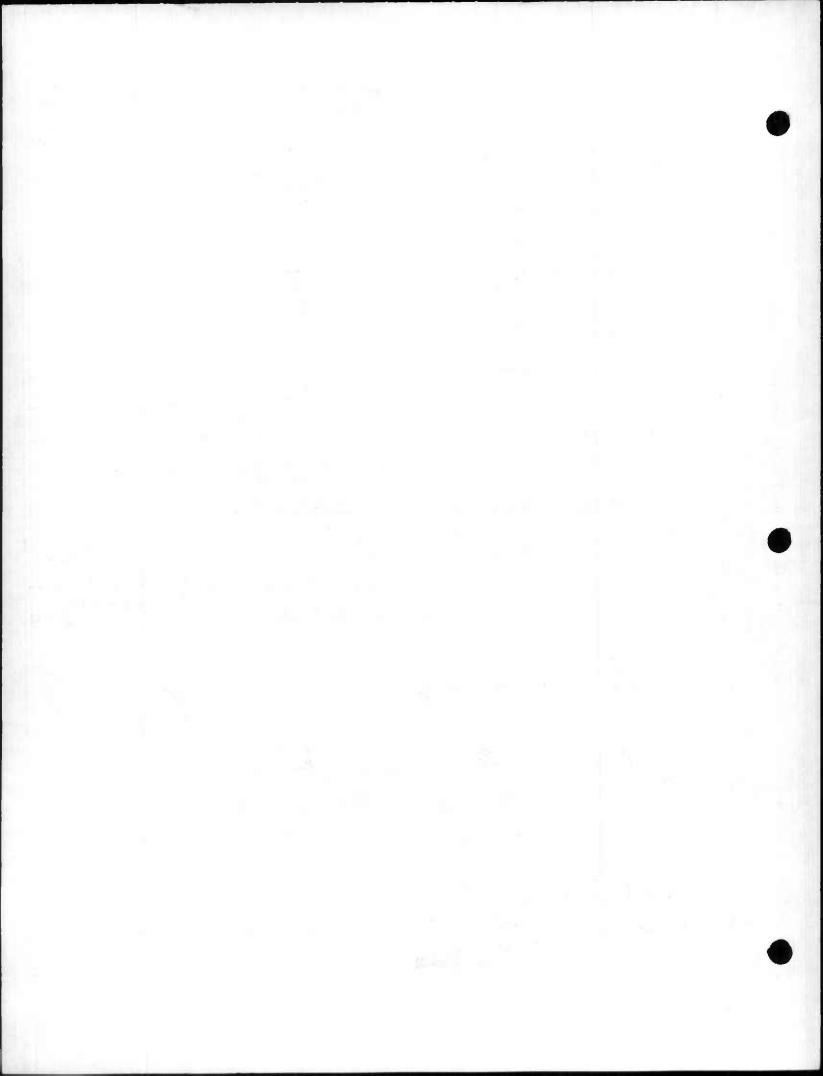
	1. DECEDENT'S NAME (First	, Middle, Last)			_						OF DEATH			3. TIME OF DEATH
	Ethel J Talkin									MONTH 27 92			6:5700 H	
				6. AGE (In yrs. les	GE (In yrs. last birthday) IF UNDER 1 YE.			IF UNDER		7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		
	212-40-6336 10M2XF 94			YRS.	MONTHS	THE DAYS HOURS MIN. (Monthy Day, Year)			97 Pennsylvania		,			
	9a. FACILITY NAME (If not in		reet and number)			9b. CITY	, TOWN	OR LOCATE	ON OF DE		17.0		NTY OF DE	
FUNERAL DIRECTOR	Fallston G	ENERAL	Hospita	(Fa	Ctor	1				Ha	erfor	d
띭	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN (OR LOCA	TION		-				10d. INSIDE CITY
	Maryland	B	altimore		I	Balti								LIMITS? 1 YES 2 X NO
RA	10e. STREET AND NUMBER						10	. ZIP COD						HAT COUNTRY?
밀	4022 Silvas	ge Road						212					S.	
	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES XX	NO MED		If yes, sp	ecify Cube	n, Maxica	n, Puarto R	(Specify Yas lcan, etc.)	or No—	14. RACE Black	— American Indian, White, atc.
B√	3XXWidowed 4 Dive	orced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 <u>R</u> NO	Specify	y:			Specif	White
COMPLETED	15. DEC (Specify on)	EDENT'S EDUC	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON ast of working	10	16b.	KIND OF BU	SINESS/INI	DUSTRY	
<u> </u>	Elementary/Secondary (I	0-12)	College (1-4 or 5	+) life.	Do NOT us	se retired.)	-		•					
₹	NA		NA		Homen	laker	-				Own He	ome		
8	17. FATHER'S NAME (First, M Not Known	^(Iddle, Lest) Vauti									iddle, Maiden			
BE			er			THE SECOND			Knc			Davis		
٩	Carl E. Hyn	iller	(Son)								or City or Tow ore, 1			
	20a. METHOD OF DISPOSIT 1 X Burial 2 Crematic 4 Donation 6 Other	on 3 🗆 Ramo	wal from State	20b. PLACE / Cemotery Cre Parky	MAND DATE (of Dispos ther place) Ceme	tery	ama of		8/1			City or Tow More	vn, Stata , Md .
- 1	21. BIGNATURE OF FUNERA	SERVICE LIN	DISEE /					ND ADDRE			77			
	1 /h	ed /	7.								Home		363	07006
\exists	23 PART I. Enter the d	iseeses of c	omplications the	t ceused the de	eth. Do r	not enter	the mo	de of dv	ing, such	h sa cerdi	ec or respi	Imore	rest	. 21236
	shock, or heart leftere. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition) CHF resulting in (seth)													
z	DUF TO (OR AS A CONSEQUENCE OF)													
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury CAUSE (Diseas													
윤	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
ERT	resulting in death) LAS	T .	. +)	oster	9014	2130								
	PART II. Other significe	ent condition	contributing to	deeth but not r	esuiting	in the ur	nderiyin	g csuse g	given in	Pert I.	24s, WAS AN		24b.	WERE AUTOPSY FINDINGS
2											PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL											1 123 2	PHO		OF DEATH? 1 YES 2 NO
								-		-				1 123 2 110
Ž	25. WAS CASE REFERRED T	O MEDICAL					26. PI	ACE OF D	EATH (Che	eck only one)			
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		io 5 □ Ra	sidence	8 Other	(Specify)			
ᇎ	27. MANNER OF-DEATH		28a. DATE OF (Month, D		26b. TIM	Y	26c. INJ		1		CRIBE HOW I	NJURY OC	CURED	
BY		Pending Investigation	(Month, D	ay, roary	1110	М		YES 2	NO					
	2 Devlotes	Could not be	28e. PLACE O	F INJURY — At ho etc. (Specify)	ma, farm,	street, fact	ory, offic	•			TION (Street t		or Rural Re	oute Number,
	4 Homicide	determined	ballaning,	erc. (opecny)						City o	r Town, State)			
COMPLETE			CIAN: To the best of											and menner ee stated.
- 11	29b. SIGNATURE AND TITLE										piace, en			
TO BE		1Kz							350	ABER		29d. DAT	10	(Month, Day, Year)
	30. NAME AND ADDRESS OF	T. K.	LYWCH	SE OF DEATH (ITE			R 04	15.	my	. 2.	1014			
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE										
	JUL 28 19	392	Achia David	son-Randa	2									
		6			100			_						



DALL HOUE, MAN I LAIN	ME HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TITM TONERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		PARTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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2	m 9 a	ector.		MUS
A	Pag.	ral dir		Iner
2	death	funer		екат
3	after	by the	the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	[ca]
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	in 24	ely fill	nation,	, the
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	ME	as be	Dept.	23 8
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	7	THE STREET	pell	氮

	1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPAR	TMENT OF H	EALTH AND	MENTAL HYGIEN	E 92	20864
	1. DECEDENT'S NAME (First, Middle, Last)			.c.t.E ot	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
		Edward	W.	Tre	bes	July 2	5,1992	1 10
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. Bit	THPLACE (State or Foreign
	216-18-9370	1 X M 2 □ F 69	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 4/5/192		arvland
	9e. FACILITY NAME (If not institution, give s			9b. CITY, TOWN C	OR LOCATION OF D		9c. COUNTY OF	
FUNERAL DIRECTOR	655 E.Clement	St.		Balto	.City,M	ſd.		
E I	10a. STATE 10b. COUNT	Y	10c, CIT	Y, TOWN OR LOCAT	TION			10d. INSIDE CITY
LDII	Maryland		Ва	lto.Ci				LIMITS?
ERA	655 E.Clement	St.		101	21230		10g. CITIZEN O	F WHAT COUNTRY?
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. A	RMED	13. WAS DEC		NIC ORIGIN? (Specify Yes		ACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 VES 2 IF YES, GIVE WITH OR DATES	NO	It yea, spi	ecify Cuban, Maxica	in, Puerto Rican, etc.)	BI	ack, White, atc.
BY	3 Widowed 4 Divorced	W.W. 2		I TES	2 NO Specif	y.	Sp	White
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade			USUAL OCCUPATION		18b. KIND OF BUS	SINESS/INDUSTRY	,
<u> </u>	Elementary/Secondary (0-12)		ie. Do NOT us	vork done during mo: e retired.)	st of working			
를 I	4th.Grade		Dept	.Of Wa	ter	B:	altimo:	re City
Ö	17. FATHER'S NAME (First, Middle, Last)		10 1-0			ME (First, Middle, Maiden		C CI CY
BE (Henry	Treb	es		Helen	1	vr m	nompson
	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a		Route Number, City or Town	n, State, Zip Code)	TOMOSOIL
2	Mrs.Jean D.Tre					.Balto.Mo		1
	20a. METHOD OF DISPOSITION	20b. PLACE	AND DATE	F DISPOSITION (Na			CATION — City or	
	1 Donation 5 Other (Specify)		rematory or of	her place)	Comotor	y7/29 A.		
l l	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/ du		ID ADDRESS OF FA	CILITY		
	× 1/2 - 0	0, 1/2/		11000				Md.21230
	22 PART I Formatte discourse	1. Mayo		McCu.	lly Fun	eral Home	≥,130 1	E.Fort Ave,
		complications that caused the d Liet only one ceuse on each lin	leeth. Do n le.	ot enter the mod	de of dying, suc	h as cerdiec or reepi	ratory arreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	01.0.010.0		. 2				Onset and Death
	resulting in death)	DUE TO (OR AS A CONSE	EDE	WB		1 how		
		(ham as A conse	EOUENCE OF): `[]	1. 560	2	and i	8 mm D.
CERTIFICATION	Sequentially list conditione,	b. Chronic Pun DUE TO (OR AS A CONSE C. Diffuse V	EQUIENCE OF	your .	2/ 2(0.	hours of	2 171372	2 0 100
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윤	CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS A CONSE			0 1320			13 800
E	resulting in death) LAST	1		,				
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A P	PART II. Other aignificant condition	e contributing to death but not	reaulting I	n the underlying	ceuse given in	Pert I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
S	Ischemic C	Aro: My opni	7			PERFOR	10	AMAILABLE PRIOR TO COMPLETION OF CAUSE
Ä			0				700	OF DEATH?
-						_		1 NES 2 NO
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?	HOSPITAL:	3 DOA	OTHER:	101	6 ☐ Other (Specify)		
主	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 28c. INJL	JRY AT	28d. DESCRIBE HOW IN	LIURY OCCURED	
ВУР	1 Netural 5 Pending	(Month, Day, Year)	INJU	JRY WOF	RK? ES 2 NO		TOTAL COOCILED	
	2 Accident Investigation 3 Suicide a Could not be	28s. PLACE OF INJURY — At he	ome, farm, at			28t. LOCATION (Street a	nd Number or Bure	I Dough Number
E	4 Homicide detarmined	building, atc. (Specify)				City or Town, State)	no reamber of ribre	House Humber,
9	29a. CERTIFIER 1 CERTIFYING PHYSIC	MANUTAN AND AND AND AND AND AND AND AND AND A		NAT DE LA CONTRACTOR				
COMPLETED	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my knowledge, di R: On the basis of examination and/or	Investigation	d at the time, data	and place, and due	to the cause(a) and men	ner as stated.	
8			investigation	i, in my opimon, de	ioni occured at the	time, data and place, and	dua to the cause	r(a) and menner ea stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIER	ull mo			29c. LICENSE NUA	P(/2)//	29d. DATE SIGNE	ED (Month, Day, Year)
0	the best Could	in a			1	DYSSY	17/3	7/92
	20. NAME AND ADDRESS OF PERSON WHO		7 , D	Print) 301 5 5-114	420	BATHOR	ma	21202
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			,00	17/80 1 11011) ()	(11
	JUL 28 1992	Tia Savidna Dane	.00					1

DHMH-18 Rev 1/89



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215-0	attending
E, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physicial
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Σ	Page
BALTIMORE	er death.
n	ě

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

VIOTHE HISPITAL OR ATTENDING PHYSICIAN. The law renulies that the death certificate be executed within 24 hours after death. Page 6 may be retained by the breaken of page 6 may be retained by the break	
r mis ceruncat	1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
AMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neutral at once.	

FOR STATE REGISTRAR

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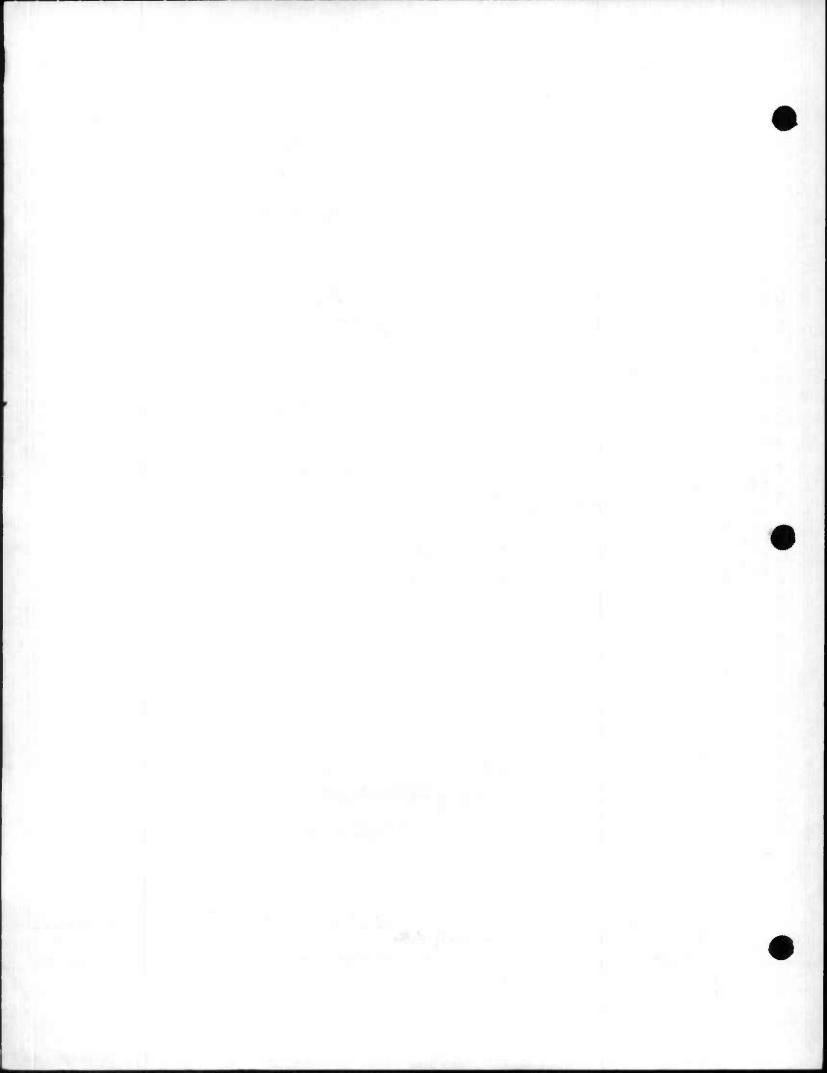
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Las	YEAR	3. TIME OF DEATH								
	4. SOCIAL SECURITY NUMBER	Hester /	A. Thon	~~	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	9-	M M		
	056-16-5415	1 M 2 K F	85		MONTHS DAYS	HOURS MIN.	7-28-190	06	HTHPLACE (State or Foreign untry) Md		
TOR	98. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 96. COUNTY OF DEATH 1112 Wildwood Parkway Baltimore										
DIREC	10e. STATE Md 10b. COUN	TY			nown on Local Baltimor				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
AL	10e. STREET AND NUMBER				10	. ZIP CODE		10g. CITIZEN D	F WHAT COUNTRY?		
EB	1112 Wildwood	Parkway				21229		USA			
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAR	YES 2 N	MED D	if yes, sp	ENDENT OF HISPAN ecity Cuben, Mexice 2 X NO Specify	NIC DRIGIN? (Specify Yearn, Puerto Rican, atc.)	or No — 14. R/Bi	ACE — American Indian, lack, White, atc.		
COMPLETED	15. DECEDENT'S EC (Specify only highest gra- Elementary/Secondary (0-12)	College (1-4 or 5+)	/Gh	CEDENT'S UP kind of with Do NOT use	USUAL OCCUPATION done during money retired.)	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	,		
BE COM	17. FATHER'S NAME (First, Middle, Last) Henry Harri					16. MOTHER'S NA	ME (First, Middle, Meiden	Surname)			
5	190. INFORMANT'S NAME (Type/Print) Carita T. Mills					nd Number or Rural F	Noute Number, City or Town				
	20a, METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLACE A cemetery, crem	ND DATED	FOISPOSITION (Na Der place) EMOCial	_{me of} Park	72992 Ra	cation - city or			
	21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE, JAAN	N)		March	F/H West	CILITY				
	23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Finel	complications that co. List only one cause	aused the des	ith. Do ne	ot antar tha mo		h as cardiac or respi		Approximate Interval Between Onset and Death		
	disease or condition resulting in death)	aoue to (or	A cut	UENCE OF	Myo	ardial	. Infact	ion			
TION	Sequentielly list conditions, if any, leading to immediate	bDUE TO (O	R AS A CONSED	UENCE OF	:						
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST C. OUE TO (DR AS A CONSEDUENCE OF):										
	PART II. Other significant condition	ons contributing to de	eth but not re	aulting in	the underlying	ceuse given in	Part I. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS		
MEDICAL						The same of the same of the	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
		Sich bin	J .	hyn	disme		_		OF DEATH?		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Che	eck only one)				
YSI	1 TYES 2 ND	1 Inpatient 2 E	R/Outpatient 3 (OTHER: 4 Nursing Hom	e 8 🗆 Residence	6 Other (Specify)				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	26s. DATE DF IN. (Month, Day,		28b. TIME INJU	RY WO	URY AT RK7 'ES 2 NO	28d, DESCRIBE HOW IN	JURY OCCURED			
	3 Suicide 6 Could not be detarmined	28a. PLACE DF II building, etc	NJURY — At horr : (Specify)	ie, farm, st	reet, factory, office		26f. LOCATION (Street a City or Town, State)	nd Number or Run	il Route Number,		
COMPLETED		SICIAN: To the best of my IER: On the basis of exam							e(a) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE					D 40 S	IBER		ED (Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON W DR. OCHANEY	3350	WILKEN	13 7	Print) TVENUE ORF, IY	SUIT	E 301		1		
	31. DATE FILED (Month, Day, Year)	32 REGISTRAN'S				Elevel &					



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HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TOWERM, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	2	OFTANT If lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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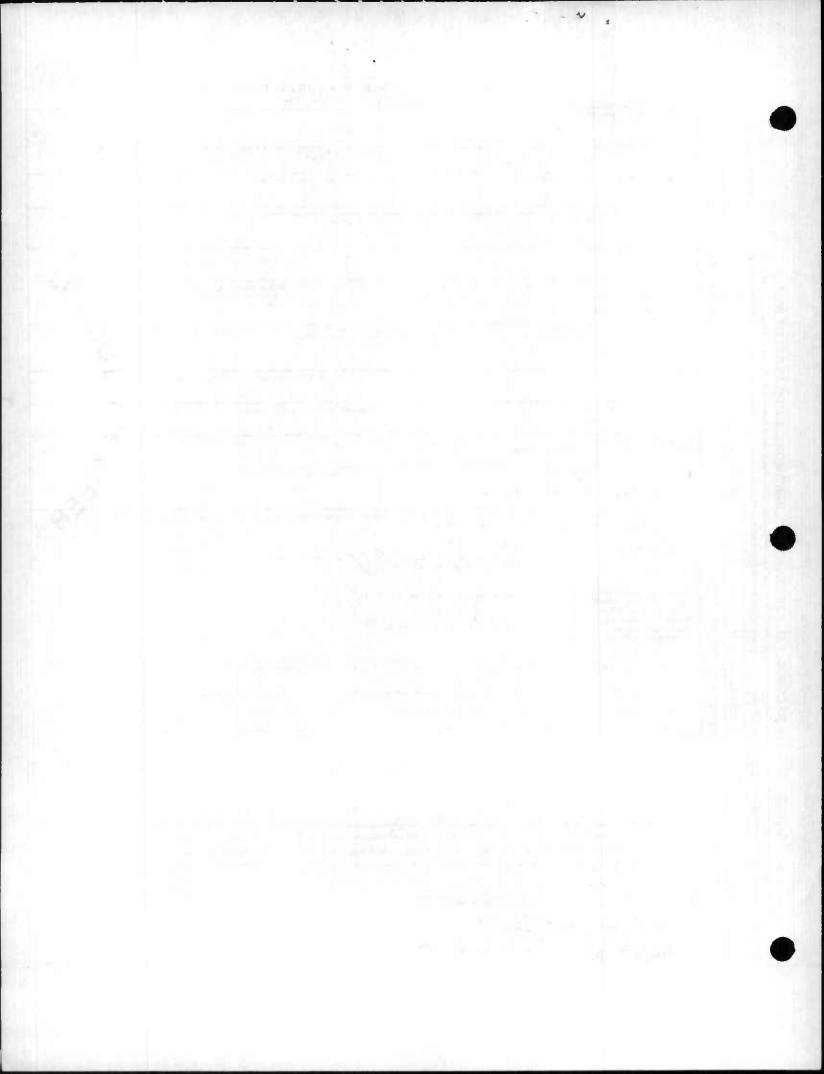
_	1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEI		20000
	1. DECEDENT'S NAME (First, Middle, Last) GEORGE A, T	HOMAS				26 196	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/7-66-7//8	5. SEX 6. AGE (In yr.	YRS. Issi birthday) IF UN	DER 1 YEAR IF UNDER 24 HRS. IS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	,	BIRTHPLACE (State or Foreign Country) Hd
TOR TOR	98. FACHLITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Balto						OF OEATN
DIRECTOR	10a. STATE 10b. COUNTY		Ba H	N DR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	3702 DOLFEL	d Ave		101. ZIP CODE 2/2/	5		OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 VES 2 IF YES, GIVE WAR OR DATES	⊠NO	3. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, atc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION 16a completed) Coffege (1-4 or 5+)	Give kind of work do	ne during most of working	16b. KINO OF BU	ISINESS/INOUST	
ш	17. FATHER'S NAME (First, Middle, Last)	omas St		18. MOTNER'S N.	AME (First, Middle, Maider	Sugramo)	
TO B	190. IMFORMANT'S NAME (Type/Print)	Komas	196. MAILING ADDRI	ESS (Street and Number or Rural Dolfeld	Acre Dere City or To	yn, Stete, Zip Cod	1 21215
	26a. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo		CE AND DATE OF DISP	OSITION/Name of COM	7-30-92 (CATION - City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGER		2. NAME AND ADDRESS OF F March F/H 1 4300 Wah			
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart failure. If immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	h aa cardlac or reap	iratory arreat,	Approximate Interval Batween Onset and Death			
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	OTH				
ву РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. thJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW	INJURY OCCURE	0
4	2 Accident Investigation 3 Suicide 6 Could not be determined	201. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		CIAN: To the best of my knowledge					ree(a) and manner as stated.
TO BE	290. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	- RESIDEN	г	29c, LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)
	RAT BALSE 31. DATE FILED KMONTH COMMYSER 200	COMPLETED CAUSE OF GEATN (SINALL	tospine e	F BALTIM	IORE.	MD-21207
	JUL 28 1992	32 REGISTARY SIGNATUR	jande 12				/



THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MEDRIANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)								E OF DEATH			3. TIME OF DEATH
EDWARD	ALLAN	1		TURN	ER		07		26	92	4:45
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs	. last birthday)			DER 24 HRS.	7. DAT	E OF BIRTH			HPLACE (State or Foreig
216-34-0741	1 ☑ M 2 ☐ F	52	YRS.	MONTHS DA	W8 HOUR	s MIN.		ary 12,	1940	Ba	ilto., Mi
Sa. FACILITY NAME (If not institution, give	111111111111111111111111111111111111111			9b. CITY, TO	WN OR LOC	ATION OF I				NTY OF	
SOUTHBOUND I-83 AND EXIT 33				BAL'	rimoi	RE			BAL	rimo:	RE COUNTY
PA YO	ork			ew Fr		n					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2 Lakeside Di	civo				101. ZIP C				1		WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN II S	ADMED	12 140		349	NIC ODIO	10.00 cm 14 · M			. A.
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO Sp				ıban, Mexk	ean, Puerto	Rican, etc.)	es or No-	14. HAC Blac Spec	E - American Indian, ik, Whita, etc.	
15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	160.	DECEDENT'S	USUAL OCCU	PATION og most of wo	orking	16	b. KIND OF BU	JSINESS/INC	DUSTRY	
Elementary/Secondary (0-12) 12 years	College (1-4 or 5	(Give kind of work done during most of working life. Do NOT use retired.) Manager The Dru					Drug	у Но	use		
17. FATHER'S NAME (First, Middle, Lest)								Middle, Maldei			
Henry A. Tur	ner							ine H			
19a. INFORMANT'S NAME (Type/Print)				ADDRESS (St							
Diana Mary Tu	rner			akesi		ive	. Ne				
	noval from State	cemetery	cremetory or o	ther placel		1 M Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Dither (Specify) Gardens of Faith 7/31 Baltimore,					
		- Gai	uells	OT L	TIOIT						
21. SIGNATURE OF FUNERAL SERVICE LICENSES OF ART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	Dalon complications that	t coused the	death, Do	Joh 853 not enter the	INSOR	Ful och J dying, su	nera Rave ch se ca	1 Hom	ne B	alt	O., MD 21286 Approximats Interval Betw
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	complications that List only one cau	t coused the	death. Do dijne.	Johnot enter the	ne and add	Ful och J dying, su	nera Rave ch se ca	1 Hom	ne B	alt	O., MD 21286
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	complications that List only one cau a. Due to b. Due to c.	t caused that see on each i	death. Do diline.	22. NAM J O I 857 not enter the	INSOR	Ful och J dying, su	nera Rave ch se ca	1 Hom	ne B	alt	O., MD 21286
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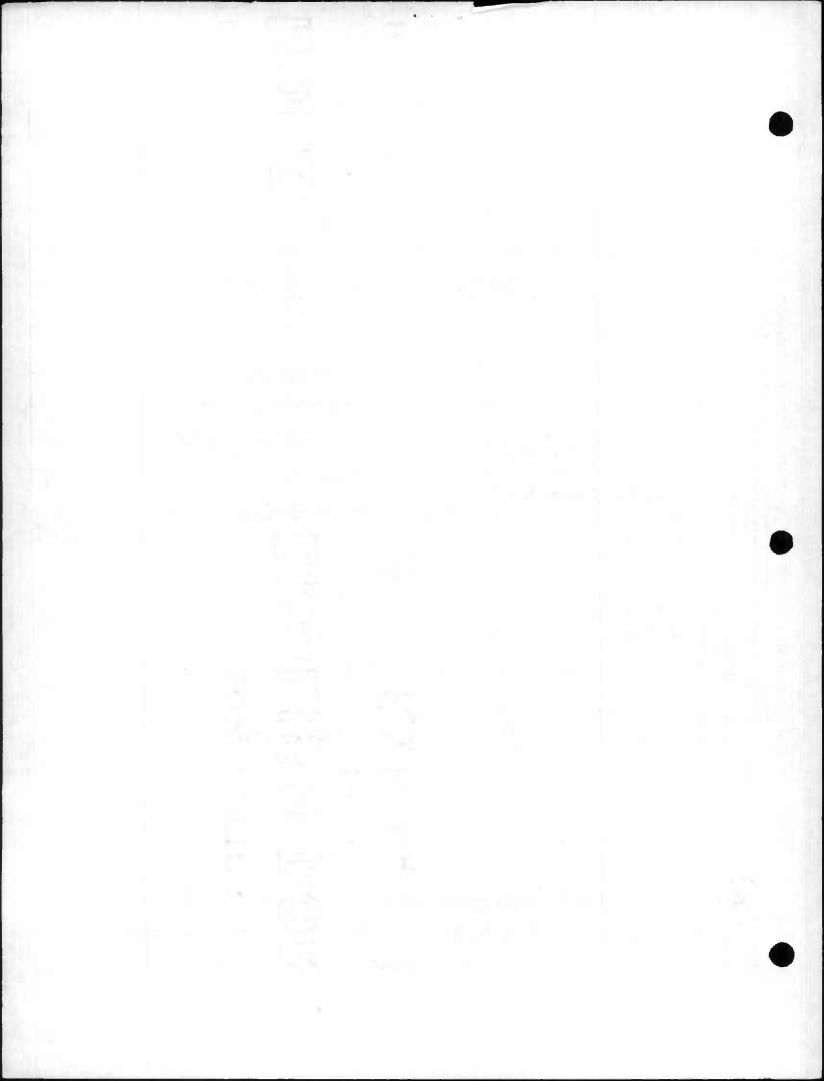


FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mithin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

HIANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

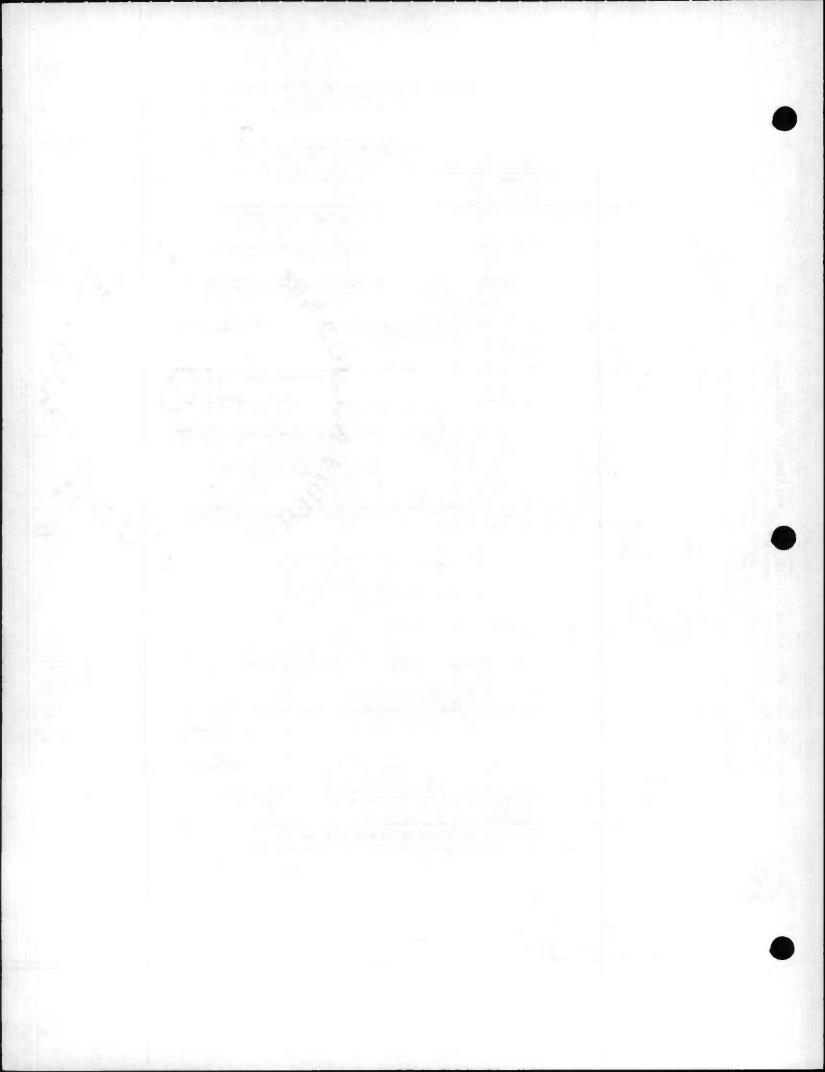
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CER	TIFICA	TE OF	DEATH	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH		3. 1	TIME OF DEATH
1	CATHERINE			TAYLO	R		MONTH	DAY	1992	FAR	3:00 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	MGE (In yrs. last birt		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	RTH		BIRTHPLA	CE (State or Foreign
	196-01-0595	1 - M 2 X F 7	9	ras. Month	B DAYS	HOURS MIN.	March 2	4, 191	3 I	Country)	lvania
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. C	ITY, TOWN C	R LOCATION OF DE			c. COUNTY		
RO	1306 Glendale	Road		В	alti	more			Ва	1tin	nore
5	RESIDENCE OF DECEDENT										
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	altimore	10	CCITY, TOW	n or locat						LIMITS?
0	112	arcimore		Dal							YES 2 XX
ME	10e. STREET AND NUMBER				101	ZIP CODE		1		-	COUNTRY?
E I	1306 Glenda				_	21239				S. A	
5	11. MARITAL STATUS 1 X Xever Married 2 Married	12. WAS DECEDENT EV	ER IN U.S. ARMED YES 2 2 NO)		ENDENT OF HISPAN scify Cuban, Maxican			No- 14	Black, W	American Indian, nita, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 NO. Specify	r:			Specify:	White
	15. DECEDENT'S EDUC	ATION	16- DECED	ENT'S USUAI	OCCUPATIO	NA	148 KIM	OF BUSIN	ESS/INDIES	TDV	
13	(Specify only highest grade	completed)	(Give k	ind of work do NOT use retire	ne during mo	st of working	100. Kilvi	J OF BOSIN	ESS/INDUS	ini	
7	Elementary/Secondary (0-12) 12 Years -	Coffege (1-4 or 5 +)				easurer	Cr	edit	Uni	on	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NAI	ME (First: Middle	. Maiden Su	mame)	_	
Ö	Frederick Beyn	on				Ann Un	2017				
BE	19a. INFORMANT'S NAME (Type/Print)	O11	19b. M	AILING AOOR	ESS (Street a	nd Number or Rural F		ity or Town.	State, Zio Co	ode)	
2	Thelma E. D	avis				ale Roa					21239
	20a METHOD OF DISPOSITION 1		20b. PLACE AN	O OATE OF O	ISPOSITION	(Name	OATE		TION — CIt		
	1 N Buriet 2 Cremation 3 Remo	ovat from Stata	Washburn	"Street	Cenet	ery	7/29		tan, F		
	21. SIGNATURE OF FUNERIAL BERIVICE UC	ENSEE /			22. NAME AI	ID ADDRESS OF FA	<u> </u>	-			
	John Eve	low				son Fur			5		., MD 286
	23. April. Enter the diseeses, or o shock, pr heart failure.			. Do not an						it,	Approximete
	IMMEDIATE CAUCE (Fig.)						. /				Interval Between Onset and Death
	disease or condition reculting in deeth) a. Cardroug path - Mital Steuseis 25+yes Due to (or as a gons course or):							25+400			
	recurring in deetily	DUE TO (OR	AS A CONSEQUE	NCE OF							
z	Constant to the conditions of b.										
E	Sequentielly list conditions, If any, leading to immediate										
2	ceuse. Enter UNDERLYING CAUSE (Disease or injury	G									
H	that initiated events	NO) OT 3UO	AS A CONSEQUE	NCE OF):							
CERTIFICATION	rooding in deedily and	I									
١٢	PART II. Other algnificant condition	a contributing to des	th but not read	ilting in the	underlyln	g ceuse given in	Part I. 24a	. WAS AN AL			RE AUTOPSY FINDINGS
EDICAL	Lest cerek	rellar	Intar	1			1.5	PERFORM YES 2		CO	MPLETION OF CAUSE
	Did he ve Mi	Oletus						1123 2]	7110		DEATH?
2	- Discourse	year] .,	_ 163 2 [] NO
AN	25. WAS CASE REFERRED TO MEDICAL				26, PI	ACE OF DEATH (Ch	eck only one)			_	
PHYSICIAN: M	EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3 🗍		IER:	ne 5 🗆 Realdence	00 15-10	ecilis)			
H	27. MANNER OF DEATH	28a. DATE OF INJ	URY 2	8b. TIME OF	28c. IN.	JURY AT	28d. DESCRIE		URY OCCU	RED	
	Natural 5 Pending	(Month, Day, Y	bar)	INJURY		YES 2 NO	1.7				
В	2 Accident Investigation 3 Suicide Could not be	28e. PLACE OF IN	JURY — At home,	tarm, street,			2ef. LOCATIO	N (Street and	d Number or	Rural Route	Number,
BE COMPLETED	4 Homicide e Could not be	building, etc.	(Specify)				City or To	wn, State)			
	29a. CERTIFIER	000 To 40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -					en-o dicesia	arm v inchina	T VI		
MP	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my									d manner on stated
00	1		THE COLUMN THE STATE OF THE STA	engenon, in	ny opinion, s						
38	296. SIGNATURE AND TITLE OF CERTIFIER	landana	. 1 /.	1		29c. LICENSE NUI	MBER		29d. DATE S	SIGNED (M	onth, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WH	o couple	U/W	7		1007	171		1	d	7 6
		CLASSING PRINT CAUSE C	IF DEATH (ITEM 2	r) (rype, Print)							
		A		TaT A	144 0	troot T	22144	0220	MI		
-	Dr. Sheldon (Goldgeier	711	W. 40	Oth S	Street H	Baltin	nore	, MD		
		A	711	W. 40	Oth S	Street I	Baltin	nore	, MD		



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	NAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examinar must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	PAL, DIRECTOR: After this certificate has been signed by the attending physician and completely file in a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	If them 28 is marked on them 23 shows any injury or other traumatic event the medical examiner must be notified at once

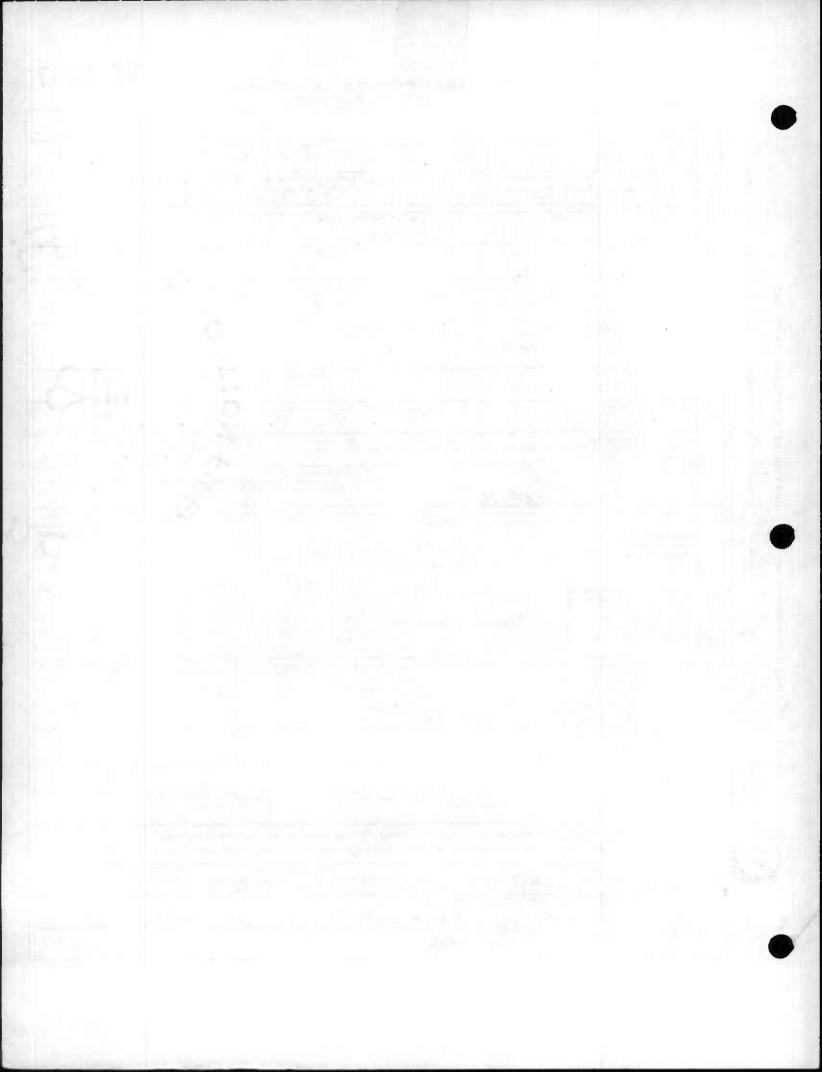
	1 - FOR STATE REGISTRAR HAROLD B	STATE OF I	MARYLAND / DEPAI	RTMENT OF I	HEALTH AND	MENTAL HYGIEN	E	20009	
	1. DECEDENT'S NAME (First, Middle, Last	TRI	ACY			2. DATE OF DEATH / MONTH DV	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 212-09-1416	5. SEX 1 🔀 📜 2 🗌 F	6. AGE (In yrs. last birthday) 79 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV.30,19	Cou	RYLAND	
TOR	9a. FACILITY NAME (If not inetitution, give street and number) ST. JOSEPH HOSPITAL TOWSON BALTIMO								
DIRECTOR	MARYLAND BAI	ry, town or loca LUTHERVI			MEL	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL		116 GREENRIDGE ROAD					U.S.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 MWIdowed 4 Divorced	FORCES? 1	NT EVER IN U.S. ARMED VES 2XXXVIO MAR OR DATES	If yes, sp	CENDENT OF HISPAL Becity Cuben, Mexico CENTER Specific	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) y:	BI	MCE — American Indian, eck, White, etc. ec/ly: WHITE	
LETED	15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12)		(Give kind of life. Do NOT u		ON ast of working	16b. KIND OF BUS			
COMPL	17. FATHER'S NAME (First, Middle, Last)		SALES/	P.R.	16. MOTHER'S NA	MRS. FI			
BE C	FREDERICK A. TRACY					A M. LAPP			
TO E	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Run V A TUT FEN. COADD. (DATICIPED)								
	KATHLEEN COARD (DAUGHTER) 116 GREENRIDGE ROAD, LUTHERVILLE, MD. 21093 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of Name of								
	1 X Yurial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	Manual Control	LOUDON PA	RK CEMET	ERY 7			, MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE L	Wit	k. A	LEROY 1630	EDMONDSO	SSELL C. WI N AVENUE, CA	ATONSVII	JNERAL HOMES	
CERTIFICATION	23. PART I. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause of each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPS							4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 LNO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. Pt	ACE OF OEATH (Ch	eck only one)			
YSIC	EXAMINER? 1 YES 2 NO		☐ ER/Outpatient 3 ☐ DOA	OTHER:	e 5 🗆 Residence	6 Other (Specify)			
ву РН	27. MANNER-OF DEATH 1 Netural 5 Pending 2 Accident Investigation		Jay, Year) IN	M 1 🗆	YES 2 NO	28d. DESCRIBE HOW II			
ETED	3 Suicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28l. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPL	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(a) and manner as stated.								
TO BE	295. SIGNATURE AND TITLE OF CERTIFIC 20. NAME AND ADDRESS OF PERSON W	line	MD SE OF OFATH (ITEM 27) (See	Delet)	29c. LICENSE NUI	40491	29d. DATE SIGN	EO (Month, Day, Year) 24/92	
	SUED M. A.	RIAZ			ITAL, TOW	SON, MARYLAI	ND		
- 3	JUL 28 1992	32. REGISTRY	AR'S SIGNATURE	1					



FOR

BALTIMORE, MARYLAND 21215-0020	rSIGIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOS ALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hou	The art of FELDRA filer this certificate has been signed by the attending physician and completely filled in by the in	mer i liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CERTIFIC	CATE OF DEATH	REG. NO.	1.	. TIME OF DEATH				
LONNIE TER	Ry JY-		MONTH DAY	92	1535 M				
4. SOCIAL SECURITY NUMBER 5. SEX 126-34-8071 12 M 2	F 66 yrs. ™	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPI Country)	ACE (State or Foreign Va.				
Se. FACILITY NAME (If not Institution, give street and number Harbor Medical Center	Harbor Medical Center Baltimore								
Harbor Medical Center RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Md.		Od. INSIDE CITY							
	Ba	101. ZIP CODE	1	0g. CITIZEN OF WH	AT COUNTRY?				
1706 N. Appleton St. 11. MARITAL STATUS 12. WAS DECIFORCES?		21217		USA					
3 Widowed 4 Divorced	DENT EVER IN U.S. ARMED 1 YES 2 NO VE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 NO Specifi	in, Puerto Rican, etc.)	No- 14. RACE - Black, 1	- American Indian, White, etc. Black				
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a, DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BUSIN	ESS/INDUSTRY					
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 - 17. FATHER'S NAME (First, Middle, Last)	Dri	rk done during most of working retired.) Ver	0.0						
		18. MOTHER'S NA	ME (First, Middle, Meiden Sur	mame)					
100. INFORMANT'S NAME (Type/Print) Lynette Slaughter	196. MAILING A 1706	DDRESS (Street and Number or Rural N. Appleton St.	Route Number, City or Town, S Balto.	itete, Zip Code) , Md. 21	217				
20e. METHOD OF DISPOSITION 1	20b. PLACE AND DATE OF	DISPOSITION (Name of Cemetery	DATE 20c. LOCAT	O., MD.), Stata				
22. NAME AND ADDRESS OF FACILITY William C. Brown Community 1206 W. North									
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part II. PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part II. PART									
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Monthers		26, PLACE OF DEATH (Ch							
27. MANNER OF DEATH 28s. DATI	E OF INJURY 28b. TIME (th, Dny, Year) INJUR	□ Nursing Home 5 □ Rasidence OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJU	IRY OCCURED					
2 Accident Investigation	107.15	M 1 YES 2 NO							
3 Suicide 6 Could not be detarmined	CE OF INJURY — At home, farm, etra ing, etc. (Specify)	et, factory, offica	28f. LOCATION (Street and City or Town, State)	Number or Rural Rou	te Number,				
	(Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.								
29a. CERTIFIER CHECK ONLY 2 MEDICAL EXAMINER: On the basis 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED.	m. A -/Honse	officer AS21	141614 1	Ded. DATE SIGNED (M	S) S2				
LOK SHANDILYA, M)		- Hosp., Chr.	BALTIM	MODE, 1	カカ				
JUL 28 1992 June David	TRAR'S SIGNATURE								



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR CARL GRASON TREADWELL, JR. 32 07 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 1 M 2 - F YRS. 2-10-6393 12-11-1918 MARYLAND Pages 1, 2, 3 should 9a. FACILITY NAME (If not 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR EDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD PASADENA ANNE ARUNDEL 1 TES 2 1 NO use as the burial-transit permit. 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1634 HONOLULU LANE 21122 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced WWII WHITE ETED. 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) COMPL UNKNOWN UNKNOWN WELDER COAST GUARD once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle Maiden Surname) H CARL GRASON TREADWELL, SR. BE MYRTLE COOPER Ε. notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 2 MARGARET A. MACKIN 3413 NORTH FURNACE RD. JARRETTSVILLE, MD 21084 ě 20s. METHOD OF DISPOSITION
1 Surfal 2 Cremation 3 Removal from State
4 Donation 5 Other(Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must MARYLAND VETERANS CEMETERY 7/28 CROWNSVILLE, MD the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENS 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME SECOND AVE. S.W., GLEN BURNIE, MD 21061 attending physician and completely filled in by the intel Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, pr heart failure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death My Ocardial disease or condition resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): CI traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): 2 cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST certificate has been signed by the attern the State Dept. of Health and Mental injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 24s, WAS AN AUTOPSY shows any 1 - YES 2 00 1 | YES 2 | NO Item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | Inpetient 2 | ER/Outpetient 3 | DOA 1 YES 2 NO ng Home 5 Residence 8 Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident (Month, Day, 5 Pending 1 YES 2 NO BY Investigation 3 Suicide 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined ETED 4 🔲 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. COMPL MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day. BE 29c. LICENSE NUMBER 97 My 9 2071 ones 32 REGISTRAT'S SIGNATURE And BE

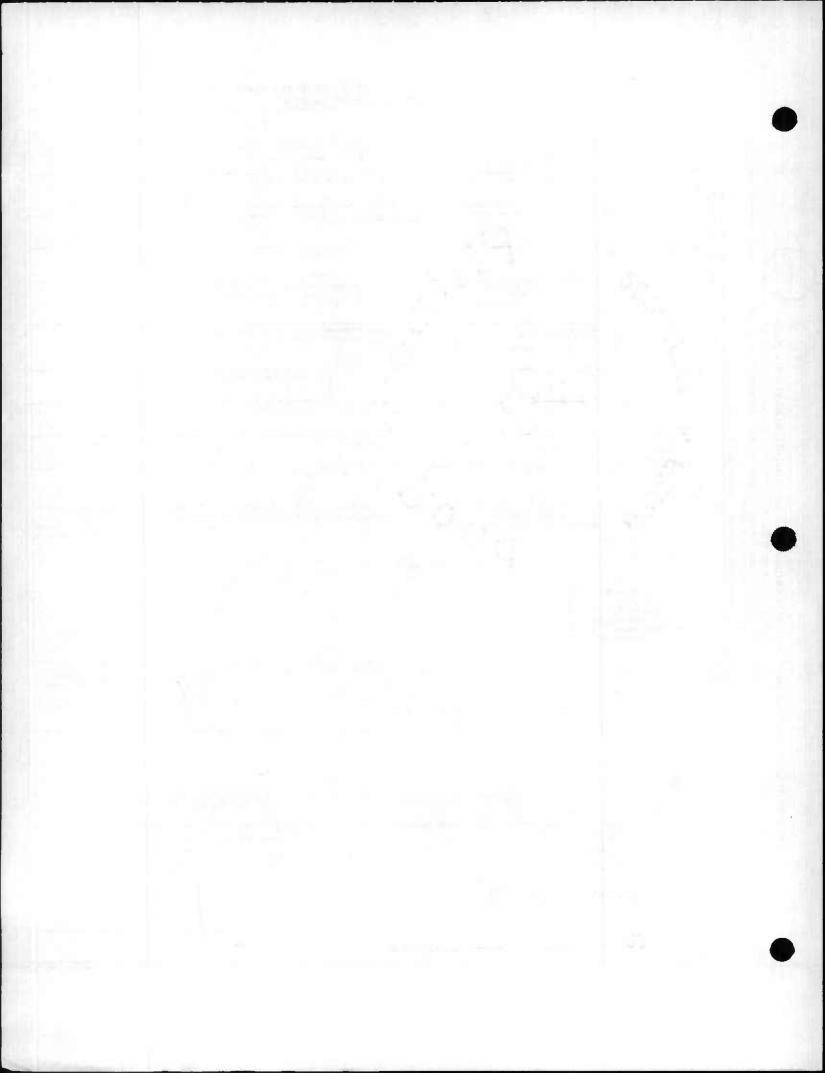
31. DATE FILED (Month, Day, No. JUL 28

North Annecel Hospislen Guire's

FOR STATE REGISTRAR

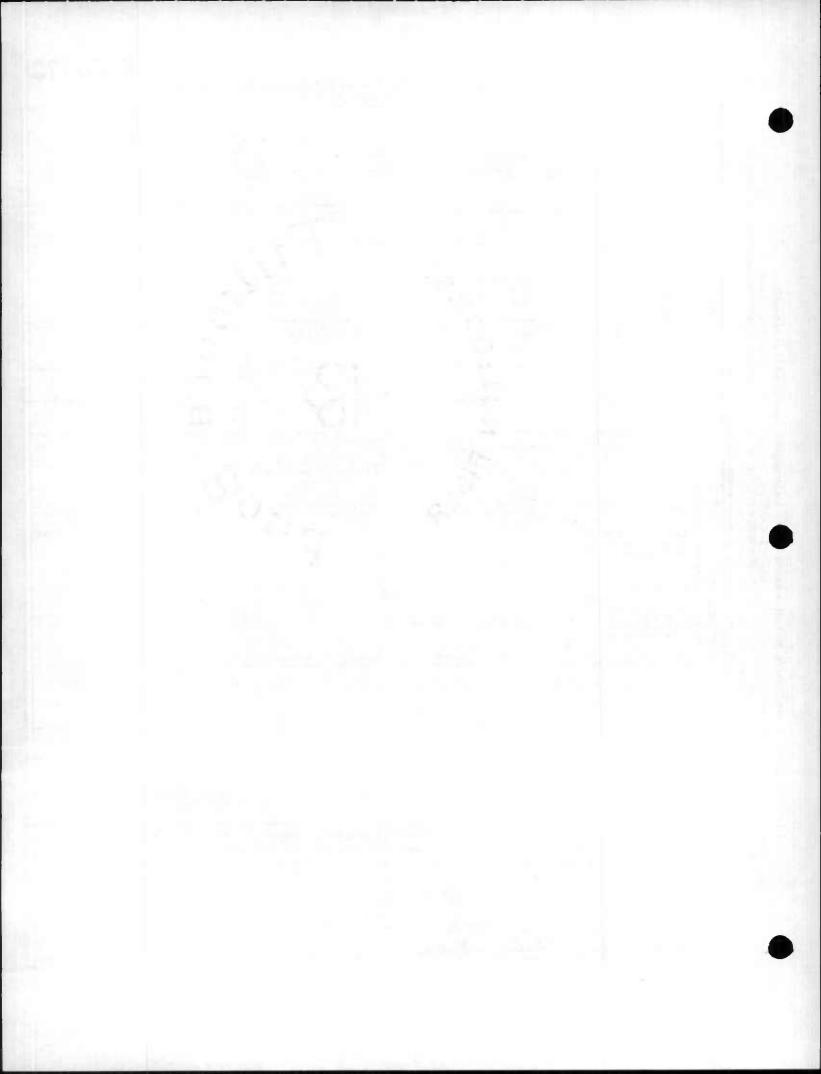
13	David	David W. Wright	Telfe TELFE	r, Jr	•		2. DATE OF MONTH	DEATH DA		YEAR	12:01 A
	4. SOCIAL SECURITY NUMBER 212-05-6830	1⊠M2□F {	(In yrs. lest bir 33	YRS. MONT	HDER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	lay, Ybar)		Country)	LACE (State or Foreign
CTOR	9a. FACILITY NAME (If not institution, give Franklin Square I				altim	OR LOCATION OF D	EATH	Baltimore County			
DIREC	10a. STATE 10b. COUNT	imore County	-10	10c. CITY, TOWN OR LOCATION Baltimore							Od. INSIDE CITY LIMITS? YES 2 NO
ERAL	1613 Burke Road		/ ,		10	OV. ZIP CODE 21220			U.S.	EN OF WH	AT COUNTRY?
BY FUNER	I I Never Married 2 Married	1 Never Married 2 Married FORCES? 1 YES 2 X			ARMED NO 13. WAS DECENDENT OF HISPANIC ORIGINAL ORIGIN			Specify Yes in, atc.)		4. RACE -	
PLETED	Elementary/Secondary (0-12)		(Give k	DENT'S USUA dind of work of NOT use retin	one during m ed.)	ION ost of working		ND OF BUS	iness/indu		e
ed at once. BE COMPL		Sr.				18. MOTHER'S NA Elizabe	AME (First, Mick eth Sto	de, Maiden : Ewart	Sumame)		
t be notified	Gladys J. Sayre		16	13 Bu	rke R	end Number or Rural Dad, Balt lame of		, Mar		212	
medical examiner must be	POSeurial 2 □ Cremetion 3 □ Rer 4 □ Donation 5 □ Other (Specify) □ 21. SIGNATURE OF FUNERAL SERVICE L	Ĭ	netery, cremate Olly	Hill (Cemeta 22. NAME A	ery ND ADDRESS OF FA	CILITY	Balt			ryland
or other traumatic event, the ERTIFICATION	23. PART / Eriter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										Interval Between Onset and Daath
shows any inju	PART II. Other algnificant condition	out not resu	it not resulting in the underlying cause given in Part i				i. 24a. WAS AN AUTOPSY PERFORMED?		CO	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
or Item 23	25. WAS CASE REFERRED TO MEDICAL EXAMINERY	HOSPITAL:		ОТІ	26. P	LACE OF DEATH (Ch	eck only one)				
marked, or Item BY PHYSICI	27. MANUER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)		b. TIME OF	28c. IN	JURY AT DRK? YES 2 NO	8 Other (S	-	JURY OCCU	RED	
28 IS	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, stc. (Spe	f — At home, cify)	farm, street,	lactory, offi	:0	261. LOCATIO	ON (Street ar bwn, State)	nd Number o	Rural Rou	te Number,
들은	070) 2 MEDICAL EXAMIN	SICIAN: To the best of my know ER: On the bests of exemination									nd manner as stated.
IMPORTANT: If TO BE COMI	296. HIGHATURE AND TITLE OF CERTIFIE	Sell	ATH (ITEM 27	(Type, Print)		29c. LICENSE NUI	JMBER 29d. DATE SIGNE		SIGNEO (M	onth, Day, Year)	
	Dr Anne Sugen 900	OJ Franklin S	quare	Drive	e Bal	timore Ma	aryland	1 212	37		
	31. DATE FILEO 111 D-2-8 199	32. REGISTRAR'S SIGN	son-Aan	delle	٠						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
IE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the	FUNERAL DIRECTOR: After this certificate has been signed by the within 72 hours after death with the State Dept. of Health and M	INT: if item 28 is marked, or item 23 shows any inju

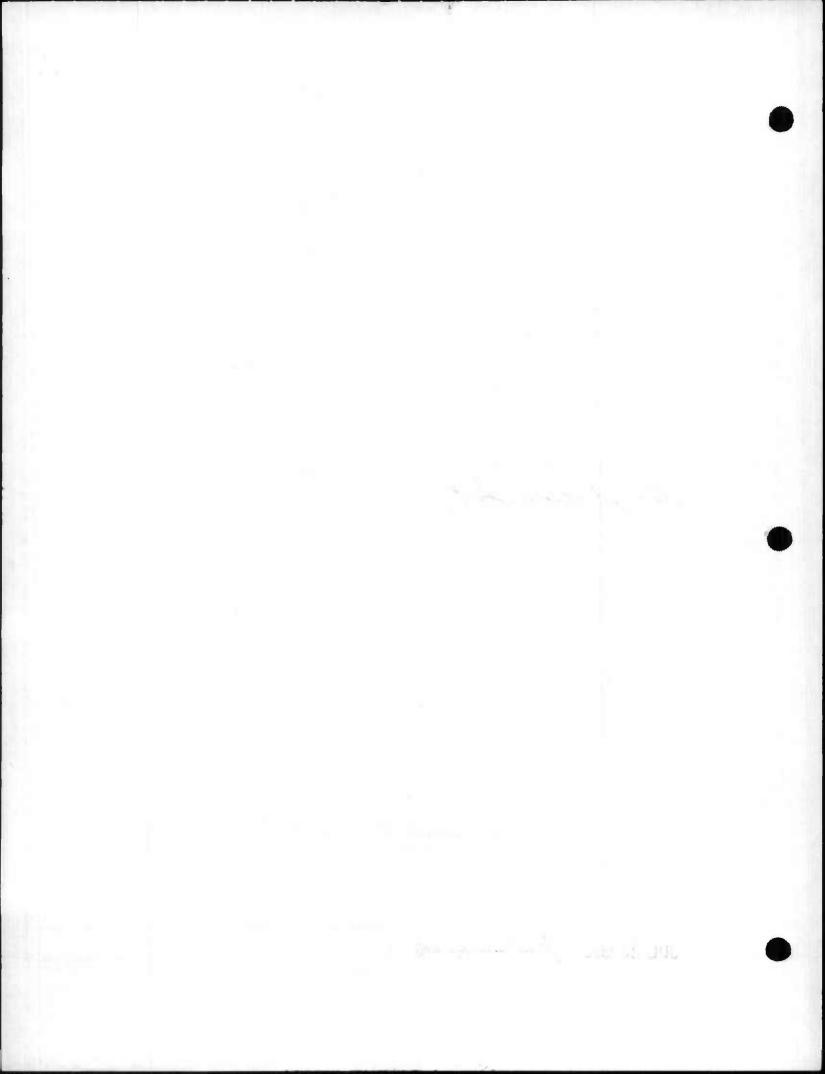
	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGIEN	E	20073		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Margaret E. Voll	kert				July 28,	V YEAR	7:20 A M		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		UNDER I YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	8 818	THPLACE (State or Foreign		
	212-07-0096	1 □ M 🏂 💢 F	89 YRS.	ONTHS DAYS	HOURS MIN.	Month, Day, Year) Sept. 23, 1	902 N	aryland		
	9a. FACILITY NAME (If not institution, give s	treet end number)	9	b. CITY, TOWN C	R LOCATION OF DE		9c. COUNTY OF			
5	Augsburg Lutheran	Home:		Balti	more		Balti	more		
DIRECTOR	RESIDENCE OF DECEDENT						2003.02	TIDIC		
	Maryland 10b. count	1		OWN OR LOCAT				10d. INSIDE CITY LIMITS?		
			В	altimon				XX YES 2 NO		
ゑ ।	10e. STREET AND NUMBER			101	ZIP CODE			WHAT COUNTRY?		
FUNERAL	3332 Kenyon Ave.				21213		U. S	. A.		
B	11. MARITAL STATUS 1. Never Married 2 Merried 3 Widowed 4 Divorced	IF VES GIVE WAD OD DATES				IC ORIGIN? (Specify Yes n, Puerto Rican, etc.) :	Ble	CE — American Indian, ack, White, etc. White		
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	CATION	16a. DECEDENT'S US			16b. KIND OF BUS				
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	etired.)	st of working	200				
<u></u>	NA	NA	Homema	ker		Own Ho	ome			
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Malden	Surname)			
BE	Louis Volkert				Hatt	ie Maur				
0	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town				
F	Charles Truitt (N	-	3205 S	uffolk	Lane, Fa	llston, Ma	ryland	21047		
	20g. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	corel from State	b. PLACE AND DATE OF	DISPOSITION (Na	me of	OATE 20c. LO	CATION City or	Town, State		
	4 Donation 6 Other (Specify)	oval from State	oudon Par	k Cemet	ery	Bal	timore,	Md.		
ч	21. SIGNATURE OF FUNERAL SUPPLIE LI	ENSEE	1		D ADDRESS OF FAC					
	1 Provide	Tane.		SChimu	nek Fune	ral Home ne, Baltim	LN one	21212		
	22. PART I. Enter the diseeses of		d the deeth. Do not	enter the mo	de of dving, auch	as cerdiac or read	retury arrest	Approximete		
NOIL	immediate cause disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	SFPS/S A CONSEQUENCE OF):	>	5.,			Interval Between Onset and Death		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. OUE TO (OR AS	A CONSEQUENCE OF):							
MEDICAL	PART II. Other aignificant condition	SARCE D	ebut not resulting in	the underlying	cause given in I	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL									
5	EXAMINER?	HOSPITAL:	-	THÉR:	ACE OF DEATH (Che					
13	1 VES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA	Nursing Hom	5 Residence					
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year)	26b. TIME C	Y WO	JRY AT RK? ES 2 NO	26d. DESCRIBE HOW IN	JURY OCCURED			
_	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, lerm, stre	et, lectory, office		261. LOCATION (Street e City or Town, State)	nd Number or Rura	l Route Number,		
COMPLETED	29e. CERTIFIER (Check only) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end manner as stated. Check only Check only CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end manner as stated. Check only CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) end manner as stated.									
N N	296 SIGNATURE AND TITLE OF CERTIFIES	Lalein	010		29c. LICENSE NUM	BER 9	29d. DATE SIGNI	192		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF DI	EATH (ITEM 27) (Type, Pri	int)	2 703	1 3	-/			
	Dr. Lakhani, 7220	Park Height	s Ave., Ba	altimor	e, Md.			100		
	21 DATE Ell ED (Month Day Your)	- 22 DECISTRABIS OLO	LATING							
L	JUL 28 1992	Julie Davidson-A	indelle.	_						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE

	REGISTRAR		CERTIFIC	ATE OF DEATH		REG. NO.						
3	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF MONTH	F DEATH		3. TIME OF DEATH				
	LIVINGST	ON	Wilson			DAY	YEAR	4:00 A M				
	4. SOCIAL SECURITY NUMBER			/	- 17		<u> </u>					
		1.4		F UNDER 1 YEAR F UNDER 24 I	IRS. 7. DATE OF (Month, i	Day, Year)	Cour	THPLACE (State or Foreign nitry)				
	578/85530	1 X M 2 F	69 YRS.			- 29 -	22 M	arvland				
	9a. FACILITY NAME (If not institution, give stre	eet and number)	9	b. CITY, TOWN OR LOCATION	OF DEATH	9c.	COUNTY OF					
E E	Howard County Co											
IK	Howard County General Hospital Columbia Howard County											
M	10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
DIRECTOR	Maryland Howa	ard	Col	umbia				LIMITS? 1 YES 2 NO				
	10e. STREET AND NUMBER			10f. ZIP CODE								
M M												
9	Lorien Nur Hm/Ceda					USA						
FUNERAL		12. WAS DECEDENT EVER FORCES? 1 YES	N U.S. ARMED				0- 14. RAC	CE American Indian, ck, White, atc.				
BY F	1 Never Married 2 Married	IF YES, GIVE WAR OR		If yes, specify Cuban, &		an, etc.)		ck, write, atc.				
	3 Wildowed 4 Divorced							Black				
	15. OECEDENT'S EOUCA (Specify only highest grade of	ATION (Controlled of)	16a. DECEDENT'S US	UAL OCCUPATION	16b. K	INO OF BUSINES	S/INDUSTRY					
H	Elamentary/Secondary (0-12)	College (1-4 or 5+)	iffe. Do NOT use i	k done during most of working etired.)	-							
1					I							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16 MOTHER	'S NAME (First, Mic	Idla Maidea Cure	mal					
				III. WOTHER	S NAME (FIRST, MIC	die, warden some	rrie)					
BE			December 1									
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street and Number or I	Rural Route Number	City or Town, Stell	te, Zip Code)					
-												
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remov		b. PLACE AND DATE OF metery, cremetory or othe		OATE	20c. LOCATIO	N — City or 1	Town, State				
	400											
	21. SIGNATURE OF FUNERAL SERVICE LICE	n state		22. NAME AND ADDRESS (OF FACILITY							
1	1 1 1 1	Ronald	ade, Dir	TO A SECURE OF THE PARTY OF THE		State A						
	Stocard B.	ander?	7/27/92	655 W.Baltin	more St,	Balto.	, MD 2	1201				
	PART I. Enter the disesses, or co	emplications that cause	d the death. Do not	entar tha mode of dying,	such as cardis	c or respirator	y arreat,	Approximate				
	shock, or heart failure. Li	ist only one ceuse on a	ach lina.			ľ		interval Between				
	IMMEDIATE CAUSE (Final disease or condition)											
	resulting in death) s. Kartiousquiatus Joulus Seizus, Aspiratus DUE TO (OR AS A CONSCOURNCE OF):											
	DUE TO (OF AS A CONSEQUENCE OF):											
Z	Sequentially list conditions, OUE TO (OR AS A CONSCIUENCE OF):											
CERTIFICATION	it stry, lawding to immediata											
3	CAUSE (Please or Inter)											
E	that initisted avants	DUE TO (OR AS	A CONSEQUENCE OF):									
토	resulting in dasth) LAST											
0		G										
4	PART II. Other significant conditions	contributing to death i	out not resulting in	tha undarlying ceuse give	n in Part i. 2	4a. WAS AN AUTO PERFORMED?		b. WERE AUTOPSY FINDINGS				
DICAL	Dumentia					YES 2 N		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
	Not at and		1 4			TES 2 N	°					
M	Pratany of certifica accretionts											
Z												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEAT	H (Check only one)							
S		1 Inpetient 2 I ER/Out		☐ Nursing Home 8 ☐ Reside	inca 8 🗆 Other (S	Specify)						
至	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME (F 28c. INJURY AT	28d. DESC	RIBE HOW INJURY	OCCURED					
	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	WORK? M 1 YES 2 No	o:							
BY	2 Dévisée	28a. PLACE OF INJURY	f At home, farm, atre	et fectory office	284 LOCAT	ION (Street and Nu	umbar or Ourni	Doub Mushus				
8	4 Homicide determined	building, atc. (Spe	city)	or, raciony, office		Town, State)	imber or Hurel	rioute Number,				
E I						180						
COMPLETE	29a. CERTIFIER (Check only	IAN: To the best of my know	riedge, death occurred	nt the time, data and placa, and	d dus to the cause	(a) and manner a	s stated.					
\ <u>×</u>				in my opinion, death occured a				(a) and manner as stated.				
	29b. SIGNATURE AND TITLE OF CERTIFIER											
8	O 1 1 A A			29c. LICENSI		29d.	/	D (Month, Dey, Year)				
2	Sadrul H. Chor	od him Mo			1214		7/17	192				
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OR	EATH (ITEM 27) (Type, Pr	int)								
	HOWARD COUNTY	HOSPITAL.	5755 C	EDAR LANG,	CPLUM	3/A. M	D					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE	,,,,,		777						
	SI. DATE VILLE (MONIII, Day, 1681)	7 1										
	JUL 28 1992 A	Lis Dinken Re	I Gran									



*10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the borial-trainsit parmit. Pages 1, 2, 3 s be filled within 72 hours after death with the State Dept, of Health and Memai Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAI	ND / DEPA CERTII	RTMEN	IT OF	HEALTH F DEA	I AND	MENT	AL HYGIEN	E 9	2 8	20875
	1. DECEDENT'S NAME (First, Middle, Lest)										3. TIME OF DEATH			
	EDNA W	ILLIAM	S							MONTH DAY YEAR			2:15 P w	
	4. SOCIAL SECURITY NUM	5. SEX	6. AGE (In	yrs. lest birthday	IF UND	ER 1 YEAR	IF UND	R 24 HRS.	-	TE OF BIRTH			IPLACE (State or Foreign	
	218-48-0471		1 🗆 M 2 🕢 F	44		MONTHS		_		(Mi	- 24 - 48		M D	y)
	9a. FACILITY NAME (If not in		street and number)				9b. CITY, TOWN OR LOCATION OF DEA				- 24 - 48	9c. COUNTY OF DEATH		
Œ	THE JOHNS			ΛТ										
DIRECTOR	RESIDENCE OF DECEDENT					BALTIMORE						DAL	TIMU	RE CITY
Ä	10e. STATE	10b. COUNT	Y		19c. CITY, TOWN OR LOCATION									10d. INSIDE CITY
ā	MD)						Baltimore						LIMITS?
A	10a. STREET AND NUMBER					101. ZIP CODE						IZEN OF V	WHAT COUNTRY?	
E	1721 N. Chapel St.					21213				U.			U.S	. A.
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	WAS DECEDENT EVER IN U.S. ARMED			. WAS DE	CENDENT	OF HISPAN	NIC ORI	GIN? (Specify Yes	or No-		E American Indian,
	1 Never Married 2		FORCES? 1	MAR OR DATE	2)(_)(NO ES		If yes, a	specify Cub	an, Mexica	in, Puer	to Rican, etc.)		Bleck	k, White, etc.
B	3 Widowed 4 Dive	orced							opoon	,.			Bla	ľck
l m		EDENT'S EDU		1	6a. DECEDENT'				in a	1	66. KIND OF BUS	SINESS/IN	DUSTRY	
9	Elementary/Secondary (College (1-4 or 5	+)	Iffe. Do NOT	,								
A P	12th				Unemp	loye	e d							
COMPLETED	17. FATHER'S NAME (First, M							16. MO	THER'S NA	ME (Firs	t, Middle, Maiden	Sumame)		
BE	Willie Ri	се						Ja	nie	Jo	hnson			
10	19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRES	SS (Street	and Numbe	or or Rural I	Route No	imber, City or Town	n, State, Zi	p Code)	,
F	Janie Joh	nson			1331	Per	ntr	idge	Rd.	. / B	altimo	re.	MD	21239
	Janie Johnson 1331 Pentridge Rd./Baltimore, MD 212 20a. METHOD OF DISPOSITION 10 Burlet 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of													
	10 Burlel 2 Cremation 3 Removal from State Commetory or other place! Cameton 5 Other (Specify) King Memorial Park Randallstown, M										own. MD			
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Timette K. Jones WM C MARCH E H /1101 E NORTH AVE													
	23 BADY I Enter the disease or completely the first the													
	shock, or heart failure. List only one cause on each line.													
	IMMEDIATE CAUSE (Final Onset and Death													
	resulting in death) Subacute Bacterial Endocarditis Eemboli - 304									~ 30days				
	DUE TO (OR AS A CONSEQUENCE OF):													
Z	Sequentially list conditions, our TO 100 AS A CONSEQUENCE OF:											~ 40ders		
Ĕ	if any, laading to imme	diate			THE STREET			9						125
CERTIFICATION	CAUSE (Disease or Injury Cause (Disease (Disease (Disease or Injury Cause (Disease (Dise									25415				
Ë	that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
Ä	d.													
L	PART II. Other significa	int condition	a contributing to	daath but	not reaulting	in the u	nderlyk	ng cause	given in	Part I.	24s, WAS AN	ALITOPSY	24h	WERE AUTOPSY FINDINGS
5	1										PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	1 YES 2 NO OF OFFICE										OF DEATH?			
2	"Coy abbo, B) Leg ulcer, hlo CNS infarcts										1 TYES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL 26 DI ACE OF DEATH (Check cold cond)													
PHYSICIAN	EXAMINER?	OMEDICAL	HOSPITAL:			OTHE	R:	PLACE OF 1						
17S	1 YES 2 NO		1 Xinpatiant 2				_		asidence		her (Specify)			
	\	Pending	26a. DATE OF (Month, D		28b, TII	JURY	W	JURY AT		28d. 0	EŞCRIBE HOW IN	JURY OC	CUREO	
BY	2 Accident	2 Accident investigation						YES 2	NO					
ED		Could not be	building,	26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)			office 28f. LOCATION (Street City or Town, State			ty or Town, State)	t and Number or Rural Route Number,			
립			CIAN: To the best of											
COMPLET) and menner as stated.
ш	296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LIC	ENSE NUM	ABER		29d. DAT	E SIGNED	(Month, Day, Year)
00	ailug	ず	mye	\sim	W'D			ZHF	# 3	FZ	4901	• .	712	5/97
0	30. NAME AND AODRESS OF	PERSON WH	O COMPLETED CAUS	SE OF OEATH	1 (ITEM 27) /Type	, Print))			, 0	ال الم
37	Julie L.	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Julie L. Myers/Tower 110 Johns Hopkins Hosp. 400 N. Walfe 21205												

100-0234

Alexandra Description of the Community

Alexandra Description

Alexandra Description

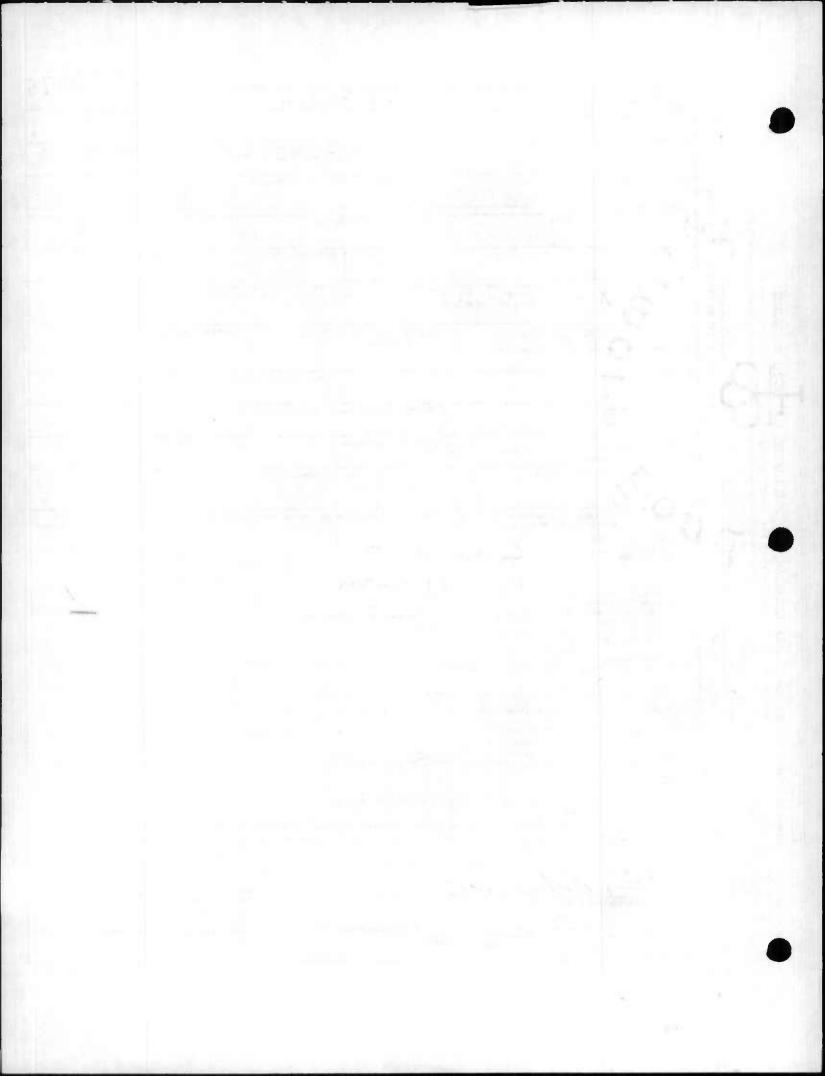
Alexandra Description

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payment of the

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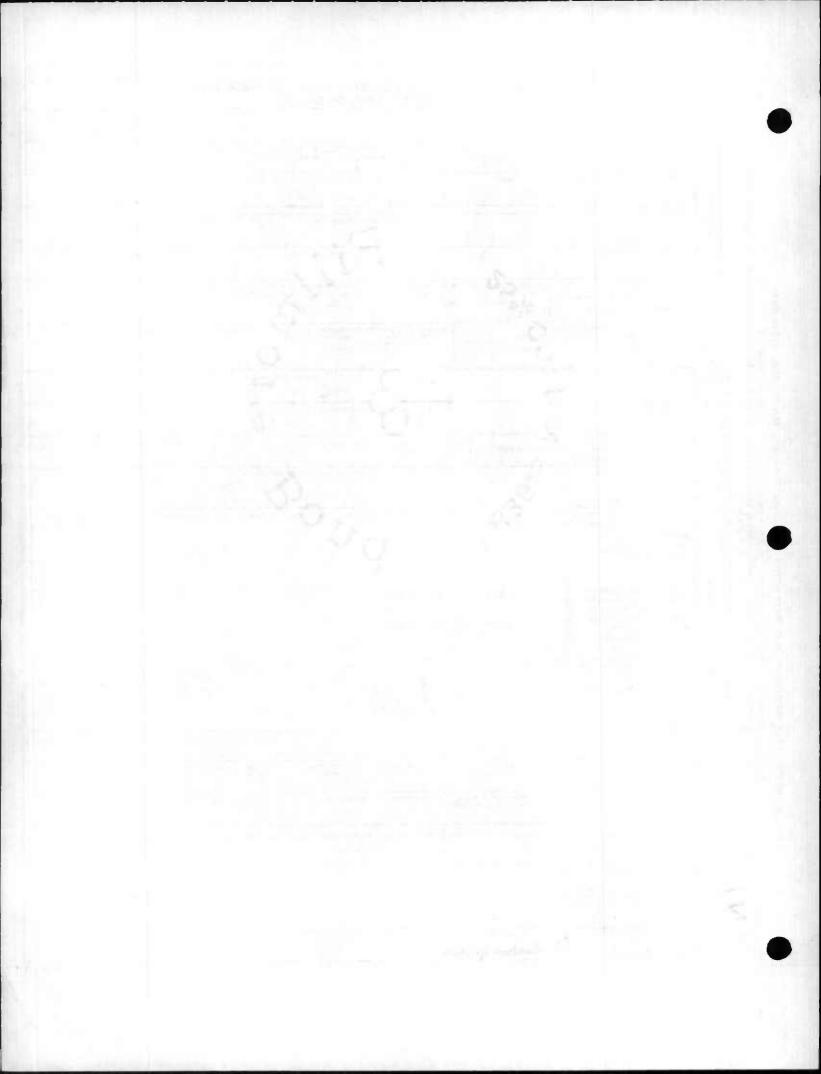
- STATE REGISTRAR	STATE OF MARYL	CERTIFICATI		REG. NO		25 508			
1. DECEDENT'S NAME (First, Middle, Las					DAY Y	2. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER	Weber, Jr.		and I also be a	7/25/92					
		in yrs. last birthday) IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)			
214 24 6478	1 02			7/30/29		Maryland			
9a. FACILITY NAME (If not institution, give	street and number)	9b. CITY	TOWN OR LOCATION OF	DEATH		OF DEATH			
Union Memorial Hospital Baltimore Baltimor									
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	UTV								
		10c. CITY, TOWN C				10d. INSIDE CITY LIMITS?			
	imore City	Balt	imore City			1 N YES 2 □ NO			
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?			
4148 Falls Ro			21211		S A.				
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1: TYPES		WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic	ANIC ORIGIN? (Specify Yo	RACE — American Indian, Black, White, stc.				
1 Never Married 2 Married 3 Divorced	IF YES, GIVE WAR OR DA		YES XX NO Spec		Specify:				
	Korea				White				
15. DECEDENT'S EI (Specify only highest gra		16a. DECEDENT'S USUAL OF	CCUPATION during most of working	16b. KIND OF BU	TRY				
` Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retired.)	CONTRACTOR OF THE PARTY OF THE	74					
12		Printer		Self F	mplove	d			
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maide					
Howard I. Web	er Sr		ינו	dna M. Sco	tt				
19a. INFORMANT'S NAME (Type/Print)	,	19b. MAILING ADDRESS	(Street and Number or Rura			ode)			
Nancy Buswell	Weber		1s Road Ba						
20m3/METHOD OF DISPOSITION	20h	PLACE AND DATE OF DISPOS				y or Town, Stata			
1 Durial 2 Cremation 3 Ra	moval from Stata ceme	etery, cremetory or other place) Orraine Park							
21. SIGNATURE OF TUNERAL SERVICE	LICENSEE			7/29 Wo	odlawn	, Md .			
22. NAME AND ADDRESS OF FACILITY Burgee-Henss Funeral Home									
23. PART T. Enter the diseases, o	Uns Chy	enll 3	63I Falls R	oad, Balti	more, 1	Md 21211			
IMMEDIATE CAUSE (Firld disease or condition resulting in death)									
	Myorendul To Fresetium								
equantisity list conditions, only, landing to immediate M. Yocan dual. In Fauctium Due to (or as a consequence of):									
causs. Enter UNDERLYING CAUSE (Disease or Injury	a Covenary	Artery D	iscuse.			-5 yrs			
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
resulting in death) LAST	d								
DART II Oshar similianas sandisi									
PART II. Other significant condition	ons contributing to death bu	of resulting in the un	derlying cause given in		RMED?	24b. WERE AUTOPSY FINDIP AVAILABLE PRIOR TO			
				1 _ YES	2 NO	COMPLETION OF CAUS OF DEATH?			
						1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)					
EXAMINER? 1 YES 2 NO	HOSPITAL:	OTHER	l:						
27. MANNER OF DEATH	1 Inpetiant 2 ER/Outpe		ing Home 5 - Residence 28c. INJURY AT		-				
1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY	WORK?	26d. DESCRIBE HOW	INJUNY OCCUR	IED			
2 Accident Investigation			1 YES 2 NO						
3 Suicide 8 Could not b	building, stc. (Speci	28e. PLACE OF INJURY — At home, tarm, street, tectory, offica building, stc. (Specify)				Rural Route Number,			
4 Homicide detarmined									
29a. CERTIFIER DESCRIPTION PUR	SICIAN: To the best of my knowle	edge, death occurred at the ti	me, date and placa, and du	e to the cause(a) and ma	nner as stated				
(Check only		and/or investigation, in my o				ause(s) end menner as state.			
one) 2 MEDICAL EXAMI									
		\	29c. LICENSE NU		l .	IGNEO (Month, Dey, Year)			
2 MEDICAL EXAMI	ilman Mi		D 321		l .	19NEO (Month, Day, Year)			
2 MEDICAL EXAMI	ilman Mi	ATH (ITEM 27) (Type, Print)			l .				
200. SIGNATURE AND TITLE OF CERTIFIED MO	ilman Mi	ATH (ITEM 27) (Type, Print)			l .				
2 MEDICAL EXAMI	ilman Mi				l .				



DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF D	EG. NO.	3. TIME OF DEATH	
	ALFRED A		WC	DMACK		07	year 05:40 AM		
	4. SOCIAL SECURITY NUMBER 214-20-6376	1 € M 2 □ F 65	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, De) 12/18/	(176ar) 1/26	e. BIRTHPLACE (State or Foreign Country) West Virgin:	
98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY OF DEATH A.A. COUNTY OF DEATH									
DIRECTOR	10a. STATE 10b. COUNTY Maryland Balti	imore City		town on Local	TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
LONEHAL	100. STREET AND NUMBER 830 Stoll Street	10	101. ZIP CODE 21225			10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? YES IF YES, OIVE WAR OR D.	N U.S. ARMED 2 NO ATES	If yes, sp	CENDENT OF HISPAI pecify Cuban, Mexica B 2 NO Specifi	ecify Yee or No	e or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	'S USUAL OCCUPATION If work done during most of working use retired.)					
- COUNT	10th Grade 17. FATHER'S NAME (First, Middle, Lest)		Clerk			ME (First, Middle	O Rail Ro	oad	
	Edward C. Womac	k	19b. MAILINO	ADDRESS (Street of		Whiteha	Lir Ity or Town, State, Zip (Code)	
2	Carmen M. Womack			llywood	Drive G		nie, Md 2	21060	
23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cerebro vocaler caused.									
	IMMEDIATE CAUSE (Final disease or condition	i. CP	d the deeth. Do not ech line.	ot enter the mo	ode of dying, suc	chie Ho	rwy, Balt	st, Approximata Interval Bety	
	IMMEDIATE CAUSE (Final disease or condition	DUE TO (OR AS A	d the deeth. Do no	ot enter the mo	ode of dying, suc	chie Ho	rwy, Balt	imore Md 212 st, Approximate Interval Bety	
MEDICAL	snock, or near tellure. L IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhilated events	DUE TO (OR AS A	d the deeth. Do not ech line. C ONSEQUENCE OF) CONSEQUENCE OF)	or collection of the model of t	g ceuse given in	Chie Ho h ss cerdiac	rwy, Balt	imore Md 212	
	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	d the deeth. Do not each line. C	the underlying	g ceuse given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	imore Md 212 st, Approximate Interval Betwoen and D 24b. Were autopsy Find Available Price to Completion of Cau of Death?	
	SHOCK, Dr heart reliure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	d the deeth. Do not each line. C	the underlying 28. PI	g ceuse given in	Part I. 24a. t eck only one) 8 Other (Spe	WAS AN AUTOPSY PERFORMED?	imore Md 212 st, Approximate interval Betw Onset and D 24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
ED BI PHISICIAN: MEDICAL	SHOCK, Dr heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inhilated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	d the deeth. Do not consider the consequence of the	the underlying 28. Plus Horris Home	g ceuse given in LACE OF DEATH (Chr. The 5 Residence JURY AT THE 2 NO	Part I. 24a. t Content (Special Description 28d. Descrip	WAS AN AUTOPSY PERFORMED? YES 2 NO	imore Md 212 st, Approximate Interval Bett Onset and E 24b. Were autopsy find Available Prior to COMPLETION DF CAU OF DEATH? 1 YES 2 NO	
ביבה בי יייסוסיטיי: יייברוסטר	Sequentialty list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 29. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO	d the deeth. Do not ech line. C ONSEQUENCE OF) C CONSEQUENCE OF)	the underlying 28. Pl THER: How Index Index How Index	g couse given in LACE OF DEATH (Che to 5 Residence JURY AT 79K7 YES 2 NO	Part I. 24a. t Carlon Chy one) 8 Other (Spe 28d. DESCRIB 28f. LOCATION City or Tow	WAS AN AUTOPSY PERFORMED? YES 2 NO I (Street and Number of m, State) and manner as states	imore Md 212 st, Approximate Interval Bety Onset and D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO	
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentialty list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 29. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO	d the deeth. Do not ech line. C ONSEQUENCE OF) C CONSEQUENCE OF)	the underlying 28. Pl THER: How Index Index How Index	g couse given in LACE OF DEATH (Che to 5 Residence JURY AT 79K7 YES 2 NO	Part I. 24a. Part I. 24a. t eck only one) 8 Other (Spe 28d. DESCRIB 28f. LOCATION City or Tow	WAS AN AUTOPSY PERFORMED? VES 2 NO City) E HOW INJURY OCCU (Street end Number of m, State) end manner as stetes place, end due to the	imore Md 212 st, Approximate Interval Bety Onset and D 24b. WERE AUTOPSY FIND ANAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH SEG. NO. FOR STATE REGISTRAR 1 -

2,20878

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH NONTH DAY YEAR											
	DOUGLAS A					6.44	7	7 420			1544 M	
	4. SOCIAL SECURITY NUMBER	5. SEX	5. SEX 6. AGE (In ya Last birth		MONTHS DAY		7. DATE OF (Month, D		8. BIRT Coun		PLACE (State or Foreign y)	
1	219 72 6946	21.	45	THO.				-1947		Ma	ryland	
0	9e. FACILITY NAME (If not institution, give street and number) 9e. CITY, TOWN OR LOCATION OF DEATH 9e. COUNTY OF DEA University Hospital 8altimore											
ē	RESIDENCE OF DECEDER		3		Balt	THOLE				na	20,690	
DIRECTOR		OUNTY		10c. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
1	Maryland	na		Baltimore						LIMITS?		
A	10e. STREET AND NUMBER			10f. ZIP CODE				10g. CITIZEN OF W				
FUNERAL	2114 Penros	e Avenue				21223				US	17	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AI			S DECENDENT OF HISPANIC ORIGIN? (Specify as, specify Cuban, Mexican, Puerto Rican, etc.) YES 2 NO Specify:			ecify Yea or No- 14, RACE - American			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V							Specify:		ly:	
ETED	15. DECEDENT	S EDUCATION		16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF					BLACK BUSINESS/INDUSTRY			
l iii	(Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of work done during most of working life. Do NOT use retired.)								
45												
COMPL	17. FATHER'S NAME (First, Middle, La	est)				18. MOTHER'S NA	ME (First, Midd	fle, Maiden S	umame)			
BE	Douglas Washi					Rosa	Mae S	avage				
0	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Street	at and Number or Rural	Route Number,	City or Town,	State, Zip	Code)		
-												
	20a. METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other piece) DATE 20c. LOCATION — City or Town, St									wn, State		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald, Wade, Dir 22. NAME AND ADDRESS OF FACILITY 22. NAME AND ADDRESS OF FACILITY State Anatomy Board											
	Rollard Wade, Dir State Anatomy Board											
	acoupt of the second											
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence or):											
-			915		,.	71 77 6						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	CONSEQUENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury			OCANDITIS A CONSEQUENCE OF): DISPASE /AIDS								
1	that initiated events resulting in death) LAST											
馬	Tooling in dodain, End.	d	10 DISE	3476	MI	/>						
	PART ii. Other aignificent con	ditiona contributing to	death but not	resuiting	in the underly	ing cause given in	Part I. 24	a. WAS AN A		24b.	WERE AUTOPSY FINDINGS	
EDICAL	DISSEMINA	TED INTO	AVAS CH	cular Consulor			/. PERFORMED?				AVAILABLE PRIOR TO COMPLETION OF CAUSE	
E I								120 21	_ 110		OF DEATH?	
=							_					
₹	25. WAS CASE REFERRED TO MEDIC EXAMINER?				26.	PLACE OF DEATH (C/	eck only one)				7	
Sic	1 TES 2 THO	HOSPITAL:	ER/Outpatient 3	OTHER:			6 ☐ Other (Specify)					
PHYSICIAN	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TIM		NJURY AT	28d. DESCRI	BE HOW IN	JURY OCC	CURED		
ВУ	1 Natural 5 Pending 2 Accident Investig					YES 2 NO						
ED E	3 Suicide 6 Could n	or be building.	F INJURY — At he etc. (Specify)	ome, farm,	street, factory, of	fice		ON (Street an	set and Number or Rural Route Number,			
	4 Homicide determin	100										
COMPL		PHYSICIAN: To the best of										
S S	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(a) and manner as stated.											
ш	296. SIGNATURE AND TITLE OF CER	TIFIER 00				29c. LICENSE NU	MBER		29d. DATE		(Month, Day, Year)	
TO B	TYL.) hall	1	2					→ 7	-/20	192	
F	30. NAME AND ADDRESS OF PERSO		SE OF DEATH (ITE	М 27) (Туре	, Print)	011	, , .					
	66 > ba	une ST.	BAL	70. N	0,	Dept of	nt. M	EDIC	ノンヒ			
	7067284892	Jan Den	R'S SIGNATURE		I							

5-44

561500

MAN MAN GENERAL MAN

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMEN	T OF H	IEALTH DE A	AND I	MENTAL	HYGIEN REG. NO.	E	<i></i>	20019
	1. DECEDENT'S NAME (First, Middle	s, Lest)							2 DATE (OF OEATH		19.5	TIME OF OEATH
	ALTTE	MEI	NER						MONTH	D	AY G	YEAR	1:05A
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In:	of historian)	AC THIOC	R 1 YEAR	IF UNDER		7.00	7 2			
	197-09-017		83	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE C	Day, Year)	4	PENNS	CE (State or Foreign YLVANIA
	Se. FACILITY NAME (If not institution				9b. CIT		OR LOCATI				9c. COUN	TY OF DEATH	1
TOR	RESIDENCE OF DECEDE	PITAL				BI	TUTI	496	E				
FUNERAL DIRECTOR	MARYLAND 10b. (COUNTY		10c. CIT BA	LPYN	ORE"	TION						INSIDE CITY LIMITS? YES 2 NO
ERAL	100. STREET AND NUMBER 3601 FORDS I	A.,APT. 609)			101	ZIP COP	15			10SAIZ	EN OF WHAT	
BY	11. MARITAL STATUS 1 Never Married 2 Merrie 3 Widowed 4 Divorced		IT EVER IN U.S. AF	RMEO	13.	If yes, sp		in, Mexica	n, Puerto Ri	(Specify Yea ican, etc.)	or No-	I4. RACE — A Black, WI	_
COMPLETED	15. OECEDENT (Specify only higher Elementary/Secondary (0-12)	'S EOUCATION st grade completed) College (1-4 or 5	(G	ECEDENT'S live kind of DO NOT USEN	work done se retired.)			ng		KIND OF BUS		STRY	
	17. FATHER'S NAME (First, Middle, L JOSEPH	MAYER					18. MOT	'CARE	ME GEVEL, M	iddle KUII	TER"		
TO BE	19a. INFORMANT'S NAME (Type/Prin MRS. ROMA COHE		19		ADDRES		nd Number		TO.	MD 2	n, <i>State, Zip</i> (Code)	
	20s. METHOD OF DISPOSITION 143 Burlat 2 Cremation 3 (Removal from State	20b. PLACE, cemetery, cre	ANDDATE	OF DISPO	SITION (Na	ime of	7/26/	DATE	20c. LO	CATION — C		
	21. SIGNATURE OF PUNERAL SERV		e .	Ditt	22.	NAME AN	D ADDRE	ss of fai NSON	& B	ROS.,	INC.	IO.,MI	
- 1	24 PART I Enter the differen	a desmulantino the							NWOTE				
	23. PART I. Enter the disease ahock, or heart fit IMMEDIATE CAUSE (Finel disease or condition resulting in death)	silure. List only one cal	use on each line	9.								st,	Approximate Interval Between Onset and Death 28 DMI
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	QUENCE O	F):								
E	resulting in death) LAST	d											
PHYSICIAN: MEDICAL C	PART II. Other algnificent cor		deeth but not r	resulting	in the vi	nderlying	g cause (given in		24a, WAS AN PERFOR 1 YES 2	MED?	COM OF 1	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 VES 2 100	HOSPITAL:	ER/Outpatient 3	DOA	OTHE	R:			ock only one				
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pendin 2 Accident Investig	28e. DATE OF (Month, E	INJURY	28b, TIM		28c. INJ WO				RIBE HOW II	NJURY OCCL	IRED	
8	3 Suicide 8 Could a determine	26s. PLACE 0 building,	PF INJURY — At ho etc. (Specify)	ome, ferm, o	street, tac	tory, office			28f. LOCA City of	FION (Street a Town, State)	and Number o	r Rural Route	Number,
COMPLET	290. CERTIFIER (Chick only 1 CERTIFYING	HYSICIAN: To the best of AMINER: On the basis of e											menner as stated.
TO BE C	296 IMPLATURE AND THE LOT CO		ent bit	ysl a	M		29c, LICI	NSE NUM	IBER		29d. DATE	SIGNED (Mor	ith, Day, Year)
E	36 NAME AND ADDRESS OF DEDS	011 11110 001101 0011				_						-	

35

BALTIMONE, 2401

W. BELLEDUNE

10. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

199

32. REGISTRAR'S SIGNATURE

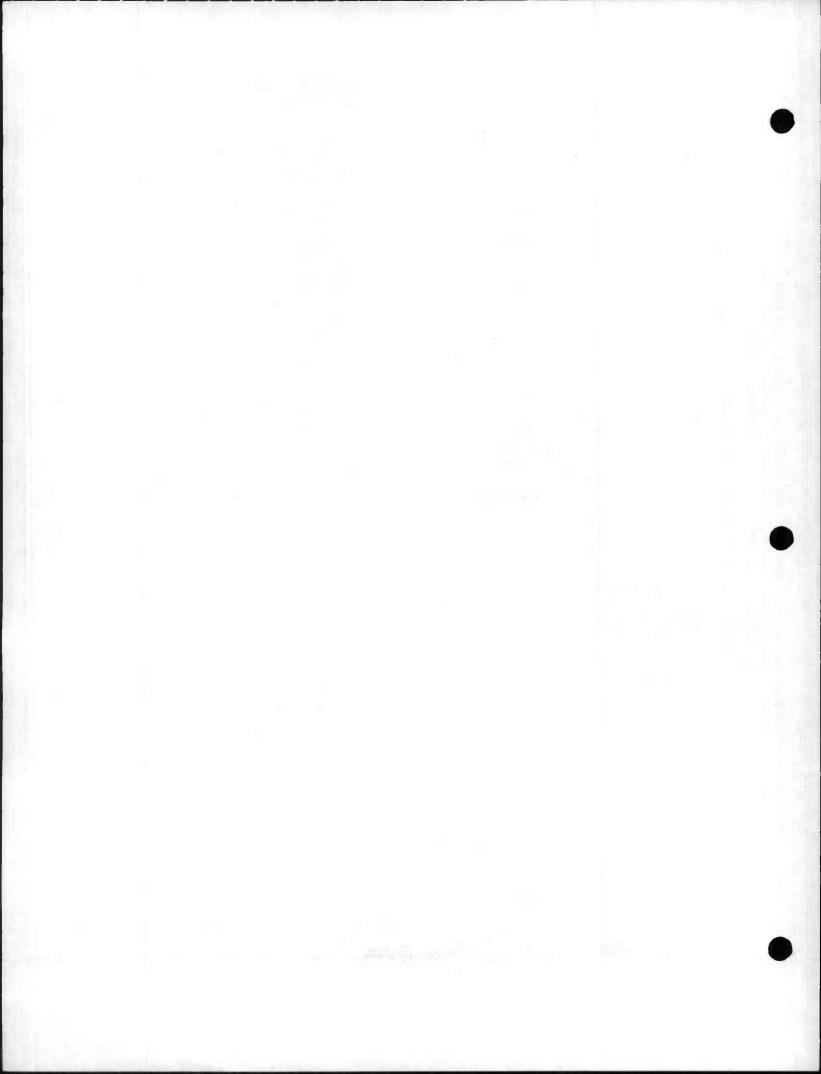
Lulia Savidson-Rando

31. DATE FILED (Month, Day,

DHMH-18 Ray 1/89

MP.

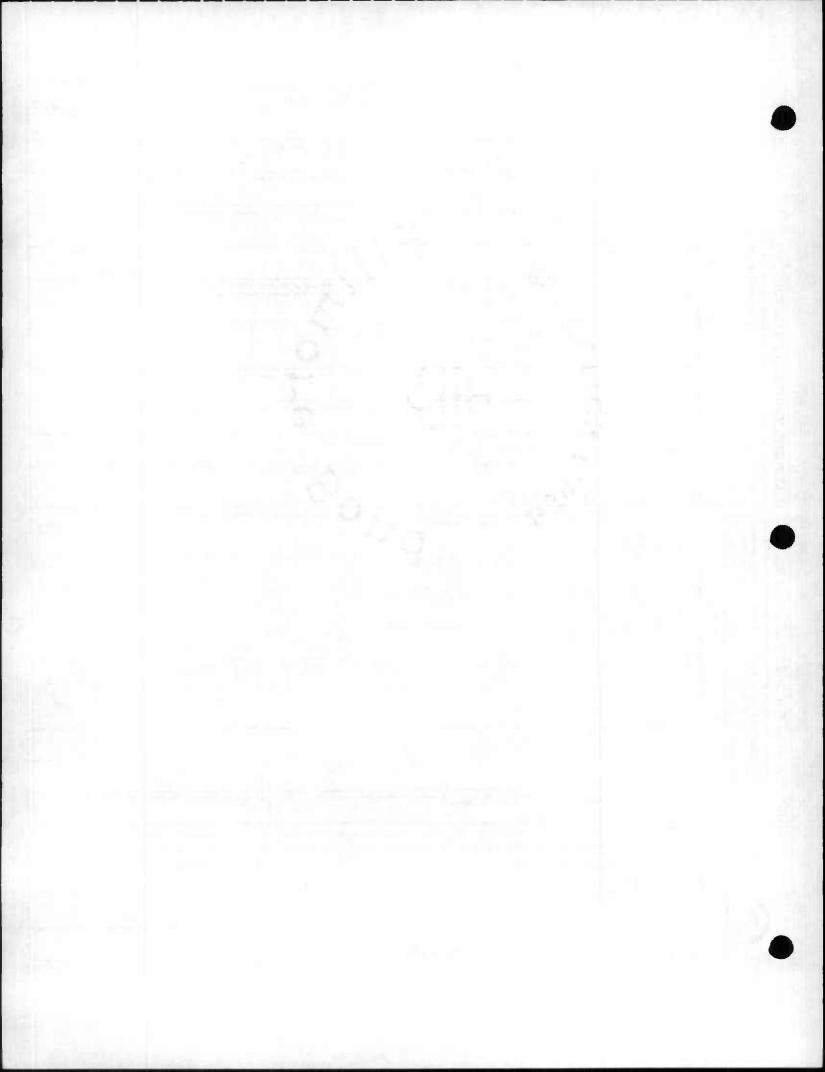
BALTHOUT



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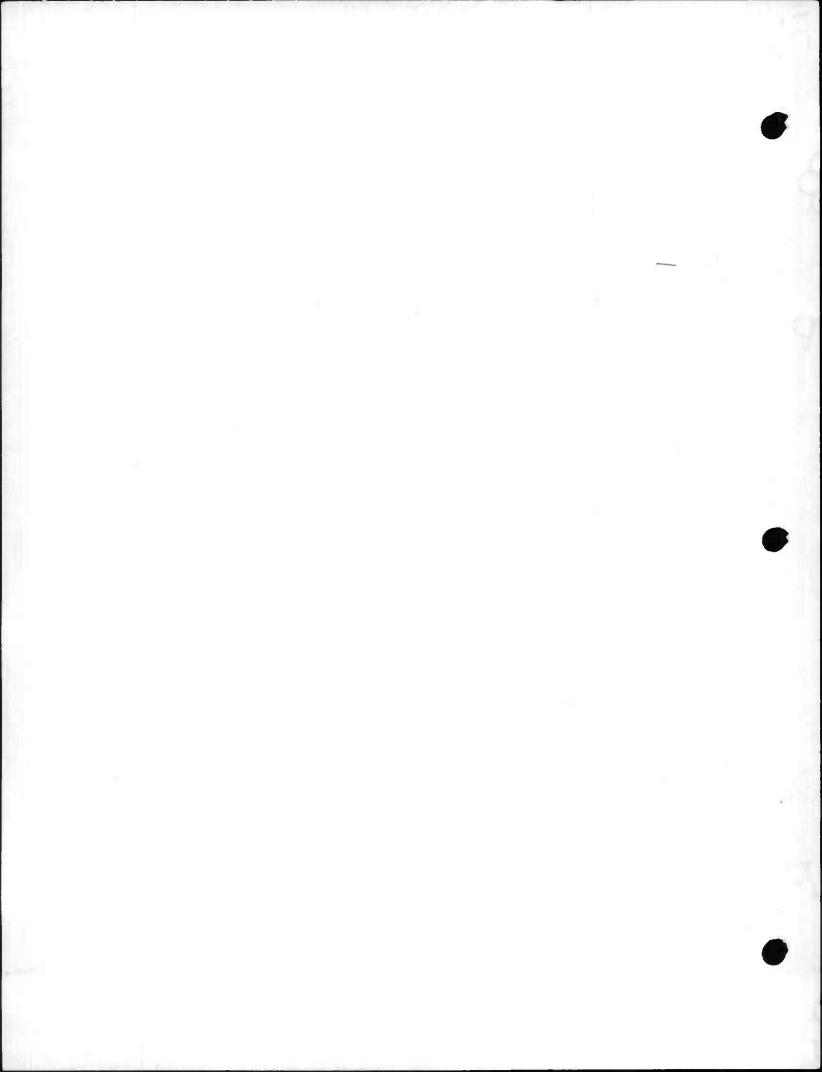
	1 - STATE REGISTRAR	SIAIE OF MANI		ICATE O	F DEATH	D MENIAL	REG. NO.	Ė	
	1. DECEDENT'S NAME (First, Middle, Last)	141.		^		2. DATE OF		W,	3. TIME OF DEATH
	NOLAN STAFFO		LLIAMIS			1	21	7	12 2034 M
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	MONTHS DAYS		CO A	Day, Year)		BIRTHPLACE (State or Foreign Country)
19	010 44 1011	1/0 M 2 🗆 F	85 YRS.			4/	1810	91	BALT.
-	9e. FACILITY NAME (If not institution, give a	. /		96. CITY, TOW	OR LOCATION O	F DEATH		9c. COUNT	Y OF DEATH
Ö	ST. JOSEPH	HOSPITAL		10W:	SON			15	SALT.
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,	- m- cm	TY, TOWN OR LO	ATION .				Landing and the second
<u>E</u>	mo		-		ATION				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		10	ALT.					1 YES 2 NO
RA .		.1 70			101. ZIP CODE	76		10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	1312 CROFTO								1.5 · A ,
BY FU	11. MARITAL STATUS 1 News-Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	if yes,	ECENDENT OF HIS apocify Cuban, Me ES 2 (A) NO S	xican, Puerto Ric			4. RACE — American Indian, Black, White, etc. Specify: White
8	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPA	TION	16b. K	IND OF BUS	INESS/INDUS	
Hi.	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	work done during se retired.)	most of working				
로		4 Yrs.	Senior	Investi	gator		I.R.S		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Mic	idle, Maiden	Surname)	
ш	Nolan S. Will	iams			Anna	E. M	arek		
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	t end Number or R	ural Route Number	City or Town	, State, Zip C	Code)
5	Jacqueline E. Wil	liams			, Grant				
	20g, METHOD OF DISPOSITION	2	Ob. PLACE AND DATE	OF DISPOSITION	Name of	OATE	_		ty or Town, State
	t LX Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	Parkwood	Compter	٧ .	7-28-92		lto.,	
	21. SIGNATURE OF FUNERAL SERVICE LIC		ai kwood		AND ADDRESS OF		1 Da	100.,	riu.
	Roy H. Cather	10							
	ROYH.Co			Leonar	rd J. Ruck	, Inc., 53	05 Harr	fond Rd	1., Balto.Md.21214
SICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	S A CONSEQUENCE O	F):					Onset and Death
토	resulting in death) LAST			,					i e
핑		1							
	PART II. Other significent condition	s contributing to death	but not resulting	in the underly	ng ceuse giver	in Part I. 2	4a. WAS AN		24b. WERE AUTOPSY FINDINGS
ICAL							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEC							120 1	7	OF DEATH?
									TES 2 LAND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH	(Check only one)			
1 2	EXAMINER?	HOSPITAL:	stantism 2 000	OTHER:					
ž	27. MANNER OF DEATH	280. OATE OF INJURY			NJURY AT			JURY OCCU	000
	1 Natural 5 Pending	(Month, Day, Year,		JURY \	VORK?	200. OESC!	HIDE HOW IN	IJUHY OCCUI	MED
À	2 Accident Investigation	28a PLACE OF IN III	RY — At home, farm,	" '	YES 2 NO				
8	3 Suicide 6 Could not be 4 Homicide determined	building, atc. (Sc	pecify)	etreet, factory, or	IC#	City or	Town, State)	nd Number or	Rural Route Number,
ш	29e. CERTIFIER								
COMPLET	(Check only	CIAN: To the best of my kno R: On the beele of examinat							l. ceuse(s) end menner ee stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE	NUMBER		29d. DATE S	SIGNED (Month, Day, Year)
	Randoll E. Wi	Mario 1	10					17/	124/92
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D						1/	
,	randall 200	Mas		74 7000	ph Ho	seitel	1000	on n	10
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG							
	.1111 2 8 1992	grina Davidson	-Andrew						



DHMH-16 Rev 1/89

·	should	
1	Post 1, 2, 3	13
24 hours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit perrition, or removal.	the medical examiner must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	FHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely lied within 72 hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremat	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH SYLVIA YAVITZ 21, 1992 YEAR JULY 7:26 P.M 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 218-30-5324 1 🗆 M 2 🖰 F DAYS 12/28/1908 RUSSIA 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN DR LOCATION OF DEATH TOWSON SC. COUNTY OF DEATH ST. JOSEPH HOSPITAL DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BALTIMORE 10e STATE 10b. COUNTY 10d. INSIDE CITY BALTIMORE MARYLAND 1 TYES 2 NO FUNERAL 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? USA 101. ZIP CODE 21208 6980 MARSUE DR., APT. 1-B 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES NO Specify: 14. RACE - American Indian, Black. White, etc. 1 Never Married 2 Merried BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (\$4 or 5+) NURSE MEDICINE 18. MOTHER'S NAME (First, Middle, Majder) (UNKNOWN) 17. FATHER'S NAME (First, Middle, Last) (UNKNOWN) **DORFMAN** BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 STEPHEN FLEISCHMAN 3028 BROWNSTONE CT. BURTONSVILLE, 20866 METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) MEMORIAL PARK 7/23/92 RANDALLSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. A 6010 REISTERSTOWN RD. BALTO., MD 21215 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE Final **Onset and Death** disease or condition resulting in death) Hours we DUÉ TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEDUENCE DE): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in deathj LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATHS 1 TES 2 ND 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) EXAMINER? OTMER: HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 ND BY 28e. PLACE OF INJURY — At home, farm, street, factory, office 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, end due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 2 PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 600 32. REGISTRAR'S SIGNATURE Day, Year) 28 1992 whie Davidson Randalle



DHMH-16 Rev 1/89

funeral director, page 5 should be detached for use as the burial-transit

ysician and completely filled in by the prior to burial, cremation, or removal.

the attending physician Mental Hygiene prior to

been signed by the pt. of Health and N

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DIRECTOR: /

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Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH t. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Alice E. Zaluski 625 A M Nice 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF MINTS (Month) 12//5/25 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 287-22-4311 MONTHS 1 - M 2 KF HOURS YRS. Pennsylvania De. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF OEATH DIRECTOR Harbor Hospital Center City Baltimore ______ RESIDENCE OF DECEDENT 10a. STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 □ NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1522 Cypress Street 21226 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

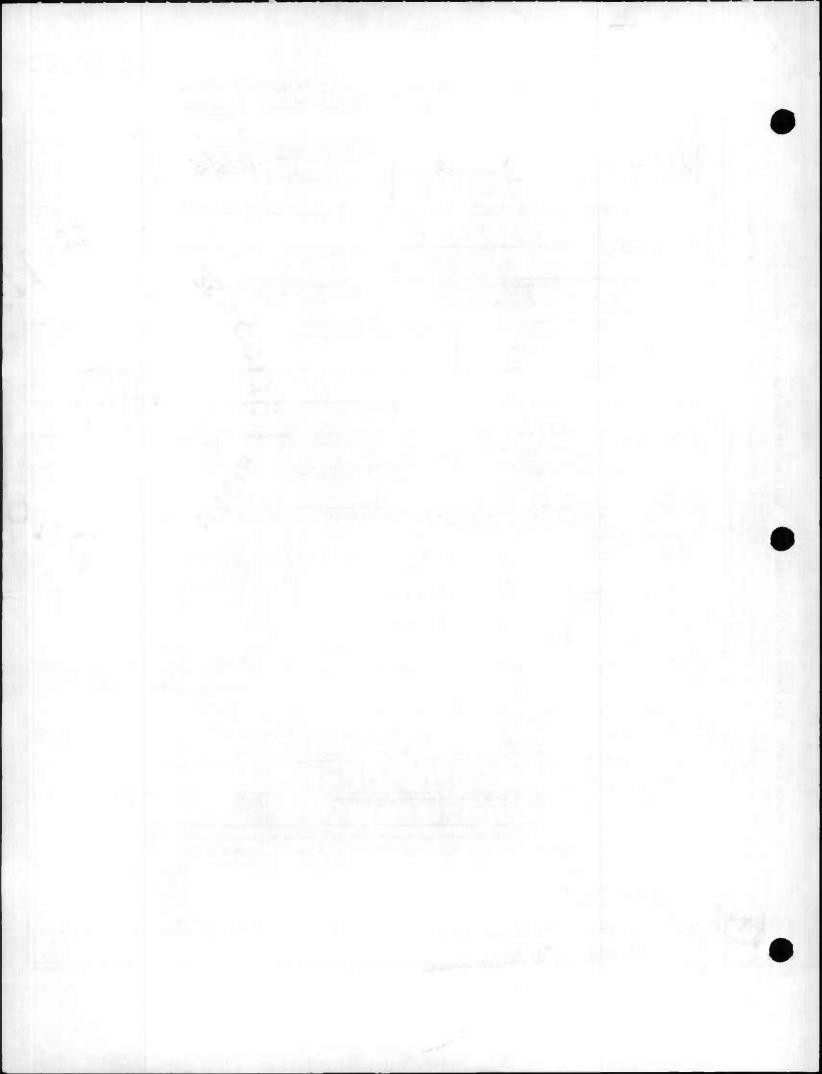
1 □ YES 2 ☒ NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th Grade Housewife Home Maker once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) notified at Mary Sernell Frank Zalar 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code) 2 Andrew E. Zaluski 1522 Cypress Street Baltimore, Maryland 21226 must be 20a. METHOD OF DISPOSITION

1 Surial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State Cedar Hill Cemetery 4 Donation 5 Other (Specify) _ 7/27 Baltimore, Maryland the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. Kukai ones 4001 Ritchie Hwy. Baltimore, Md. 21225 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or heart failure. List only one cause on each line. Interval Batween Onset and Dagth IMMEDIATE CAUSE (Final disease or condition resulting in death) Squemous Cell Carcinoma left Ling (meturation event, OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): traumatic Imo Als CERTIFICATION Sequentially list conditions. if any, leading to immediata cause. Enter UNDERLYING OUE TO (OR AS A CONSEQUENCE OF): Lucats CAUSE (Disease or Injury or other that initiated events resulting in death) LAST Injury. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Hem HOSPITAL: OTHER: 1 ☐ YES 2 전 NO 1 & Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence 8 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. OEȘCRIBE HOW INJURY OCCUREO marked, INJURY 1 Natural 5 Pending 1 YES 2 NO 8 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined COMPLETED 4 Homicide Hell 29s. CERTIFIER

(Chark and) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. D THE FUNERA

D THE FUNERA

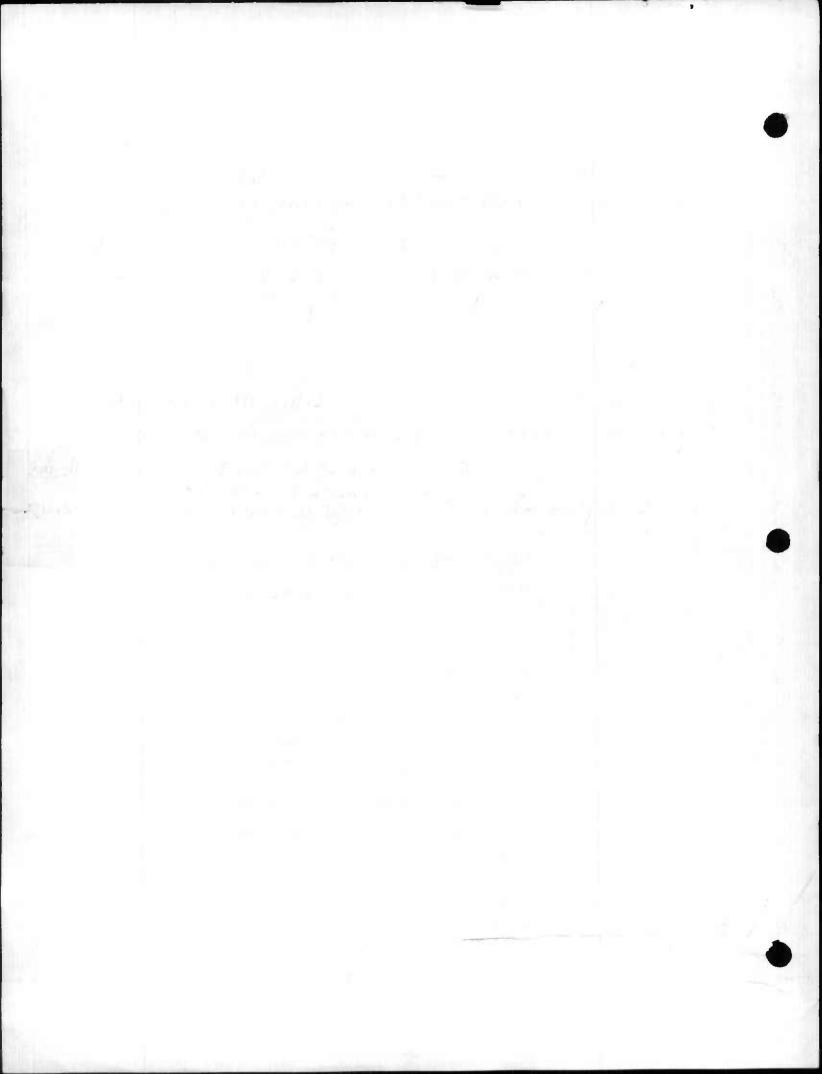
e filed within 7. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day, Year) BE 7/24/92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Glenn He-3001 5. Hanoven St 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 28 1992 Savidon-Handelle



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) RANDOL	PH	AUS	TIN		DAY '9"	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577-12-0737	1)0 M 2 🗆 F		JNDER 1 YEAR OF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Country)
RECTOR	99. FACILITY NAME (If not institution, give BALTO. COUNTRESIDENCE OF DECEDENT	TY GEN. H	OSPITAL "	BALTIM (_	BC. COUNTY	OF DEATH
	10a. STATE 10b. COUNT	ſY		WN OR LOCATION LTIMOLE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL		1 Awmin		101, ZIP CODE 2 (2)	e	10g. CITIZEN	OF WHAT COUNTRY?
ΒY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO ATES	13. WAS DECENDENT OF HISPA It yea, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc.)	98 or No 14.	RACE — American Indian, Black, White, stc. Specify: BIACK
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16a, DECEDENT'S USU (Give kind of work of life. Do NOT use reti	lone during most of working	16b. KINO OF BI	USINESS/INOUST	PH-CL
BE COM	17. FATHER'S NAME (First, Middle, Last) Clyde Als	ston		18. MOTHER'S N.	AME (First, Middle, Maide	At WA	495
TO E	190. INFORMANT'S NAME (Type/Print) HELEN AU	NITZ		RESS (Street and Number or Rural		wn, Stere, Zip Coo	od. 21216
- 4	204 METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		PLACE AND DATE OF DIS	SPOSITION (Name of	OATE 20c. L	OCATION City	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE U	B. LC		22. NAME AND ADDRESS OF FUN MARCH PUN 4300 War	ERAL H	eme-	WEST Ho. Md. Zizls
	23. PART LEnter the diseases, or shock, or head failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on at	iich line.	nter the mode of dying, suc	ch as cardiac or resp	olratory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or injury	b. MYOCAT DUE TO (OR AS A	RDIAL CONSEQUENCE OF):	INFARC			
ERTIF	that initiated events resulting in death) LAST	d.	CONSEQUENCE OF):				
MEDICAL (PART II. Other significant condition	ns contributing to death be	ut not resulting in th	e underlying cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	от	28. PLACE OF DEATH (Ch	eck only one)		
РНҮЅ	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpi		Nursing Home 5 Residence 28c. INJURY AT WORK?	8 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCURE	ED .
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, stc. (Speci	- At home, term, street,	1 YES 2 NO	281, LOCATION (Street City or Town, State	and Number or A	ural Route Number,
COMPLETED	299. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMINE	CIAN: To the best of my knowle	edge, death occurred at to and/or investigation. In	he time, data and place, and due my opinion, death occured at the	to the cause(s) and me	onner as stated.	· · · · · · · · · · · · · · · · · · ·
BE	296. SIGNATURE AND TITLE OF CERTIFIE	ses Ho	PHYSIC	29c. LICENSE NUI			NED (Month, Day, Year)
2	AVTAR S.	BASSIN,	(II CM 21) (Type, Phint)		C. Ge. F	4	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TUDE		00.1		



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

		1. DECEDENT'S NAME (First, Middle, Last)	1/02 1.1	
		4. SOCIAL SECURITY NUMBER	S. SEX	
		271, 28.1329	1 2 F	AGE (In yrs. lest birtho
3 should		Sa. FACILITY NAME (If not institution, give st		31
න භ	R	Good Samarita		
5,	ج	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		
Page	DIRECTOR	MD NO. COOMIY		10c. B
Pmit.	٦	10e. STREET AND NUMBER		Б
-0020 ing physician. the burial-transit permit. Pages 1, 2,	FUNERAL	5634 Midwood	Ave. 1st	floor
20 ysicia irial-tr	Ę	11. MARITAL STATUS 1 Never Married 2 [V] Married	12. WAS DECEDENT E FORCES? 1 ♥	YES 2 NO
BALTIMORE, MARYLAND 21215-0020 et death. Page 6 may be retained by the hospital or attending physician the funeral director, page 5 should be detached for use as the burial-transition must be notified at once.	8≺	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 V	OR DATES
MARYLAND 21215 retained by the hospital or attend 5 should be detached for use as notified at once.	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDEN
21 ital or	E	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind life. Do NO
hosp tachec	MP	17. FATHER'S NAME (First, Middle, Last)		Unem
YLA by the by the	Ö	Moses Beverly		
MAR retained 5 should) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAII
be ret	5	Dorothy Beverl	У	563
:ALTIMORE, MARYLAN death. Page 6 may be retained by the hose functor, page 5 should be detach in examiner must be notified at once.		20a. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Remo	ovel from State	20b. PLACE AND DA
Page I direc		4 Donation 5 Other (Specify)	ENSEE	Garris
death. death. e funera		198000	T.K.	0_
B/ after d by the smoval.		23. PART I. Enter the diseases, or c	complications that c	FORCES
or re		ahock, or heart failure. I	List only one cause	on each line.
中等中		disease or condition resulting in death)	CARDI	o Pulmon
3760, ned within completely tal, cremati		reading in death)	DUE TO (OI	R AS A CONSEQUENC
DS, P.O. BOX 6876 he death certificate be executed the afterding physician and com-Mental Hygiene prior to burial. Martial Hygiene prior to burial, or other traumatic ev.	NO	Sequentially list conditions,	ACUTE	AS A CONSEQUENCE
OX De sician rior to	TA.	If any, leading to immediate cause. Enter UNDERLYING	A 4	o Li Sm
D. B rtificati g phys iene p	IFIC	CAUSE (Disease or injury that initiated events		R AS A CONSEQUENC
P.C. ath certification in the state of the s	ERT	resulting in death) LAST	DIAB	ETES
RECORDS, P.O. BOX 68760, requires that the death certificate be executed within een signed by the attending physician and complete of Health and Mental Hyglene prior to burial, cremishows any Injury, or other traumatic event,	MEDICAL CERTIFICATION	PART ii. Other aignificant condition	a contributing to da	ath but not resulti
ECORD quires that the n signed by th Health and A	SC			
REC requirement sign of Heal shows	ME			
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N: The Icate h State	SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	
SICIAN: The Certificate by the State d, or item	PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 E	JURY 26b.
NG PHYS frer this cath with marked,	ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)
ON PER A		3 Suicide 6 Could not be	28e, PLACE OF II building, etc	NJURY — At home, fai (Specify)
DIV SI OR ATTEN DIRECTOR: hours after Item 28 It	COMPLETED	4 Homicide determined		
로 국전=	MPL	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE)		
TO THE HOSPITAL TO THE FUNERAL Se filed within 72 IMPORTANT: If		2 MEDICAL EXAMINER	R: On the basis of exer	nnation and/or investig
표 보를	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	al.	MI
우 우 호 폴	일	000	/	OF DEATH (ITEM 27)

1 - FOR STATE REGISTRAR

92 20884

	1. DECEDENT'S NAME (Firs		ever ly							2. DATE OF MONTH	DEATH	ν _	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUM			8. AGE (In yrs. les	at the fields after all	IF UNDER		IF UNDER		7. DATE OF	25	9	2	77
	271.28.		1 X 2 F	59	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont), E	3 6 3	_	Country)	NCE (State or Foreign
	Se. FACILITY NAME (If not it		treet and number)			9b. CITY	, TOWN	OR LOCATION	ON OF DE		013		Ohio	Н
N N	Good Sam		n			Bal	tim	ore						
5	RESIDENCE OF DE	10b. COUNT	1		10c. CIT	Y, TOWN C	OR LOCA	TION					10	d. INSIDE CITY
DIRECTOR	MD					ltim								LIMITS?
- 9	10e. STREET AND NUMBER				100	101111	_	1. ZIP COD	E			10g. CITIZ		T COUNTRY?
FUNERAL	5634 Mid	wood	Ave. 1st	t floo	r		2	1212)			U.	S.A.	
ב ב	11. MARITAL STATUS 1 Never Married 2 🔯	Married	12. WAS DECEDENT FORCES? 1	EVER IN U.S. AF	MED	13.	WAS DEC	CENDENT C	F HISPAN	IIC ORIGIN? (Specify Yes		14. RACE -	American Indian, hita, etc.
BY	3 Widowed 4 Div		IF YES, GIVE WIC	R OR DATES				2 💢 NO			,		Blac	V
9	15. DE(CEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. K	IND OF BUS	INESS/IND		N
-	Elementary/Secondary (ly highest grade 0-12)	College (1-4 or 5+)	(G life	ive kind of . Do NOT u	work done (se retired.)	during mo	ost of working	ng .					
COMPLET				Un	emp	loye	d							
	17. FATHER'S NAME (First, A									ME (First, Mid		Surname)		
B	19a, INFORMANT'S NAME (19	h MAILING	ADDRESS	(Street)	-		. Bro		Chata Zin	Cadal	
2	Dorothy B	everl	У							/Bal				1212
	20a. METHOD OF DISPOSIT		med from State	20h BLACE	ANDDATE	OF DISSOR	ITION (A)	ama af		0.475	20- 10	DATION (NA T.	01-1
į.	4 Donation 5 Othe	r (Specify)		Garr	1 S O	n FO	res	t Ve	et.	Cem.	Owi	nqs	Mill	s. MD
1	21. SIGNATURE OF FUNER	ME SERVICE LIC	ENSEE			22.	NAME A	ND ADDRE	SS OF FAC	CILITY				
	23. PART I. Enter the	mei	te B.	For	6	WI	M C	. MA	RCH	F.H.	./110	01 E	. NO	RTH AVE.
	iMMEDIATE CAUSE (Fi	nel -	a. CAR A DUE TO (C	O Pulm	UN A					0071	and			Interval Between Onset and Death
CERTIFICATION	Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ING ury	4.5	OR AS A CONSECUTION OF AS	OUENCE O		17-6		44-177					
	PART ii. Other aignific	ant condition	a contributing to d	leath but not r	eaulting	In the un	derivin	g cause o	ivan in l	Part I 2	In. WAS AN	AUTOPSV	24b W	RE AUTOPSY FINDINGS
MEDICAL							200				PERFOR	MED?	AM CO OF	NILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
HYSICIAN:	25. WAS CASE REFERRED 1	O MEDICAL					26 PI	ACE OF D	EATH /Cha	ock only one)				
2	EXAMINER? 1 → YES 2 □ NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Num	3:			6 Other (S	Snec#kil			
מו החו	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE OF II (Month, Day	NJURY	26b. TJN		28c. INJ	JURY AT DRK? YES 2		28d. DESCR		JURY OCC	URED	
ירבובה	3 Suicide 6 4 Homicide	Could not be determined	28e, PLACE OF building, et	INJURY — At he lc. (Specify)	ma, farm,	street, fact	ory, offic	•		261. LOCATI City or	ON (Street a Town, State)	nd Number (or Rural Rout	Number,
COMPLE	29e. CERTIFIER (Check only one) 1 CER	TIFYING PHYSI	CIAN: To the best of m R: On the basis of axa	ny knowledge, de mination and/or	ath occurr	ed at the ti	ime, data pinion, d	and place	and dua	to the cause	(a) and man	ner as state	ed. e ceuse(s) an	d manner as stated.
0 0	296, SIGNATURE AND TITLE	pans	al	ND				29c. LICE	NSE NUM	BER		29d. DATE	SIGNED (MO	onth, Day, Year)
	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAUSE	OF DEATH (ITE	M 27) (Type	, Print)								
	JUL 29 19	92	32. REGISTRAR	'S SIGNATURE	2									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Po x / / / / A IA 44.610

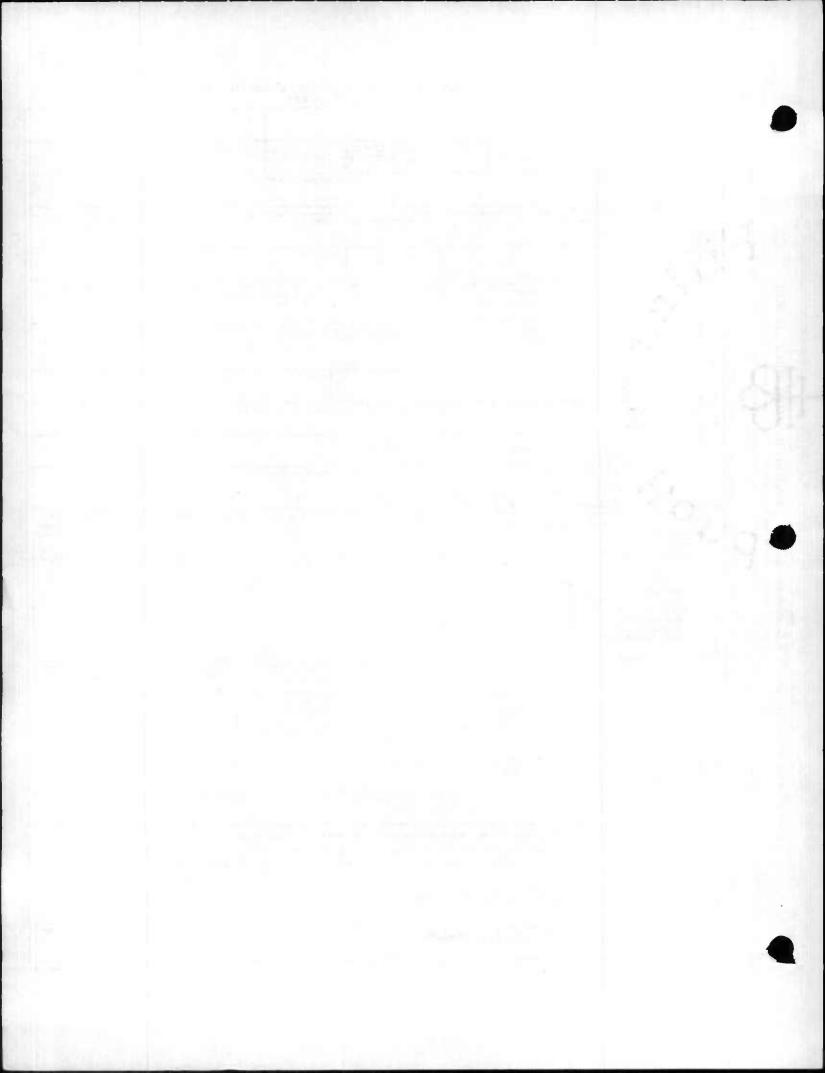
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DOUGLAS	le, Last)	BRAD	FORD S	SR.			2. DATE OF D	24, 199	2 YEAR	3. TIME OF DEATH 2:43 A
4. SOCIAL SECURITY NUMBER 214-56-6369		1 ' '	rs. laet birthday)	IF UNDER 1 YE	_	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BI (Month, Day) 5-1]	RTH (Year)		HPLACE (State or Foreign
THE JOHNS HOP	PKINS HOSPI	TAL				RE CITY	EATH		LTIMO	DRE CITY
10a. STATE 10b.	COUNTY			timo		ON				10d, INSIDE CITY LIMITS? 1)()(YES 2 NO
	th Ave.				2	21P CODE 1213		U	.S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Mever Merried 2 Merrie 3 Wildowed 4 Divorced	12. WAS DECED FORCES? IF YES, GIVE	ENT EVER IN U. 1 YES :	2 NO	If yes	s, spec	INDENT OF HISPA City Cuben, Mexico NO Specif	en, Puerto Rican,	ecify Yee or No etc.)	Spec	E — Americen Indien, ic, White, etc. a.C.K
15. DECEDEN (Specify only higher Elementary/Secondary (0-12)	T'S EDUCATION est grade completed) College (1-4 or		Give kind of we life. Do NOT use	ork done durin retired.)	g most	N t of working	16b. KING	OF BUSINESS/I		u c k
17. FATHER'S NAME (First, Middle, I Nelson Brad			onemp	TOYE	u	16. MOTHER'S NA	AME (First, Middle r Grif)	
19a. INFORMANT'S NAME (Тура/Ргі Harriet Spr	*		1927	N. C	as	d Number or Rural tle St				21213
20a. METHOD OF DISPOSITION 1 Disposition 2 Cremetion 3 4 Disposition 5 Disposition Company	ffy)	cemeter	ACE AND DATE OF ry, cremetory or oth S 11 @	er place)	ri	al Gar	dens	Dunda 1		
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE	n		22. NAM		ADDRESS OF FA	CILITY			NORTH AVE
Sequentially list conditions, if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d		ONSEQUENCE OF)		D*	Fiere	- 5g)~~~		Tears
PART II. Other significent co		to death but	not resulting in			cause given in	- 1×	WAS AN AUTOPS PERFORMED? (YES 2 NO	الم	. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
EXAMINER? 1 YES 2 NO	HOSPITAL:		nt 3 DOA	OTHER:		5 - Residence	,	cify)		
27. MANNER OF DEATH 1 Natural 5 Pendir 2 Accident Investi	ng	OF INJURY Day, Year)	28b. TIME INJU	RY	WOR YE	RY AT K? ES 2 NO	28d. DESCRIB	E HOW INJURY O	CCURED	
3 Suicide 6 Could	buildin	OF INJURY — eg, atc. (Specify)	At home, farm, str	reet, fectory,	office		281. LOCATION City or Tow	(Street and Numb m, Stete)	per or Rural i	Route Number,
	G PHYSICIAN: To the best EXAMINER: On the beele of									e) end manner ee stated.
296. SIGNATURE AND TITLE OF CO	2 m/C		00			H 2-3		29d, D/	7/2	(Month, Day, Year)
30. NAME AND ADDRESS OF PERS	SON WHO COMPLETED CA	DO.	(ITEM 27) (Type, F	Print)	To	F. E.D.	John	Hooken	· Ho	1-5-1-00
31. DATE FILED (Mg/m), 1992	July David	RAR'S SWILLATE	AFAA					r	21	287-208

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

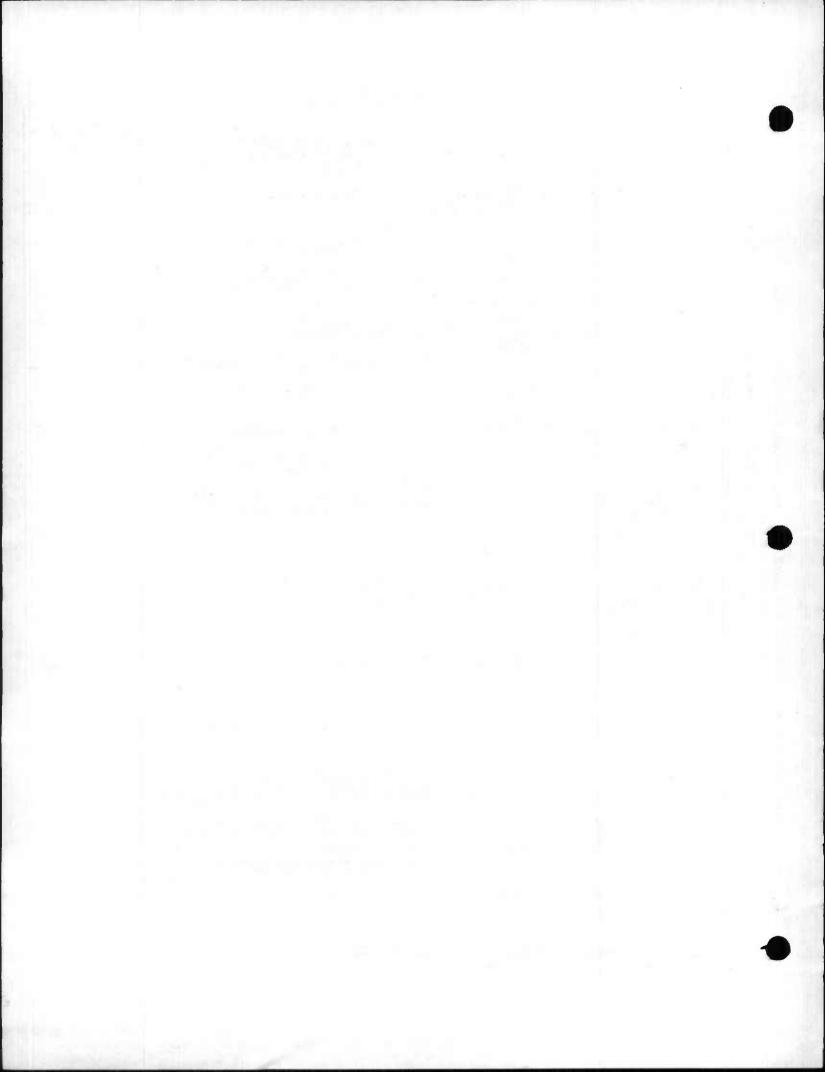


	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for use as the burial-trans wal.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

•	١.	FOR STATE REGIST	RAR
1	1. D	ECEDENT'S	S NAI

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) MAUDE	LL BA	CON		2. DATE OF DEATH MONTH D	1992	3. TIME OF DEATH 7:30 P M
	4. SOCIAL SECURITY NUMBER 2/2362859	5. SEX 6. AGE		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a. BIRT	NPLACE (State or Foreign itry)
OR	90. FACILITY NAME (If not inelitation, give si GOOD SAMAKITA	N HSSPITAL		BALTIMOKE		9c. COUNTY OF	DEATN
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CITY, T	TOWN OR COCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	1 5 7		101. ZIP CODE	3	10g. CITIZEN OF	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER I FORCES? 1 YES	2 NO	13. WAS DECENDENT OF NISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Spec	ANIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No— 14. RAG	CE — American Indian, ck, White, etc.
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	UAL OCCUPATION		SINESS/INDUSTRY	LACK
COMPLET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8+)	Ife. Do NOT use n	k done during most of working stred.)	Elli	a 5	mith
BE CON	17. FATHER'S NAME (First, Middly Last)	mood	/	18. MOTHER'S N	AME (First, Middle, Melden	Sumame) 5 m /	th
2	190. INFORMANT'S NAME (Type/Print) De. Lo Res	DuBose	19b. MAILING AC	NORESS (Street and Number or Rura N. Bowd	Floure Number, City or Town	m, State, Zip Code)	121213
	20a. METHOD OF DISPOSITION Burlel 2	oval from State 201	netery, crematory or other	DISPOSITION (Name of	DATE 20c. LC	CATION - City or T	Fown, State
į	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Lack	D.	22. NAME AND ADDRESS OF F	neral Ho	my 150	4/2 (Bolse)
	23. PART I. Enter the diseases, Dr o	omplicatione that ceuse	d the death. Do not	enter the mode of dying, su	ch as cerdisc or reep	iratory arrest,	Approximate
	shock, or heart tellure.	Liet Drily one couse on a	isch line.				interval Between Onset and Death
	disease or condition resulting in death)		TC SHOC A CONSEQUENCE OF:	K			10 HRS
20	Sequentially list conditions, if any, leading to immediate	DECY DUE TO (OR AS	BITUS U	CERS / PNET	IMONIA		3/2 WEEKS
HIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):		14.		
CER	resulting in death) LAST	1					
ICAL I	PART II. Other significent condition	s contributing to death t	but not resulting in t	the underlying cause given in	Part i. 24a. WAS AN PERFOI	RMED?	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE/
. MEL	<u> </u>					. 2. 1.0	OF DEATH?
PHISICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. PLACE OF DEATH (C	heck only one)		
	1 - YES 2 -40	HOSPITAL: 1 Impatient 2 Impati		THER: Nursing Home 5 Residence	8 Other (Specify)		
BY PH	27. MANNER OF DEATN t Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	PF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW	NJURY OCCURED	
3	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	f — At home, ferm, atre- city)	et, factory, office	28f. LOCATION (Street City or Town, State)	and Number or Rural	Floute Number,
COMPLE				it the time, date end place, end du n my opinion, death occured at th			(e) end manner ee steted.
0	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER	29d. DATE SIGNE	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO					▶ 7/2	6/92
			OCH RAVEN	BUD, BALT	, MP 2	1237	
	JUL 29		Davidson-Ran	dell			
	2:12 1 2	1/53	The same of the sa	S.			DHMH-18 Rev 1/89



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SICIAN: The law requires that	certificate has been signed by	the State Dans of Health an
PHYSICIAN: The law requires that	this certificate has been signed by	with the State Dans of Health an
DING PHYSICIAN: The law requires that	After this certificate has been signed by	death with the State Dans of Health an
ATTENDING PHYSICIAN: The law requires that	CTOR: After this certificate has been signed by	- ofter death with the Chate Dent of Health an
OR ATTENDING PHYSICIAN: The law requires that	DIRECTOR: After this certificate has been signed by	hours after death with the Chate Dent of Health an
HUSPITM, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P.	Aureman, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	Thouse after death with the Ctate Dark of Health and Mental Horisans prior to busine premaries or removal

TO BE CO

31. DATE FILEO (Month, 2 9

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			1. DECEDENT'S NAME (First, Oliver	Middle, Last)	stan B	wek	in					DATE OF I	DEATH
		1	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (In y	rs, last birtho		DER 1 YEAR	IF UNDER 24	HRS. 7.	DATE OF E	
P	-		217-18-6	1487	XX M 2 G F	75	YR	S. MONTH	S DAYS	HOURS	MIN.	Month, De	[97
should	١.		9a. FACILITY NAME (If not in	11	reet and number)	1		9b. C		OR LOCATION	-		
2, 3		5	RESIDENCE OF DEC	~ X	en Hay	p,			For	este	オレ		
Jes 1,	i i		10e. STATE	10b. COUNTY	Y		10c.	CITY, TOW	N OR LOCA	rion			
F. P.) and	5	PENNA		York			DELT	Α				
Derm	3		10e. STREET AND NUMBER						_	. ZIP CODE		-	
physician. burial-transit permit. Pages 1, 2, 3	AGU			Box 2						17	314		
ysicia ırial-tu	1	5	11. MARITAL STATUS 1 Never Merried 2	Marriad	12. WAS DECEDEN FORCES? 1		S. ARMED			ENDENT OF I			
the hospital or attending physician, detached for use as the burial-tran	3		3 Widowed 4 Divo	0.0000000000000000000000000000000000000	IF YES, GIVE V	AR OR DATE	S				Specify:		
r after	T C C C C C C C C C C C C C C C C C C C	u Hi		EDENT'S EDU highest grade		16	(Give kind	of work do	ne during me	ON ost of working		16b. KIN	O OF B
d for	u		Elementary/Secondary (0	-12)	College (1-4 or 5	+)	LABO	Of use retire	a.)			CON	ICTI
he hospita detached	once.	1	17. FATHER'S NAME (First, M	iddle, Last)			LABU	RER		18. MOTHER	D'S NAME		STI
\$ 5 E	7	- 10	ALBERT	-	(INS							REDN	
be retained by ge 5 should be	2 0		19e. INFORMANT'S NAME (7				19b. MAII	LING ADDR	ESS (Street	and Number or			
De ret	be notif		GLADYS B.	Burk	(INS		RR	2, E	Box 2	49,]	DELT	A, F	PA.
2 %	must b		20a, METHOD OF DISPOSITI		oval from State		ACE AND DA					OATE	20c. L
age 6 m. director,	10	ŀ	4 Donation 5 Other		PENGEE	MT.	NEB	O CE	METE	RY ADDRESS	1/27	/92	D
rs after death. Pa n by the funeral removal.	ехатіпет		-///	11-	1.11 11								
hours after death, ed in by the funera , or removal.	- S	4	him	10-1	wen		-			Ns F			
	medical		23. PAPT i. Enter the di shock, pr he	seases, or o sert fellure.	List only one cau	t caused the	ne desth, (n line,	o not en	ter the mo	de of dying	, such s	cardiac	or res
I III	1	-	IMMEDIATE CAUSE (Findisease or condition	el	arten	1011	1100	10	· An			. /	
executed within 24 and completely filli to burial, cremation,	event,		resulting in death)	7	B. DUE TO	(OR AS A CO	ONSEQUENC	E OF):	-Ca	acai	rac	ille	4 2
ecuted nd com burial,				-				,					
be execucian and or to bur	E E		Sequentially list conditi if any, leading to imme-		DUE TO	(OR AS A CO	NSEQUENC	E OF):					
hcate be e physician ne prior to	. 1		cause. Enter UNDERLY! CAUSE (Disesse or inju		с								
nding phy Hygiene	or other		that initiated events resulting in death) LAS	1 12	DUE TO	(OR AS A CO	NSEQUENC	E OF):					
death certi- attending antal Hygie	- 1 11	3			d								
requires that the death certificate een signed by the attending physis of Health and Mental Hygiene pri	DICAL CE		PART II, Other significe	nt condition	s contributing to	deeth but	not resulti	ng in the	underlyin	g cause give	en in Par	t i. 24s	PERFO
uires tha signed I Health a	s any											. 1	YES
v requir been si ft. of He	5 3											.	
has the Dept	23 A		25. WAS CASE REFERRED TO	MEDICAL					26 P	ACE OF DEAT	TM /Check	nahi nan'	
- 2 to	Item		EXAMINER?		HOSPITAL:	ER/Outpatie	et 3 🗆 DO	ОТН	IER:	e 5 Resid			
	<u> </u>		27. MANNER OF DEATH		28e. DATE OF	INJURY		TIME OF	28c. IN.	URY AT	1	d. DESCRI	
or this of	100			Pending investigation	(Month, D	ery, rear)		INJURY		YES 2 N	10		
SCTOR: After s after death	10		3 Suicide 8	Could not be	28s. PLACE O building,	F INJURY - etc. (Specify)	At home, far	rm, atreet,	lectory, offic	•	28	f. LOCATIO City or To	
OR ALTENDING DIRECTOR: After hours after death	m 28		4 Homicide	determined									.,
AL DIRECT		1 11	29e. CERTIFIER (Check only one)	IFYING PHYSI	CIAN: To the best of	my knowledg	ge, death oc	curred at th	e time, date	end placa, er	nd due to t	he cause(a) end me
- 20	100	- 10	ories a lateral	CAL EVALUATE	D. On the book of	and and an	- 41 t- · · ·						

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his Davidson-Randale

CERTIFICATE OF DEATH

20887 92 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 8. BIRTHPLACE (State or Foreign Country)
PENNSYLVANIA 6 9c. COUNTY OF DEATH 10d, INSIDE CITY LIMITS? 1 TYES XX NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. ee or No-WHITE USINESS/INDUSTRY RUCTION an Surneme) own, State, Zip Code) 17314 OCATION -- City or Town, State PA., 17314 ELTA, ELTA, PA.,17314 piratory arrest, Approximats interval Bstween Onset and Death Occasil 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? N AUTOPSY

1 TES 2 NO

INJURY OCCURED

29c. LICENSE NUMBER

2013 Treffelfury

and Number or Rural Route Number,

The second of th

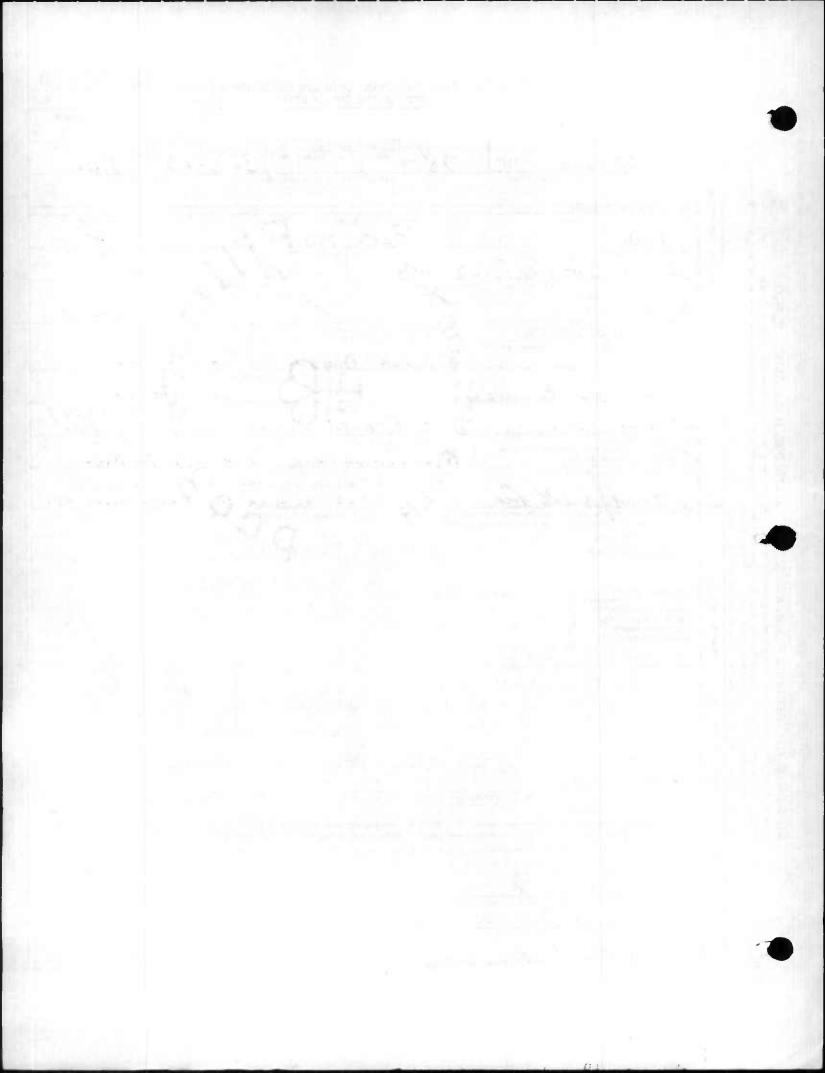
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ICIAN; The law requires that the death certificate be executed	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or Item 23 shows any injury, or other traumatic e
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this ce be filed within 72 hours after death with the	IMPORTANT: If Item 28 is marked,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Lest) John A.	Borozzi						2. DATE OF DEATH		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bir	thday) IF UNDE	R 1 YEAR	IF UNDER 24	AFDR	7. DATE OF BIRTH	6	25	ACE (State or Foreign
	010 00 11 0	1 🗌 M 2 🗍 F	- ()	YRS. MONTHS	DAYS	7	MIN.	(Month, Dey, Year)	3	Country)	2D
N.	9a. FACILITY NAME (Many Institution of the street of the s	ial Hosp	ital	9b. CIT		timor			9c. COUN	TY OF DEAT	н
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNTY		1	Bot		ND				10	d. INSIDE CITY : LIMITS? TES 2 \(\text{NO}\)
4	10e. STREET AND NUMBER					ZIP CODE			10g. CITIZ	EN OF WHA	TCOUNTRY?
۱۱ <u>ت</u>	2713 CHe3	Tenfie	LD A	le		212	13		U	SA	
FUNERAL		12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARMED	13.	WAS DEC	ENDENT OF H	HISPANI	C ORIGIN? (Specify Yea , Puerto Rican, etc.)	or No-	14. RACE —	American Indian,
6	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE W					Specify:	, , , , , , , , , , , , , , , , , , , ,		Specify:	HITE
E	15. DECEDENT'S EDUCA (Specify only highest grade of	TION ompleted)	(Give k	ENT'S USUAL C	during mo	N at of working		166. KIND OF BUS	INESS/INDL	JSTRY	
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +	,	UEK		iver		TRU	cki	NG	
	17. FATHER'S NAME (First, Middle, Leat)	3-0-5				16. MOTHER	R'S NAM	E (First, Middle, Maiden			
O BE	10a. INFORMANT'S NAME (Type/Print)	JOROZ		AILING ADDRES	S (Street a	nd Number or	Rural Ro	oute Number, City or Town			17,349
	20a. METHOD OF DISPOSITION	SIER	20b. PLACE AND	- /.	SITION IN	1000)D (DATE 20c, LO	FREE	Doiss	PA.
	1 Surial 2 Cremation 3 Remov 4 Donation 5 Other (Specify)		cometers cremate	RELITU	ny 1	MAK		7-29 \$	2 ~	3. M	D.
	21. SIGNATURE OF FUNERAL SERVICE LICEI	O C		² 5	Del	LA No	SX	ansons F			
	23 FART I. Enter the diseesea, or co	molicetions the	caused the death	Do not ente	322		H.C				2=2 PD: Approximate
	ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) a.	et only one cau	se on each line.	posep		DEr					Interval Between Onset and Death
,			2 28 W		14	00.AD	4	RAi).	as A		7-1-6
2	Sequentially list conditions, If any, leading to immediate		OR AS A CONSEQUE			- POIC		111100	1 Ch		
3	CAUSE (Disease or injury	CC	1RONA	py	AR	JAK	M	Dise	ASE	2	
HILLAHON	that initiated events	DUE TO	(OR AS A CONSEQUE	NCE OF)!			,				
E E	resulting in death) LAST										
ا د	PART II. Other aignificent conditions	contributing to	deeth but not reau	iting in the u	nderlyin	ceuse give	en in P	art I. 24e. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
5	VENTRIC	MAR	TACH	YORK	115	1		PERFOR	. /		AILABLE PRIOR TO IMPLETION OF CAUSE
3	INSULLY &	N3193	MELIT	MARI	372	SAL	011	irus.	NO		OEATH?
2	HRDAMO	NVS	RUNC	HON	01.0	2 1010	600	1. 07			YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	/			26. PL	ACE OF DEAT	TH (Chec	ck only one)			-
	1 VES 2 DINO	HOSPITAL:	ER/Outpetlant 3 🗆	DOA 4 Nu		e 5 🗆 Resid	ence 6	☐ Other (Specify)			
	27. MANNER OF OEATH 1 Netural 5 Pending	28e. DATE OF (Month, Da		Bb. TIME OF INJURY M		URY AT RK? 'ES 2 N	- 1	26d, OESCRIBE HOW II	JURY OCC	UREO	
	2 Accident Investigation 3 Suicida 6 Could not be	28e. PLACE O	F INJURY — At home,	farm, atreet, fac			\rightarrow	26f. LOCATION (Street a	nd Number o	or Rural Rout	e Number,
	4 Homicide detarmined	building,	etc. (Specify)					City or Town, State)			
COMPL								o the cause(a) and man ime, data and placa, an			d menner as stated.
2	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENS	E NUME	BER	29d. DATE	SIGNED (Mc	onth, ey, Year)
	monu	165							Þ 9	1/26	56/0
	TOSE CALALIE 2				CHA	A	4-	22/ 14		0.40	ALA 20210
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	PAUL	3TK	EET.	47	226, BAC	IMC	HEE,	BISIS DW
	1111 20 1002	0 P	La .								
	JUL ~ 8 1992	W Deciden	-Nandelle								DUMM 10 Day 1000



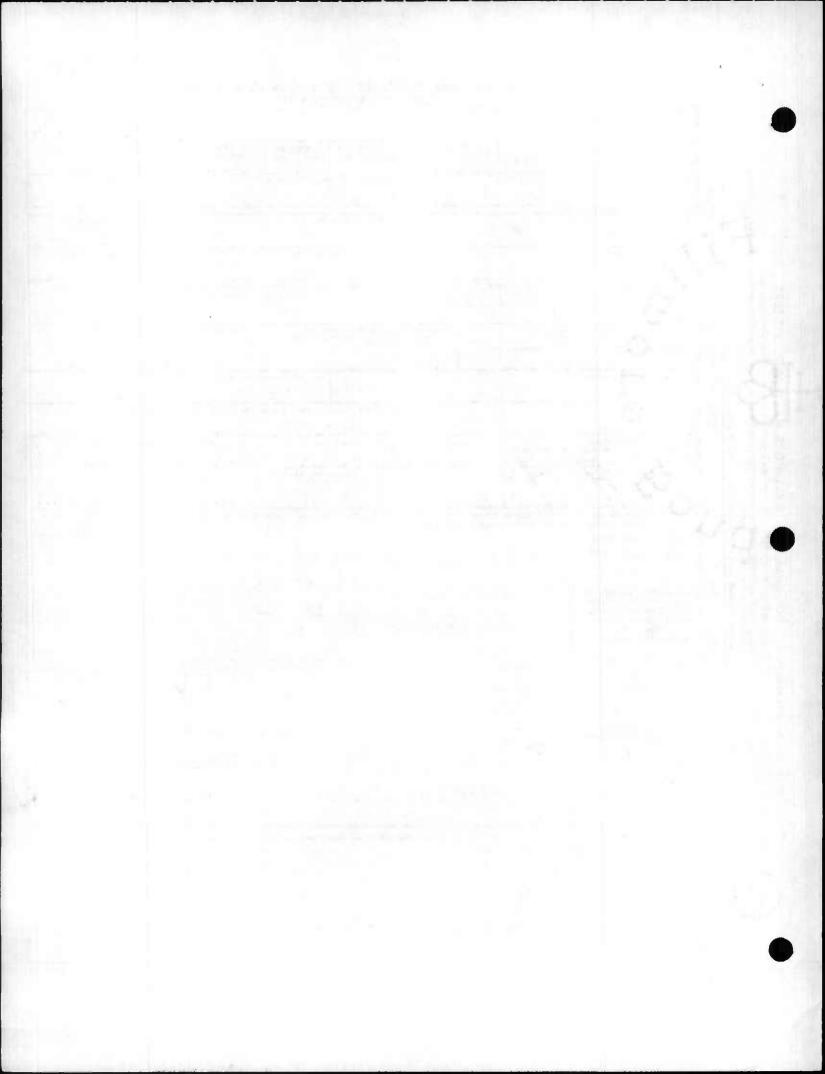
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1	37 1	2	#
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	PITA	FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the familian 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	11
	至	윤통	8

			CENTIL	IOAIL	UF	DEA	In		REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) EVELYN V BEES								2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	0 AOE (In	yrs. lest birthday)	# UNDER				04	2	7	92	12 Noon F
212-10-5060	1 M 2 J.F	W-13-0	yrs. lest birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	OF BIRTN h, Day, Year)	4.0	Countr	
9a. FACILITY NAME (If not institution, give a		82		Sh CITY	TOWN (OR LOCATI	ON OF D		31,19	· -	MA1	ryland
UNION MEMORIAL		L				10RE				SC. COO	MIT OF D	EATH
10a, STATE 10b, COUNT	1		10c. CIT	Y, TOWN C	OR LOCAT	TION						10d. INSIDE CITY
Maryland			Ba	ltimo	ore							LIMITS?
10e. STREET AND NUMBER						. ZIP COD	_			10g. CIT	IZEN OF V	VHAT COUNTRY?
3320 Richmond Ave						2121	_				S.A.	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDED FORCES?	T EVER IN	2 VNO						N? (Specify Yes Rican, etc.)	or No-	14. RACE Black	- American Indian, k, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DAT	ES			2 XNO			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Speci	
15. DECEDENT'S EDU (Specify only highest grade			16a. DECEDENT'S (Give kind of				na	16b	KIND OF BU	SINESS/INI		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Ille. Do NOT u	se retired.)	suring mo	ot or works	79					
8			Housew	ife					Homem	aker	- Ov	vn Home
17. FATHER'S NAME (First, Middle, Last)						18. MOT			Middle, Meiden			
James	Al	vey					Ida				npsor	1
190. INFORMANT'S NAME (Type/Print) Mrs. Joan E. Barne	0.0		same					Route Numi	ber, City or Tow	n, Stata, Zij	p Code)	
20a. METHOD OF DISPOSITION	-S	1		_			U 1:					
1 X Burial 2 Cremation 3 Dem 4 Donation 8 Dother Greech	ofer from State	cemet	PLACE AND DATE ery, cremetory or o	ther plece)				7 20	-92 Do	CATION —		
21. BHINATURE OF PUMERAL SERVICE LIS	ENBER	<u> Ine</u>	adowi Idi					1+30.	-3K DO	126A	, Mai	ylanu
THAT I	1 8 /7			22.	NAME AL	ND ADDRE	SS OF FA	CILITY	1914	11000		
P 1/1/41	/			Le	eona	rd J	. Ru	ck,	Inc.	1111		
	st III			Le	eona 305	rd J Harf	. Ru	ck, : Rd.,	Baltim	ore,	Mary	/land 21214
23. PART i. Enter the diseases/or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	complications the List only one ca	use on aac	ch iina.	53 not anter	eona 305 tha mo	rd J Harfo da of dy	. Ru ord ing, suc	CK, Rd., I	Baltim dlac or reap	ore,	Mary rest,	/land 21214 Approximata Interval Betwee
23. PART i. Enter the diseases/or cahock, or heart failure.	complications the List only one can a. Ruyu bue to	Md (OR AS A C	Aldoniu	not antar	tha mo	rd J Harfo da of dy	. Ru ord ing, suc	CK, Rd., I	Baltim dlac or reap	ore,	Mary rest,	Approximata interval Between
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23. PART I. Enter the discovery or shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inhilated events	a. Ruptu bue ro	Nd OF AS A C VOLUMENT OF AS A C	Aldonius onsequence o	not antar	tha mo	rd J Harfo da of dy	. Ru ord ing, suc	CK, Rd., I	Baltim dlac or reap	ore,	Mary rest,	Approximata interval Between
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Julia Devidson-Randelle

31. DATE FILED (Month, Day, Year)

JUL 29 1992



DALLIMONE, MANTLAN	24 hours after death. Page 6 may be retained by the hos	filled in by the funeral director, page 5 should be detached, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, F.O. BOA 80100,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach: he find within 72 hours after death with the State Deor, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

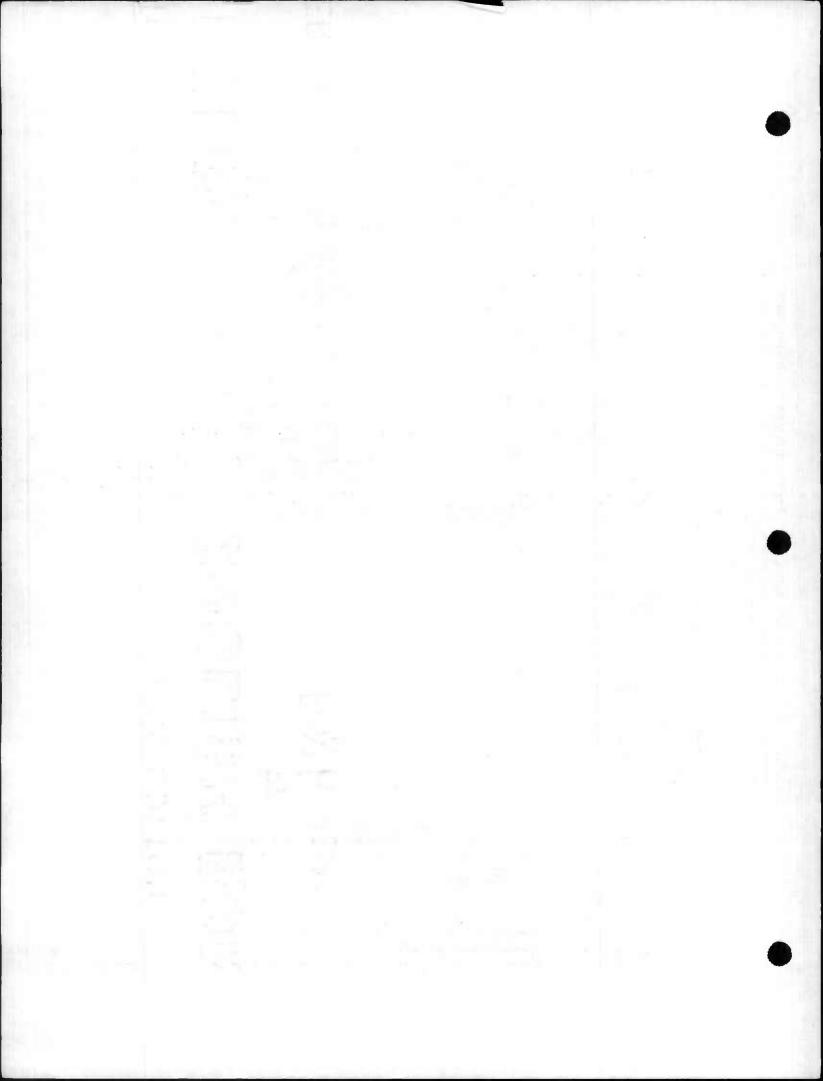
	1 - STATE REGISTRAR	STATE OF M			TMENT OF		MENTAL HYGIEN REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) WYATT	BROWN					2. DATE OF DEATH	8 92°	3. TIME OF DEATH 11:10 A M
W. Carlo	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIFT	THPLACE (State or Foreign
	250207946 9e. FACILITY NAME (If not institution, give str	1 M 2 F	76	YRS.		OR LOCATION OF DE	(Month, Day, Year) 8-9-1	9c. COUNTY OF	DEATH
20,	BON SECOURS HOSPI	TAL			ВА	LTIMORE	CITY		
DING	10a. STATE 10b. COUNTY			10c. CITY	ALT INOR	E E			10d, INSIDE CITY LIMITS? 1 X YES 2 NO
TWI	100. STREET AND NUMBER 635 N. BENTALOU	ST.			10	21223		109. CITIZEN OF	WHAT COUNTRY?
DI LOIM	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 1		If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14. RA	CE — American Indian, oct., White, etc. BLACK
ודרבוכט	15. OECEDENT'S EOUC (Specify only highest grade Elementary/Secondary (0-12)		(G	live kind of w	USUAL OCCUPAT rork done during me retired.)	ION lost of working BUハム)	CONTRACTOR OF STREET	SINESS/INDUSTRY	- Heary
	17. FATHER'S NAME (First, Middle, Leat)	ork Brow	/n			16. MOTHER'S NA	ME (First, Middle, Melden LuAnn	a Head	
2	196. INFORMANT'S NAME (Type/Print) LUCI 1 6	e Brown	19			and Number or Rural	Route Number, City or Tow Balto. Mc		5
	20a, METHOD OF CISPOSITION 1	oval from State			or other place)	n (Name en Park		Balto. Mo	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE				IAM C. BR		120	6 W. North A
	23. PART I. Enter the diseases, or c ehock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition	Liet only one ceu	use on each line	0.					Approximete interval Between Onset end Deeth
EHIIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	OR AS A CONSE	OUENCE OF	-):	rease	farction		Years
MEDICAL C	PART II. Other algoriticent condition	steroler		reaulting i	In the underlyl	ng ceuse given in	Part I. 24a. WAS AMPERFO	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		_ ^-	OTHER:	PLACE OF DEATH (C/			NIA
T PHTS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	26e. DATE OF	F INJURY	26b. TIM	E OF 28c. II	NJURY AT NA YORK? 2 NO	6 Other (Specify) 284. DESCRIBE HOW		
I EU E	3 Suicide 6 Could not be datermined	28e. PLACE (building	OF INJURY — A1 h , etc. (Specify)	ome, farm, a	street, factory, of	ice	281. LOCATION (Street City or Town, State)	al Route Number,
COMPLEIED	cont only						e to the cause(e) end me e time, date end place, e		e(a) and manner as stated.
וס מב כו	296. SIGNATURE AND TITLE OF CERTIFIER	- F	~			29c. LICENSE NU D 37 a		29d. DATE SIGN	ED (Month, Day, Year) 27/92
=	30. NAME AND ADDRESS OF PERSON WH		ISE OF DEATH (ITI	EM 27) (Type,	Print)	Blud,	Baltsmore,	Mo	21207

7141

32. REGISTRAR'S SIGNATURE
JUNE HAMIDSON-HANDER

OHMH-16 Rev 1/89

e.



1992

3. TIME OF DEATH

5:39 P

DHMH-18 Rev 1/89

2. DATE OF DEATH MONTH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

SHANEL

R

he				CHEMIN							92 5:	39 P
- 7	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.		IF UNDER 1	YEAR DAYS	F UNDER 24 H	RS. 7. DATI	0F BIRTH 5-1981	8.	BIRTHPLACE (Sta	te or Foreign
	220-96-9027	1 🗆 M 2 💢 F	11	YRS.					2-1301		ויונ	
œ	9e. FACILITY NAME (If not institution, give		TMAT				R LOCATION O				Y OF DEATH	
2	THE JOHNS HOP	KIND HOSP	ITAL		BA	LTI	MORE C	TTY		BAL	TIMORE	
DIRECTOR	10e. STATE 10b. COUN	ITY		10c. CITY	Y, TOWN OF	LOCATI	ON				10d. INSID	E CITY
	Md			Bal	timor	^e					1 Y YES	\$7
	10e. STREET AND NUMBER					10f.	ZIP CODE			10g. CITIZEI	N OF WHAT COUN	
ONEDAL	4940 Carmine	Avenue					21207			ŬS		
	11. MARITAL STATUS 1 X Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	ARMED NO	16	yea, spe	city Cuban, Ma	SPANIC ORIGI exican, Puerto pecify:	N? (Specify Yea Rican, etc.)	or No 14	Black, White, atc	an Indian,
	15. DECEDENT'S ED (Specify only highest gree	DUCATION de completed)	16a.	DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCC	CUPATIO	N t of working	16	b. KIND OF BUS	SINESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		life. Do NOT us	e retired.)							
	17. FATHER'S NAME (First, Middle, Lest) Mark Chewnin	0						ISE L	Middle, Maiden	Surneme)		
2	19a. INFORMANT'S NAME (Type/Print)	9										
2	Denise Chewning			A QAA	ADDRESS	Street an	Avenue	Rall	timore	Md 2	1207	
	20e. METHOD OF, DISPOSITION	J				_						
	1 Burlet 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	movel from State	cemetery)	ETPO C	her Blaces	ION (Nan	na of	OA.	20c. LO	cation — city atonsv	or Town, State	Md
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE	141	euro C				F F4 OH		2 CO112 V	1116, 1	ıu
	101.10	21 - 1			22.	Tarc	h F/H	West				
	Dolla 71	Cerch				43	00 Wa	abash	Avenue			
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c //x	PAT	SEQUENCE OF	ALL	UPC.					11	de
	PART II. Other algnificant condition	one contributing to d	eeth but no	ot resulting in			Course alves	In Day 1	are Mac an		- 1	DOV PILID
Σ	3/P /by	solic Ol	014/	BN	the und	erlylng	couse given		PERFOR		24b. WERE AUTO AMAILABLE CDMPLETIO OF DEATH? 1 YES	PRIOR TO IN OF CAUS
AN: M	3/P / Apr. 25. WAS CASE REFERRED TO MEDICAL	satic a	014/1	BN	the und	}	CE OF DEATH		PERFOR	MED?	AVAILABLE CDMPLETIO OF DEATH?	PRIOR TO IN OF CAUS
AN: M	3/P /p	HOSPITAL:	ER/Outpatient	10-15	OTHER:	26. PLA	CE OF DEATH	(Check only o	PERFOR	MED?	AVAILABLE CDMPLETIO OF DEATH?	PRIOR TO IN OF CAUS
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1 ☑ Inpatient 2 ☐ I	(JURY Year)	3 DOA 28b. TIME	OTHER: 4 Nursir OF JRY	26. PLAng Home 8c. INJU WOR 1 YE	CE OF DEATH 5 Residen	(Check only o	PERFOR	MED?	AMAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO IN OF CAUS
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 DES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending	1 ☑ Inpatient 2 ☐ I	(JURY Year)	3 DOA 28b. TIME	OTHER: 4 Nursir OF JRY	26. PLAng Home 8c. INJU WOR 1 YE	CE OF DEATH 5 Resident RY AT K?	(Check only o	PERFOR 1 TYES 2 THE PERFORMANCE OF THE PERFORMANC	MED?	AMAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO IN OF CAUS
COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 : DYES 2 NO 27. MANNER OF DEATH 1	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, at SICIAN: To the best of m	IJURY Year) INJURY — At c. (Specify) y knowledga,	3 DOA 28b. TiME INJU	OTHER: 4 Nursir E OF PRY M treet, factor	26. PLA ng Home 16c. INJU WOR 1 YE y, office	CE OF DEATH 5	(Check only o	PERFOR 1 (F) YES 2 In (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	MED? NO NO NO NUMBER OF I	AMAILABLE CDMPLETIO OF DEATH? 1 YES RED Rural Route Number suse(s) and manne	PRIOR TO IN OF CAUS 2 55 NO
BE COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 8 Could not be datermined 290. CERTIFIER (Check only) 1 CERTIFYING PHY:	28a. DATE OF IN (Month, Day, 28a. PLACE OF building, at SICIAN: To the best of m	IJURY Year) INJURY — At c. (Specify) y knowledga,	3 DOA 28b. TiME INJU	OTHER: 4 Nursir E OF PRY M treet, factor	26. PLA ng Home 16c. INJU WOR 1 YE y, office	SCE OF DEATH 5	(Check only o	PERFOR 1 (F) YES 2 In (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	MED? NO NO NO NUMBER OF I	AMAILABLE COMPLETIO OF DEATH? 1 YES	PRIOR TO NO F CAUSE
BE-COMPLETED BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1.DYES 2 NO 27. MANNER OF DEATH 1 Matural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SUSTANUES AND TITLE OF CERTIFIER	28a. DATE OF IN (Month, Day, 28a. PLACE OF buttiding, at SICIAN: To the best of m IER: On the basis of axes	IJURY Year) INJURY — At c. (Specify) y knowledge, minetion end/d	3 DOA 28b. TIME INJU	OTHER: 4 Nursir 2 PRY M Ireet, factor d at the tim h, in my opi	26. PLA ng Home 16c. INJU WOR 1 YE y, office	CE OF DEATH 5	(Check only o	PERFOR 1 (F) YES 2 In (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	MED? NO NO NO NUMBER OF I	AMAILABLE CDMPLETIO OF DEATH? 1 YES RED Rural Route Number suse(s) and manne	PRIOR TO NO F CAUSE
D BY PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 : DYES 2 NO 27. MANNER OF DEATH 1	28a. DATE OF IN (Month, Day, 28a. PLACE OF buttiding, at SICIAN: To the best of m IER: On the basis of axes	JURY Year) INJURY — At c. (Specify) y knowledge, minetion end/d	3 DOA 28b. TIME INJU	OTHER: 4 Nursir E OF JRY M 2 2 2 3 3 3 3 3 3 3	26. PLA ng Home '8c. INJU WOR 1	CE OF DEATH 5 Residen RY AT K7 S 2 NO not place, and ath occured at 29c. LICENSE	(Check only of the control of the co	PERFOR 1 (F) YES 2 In (Specify) SCRIBE HOW IN CATION (Street a or Town, State)	MED? NO NO NO NO NO NO NO NO NO N	AMAILABLE CDMPLETIO OF DEATH? 1 YES RED Rural Route Number suse(s) and manne	PRIOR TO NO F CAUSE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

CHEWING

1. - 1. 27 - 1. B - 1. H

TO BE COMPLETED BY FUNERAL DIRECTOR

DHMH-16 Rev 1/89

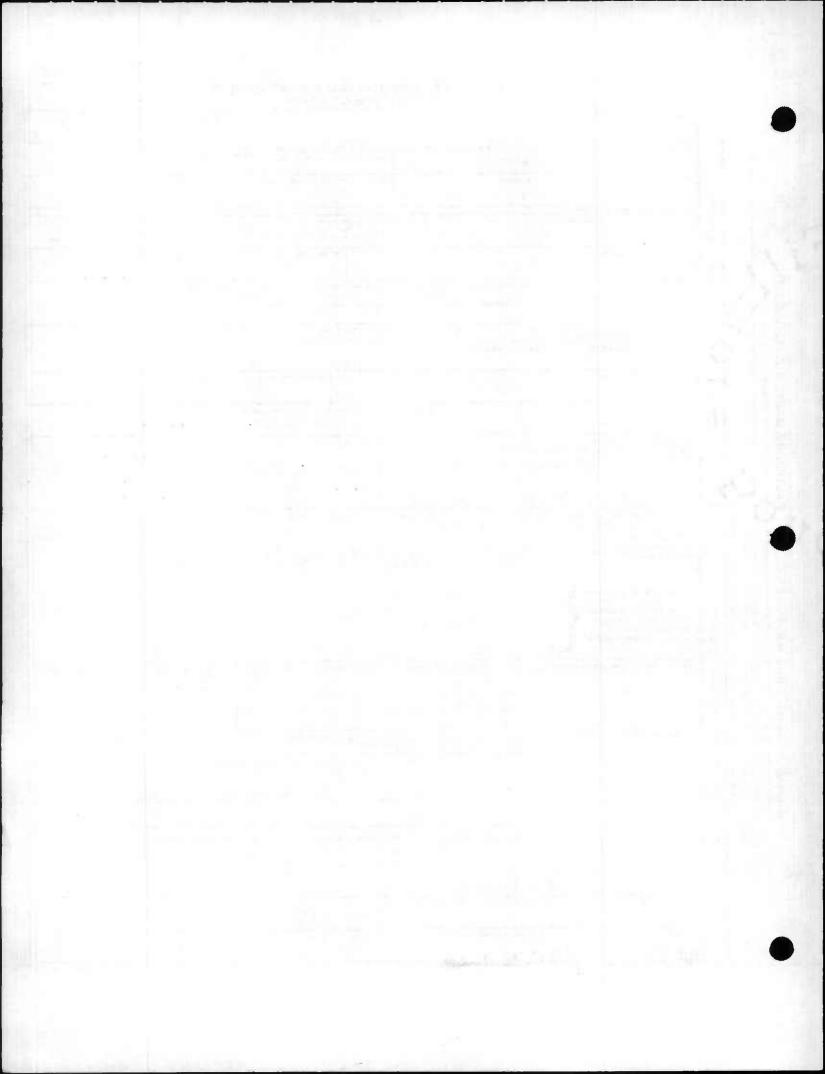
TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be seen with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal. THE HIGHTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MPORTANT. If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DECEDENT'S NAME (First, Middle, Last)			CATE OF DEATH	REG. NO		3. TIME OF DEATH
		JRTIS			3 9	3:20 A
SOCIAL SECURITY NUMBER	5. SEX 6. AG		IF UNDER 1 YEAR IF UNDER 24 HRS. RONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-28-7		BIRTHPLACE (State or Foreign Country) Maryland
FACILITY NAME (If not inetitution, give a 400 REISTERSTOWN			BALTIMORE CITY	EATH		Y OF DEATH
STATE 106, COUNT	v	400 0074	TOWN OR LOCATION			
MD.		loc. GIT,	Baltimore C	ity		10d. INSIDE CITY LIMITS? 1 1 YES 2 NO
1703 Presstman	Street		10f. ZIP CODE 21217		10g. CITIZE	U.S.A.
MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 1/3 NO Speci	an, Puerto Rican, atc.)	s or No 1-	4. RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during most of working	16b. KIND OF BU	Stude	STRY
FATHER'S NAME (First, Middle, Last) Howard	Curtis		18. MOTHER'S N	AME (First, Middle, Melder Diane Ale	sumama) exande	er
Diane Alexand	ler	19b. MAILING AI	DORESS (Street end Number or Rural 3 Presstman	Aoute Number, City or You St. Balto	vn, State, Zip C	21217
METHOD OF DISPOSITION Burial 2 Cremation 3 Rem Donation 5 Other (Specify)	eoval from State	0b. PLACE AND DATE OF emptery, crematory or othe	DISPOSITION (Name of Star Cem. 7-	OATE 20c. LC	CATION - CH	ty or Town, Ptate
		western	Star Cem. /-	21-92		,
SIGNATURE OF FUNERAL SERVICE LIC	L. Ph	illips	E.L. Phillip	os F/H _{Bal}	21-27 Lto.,N	N.Monroe S MD. 21217
PART I. Enter the diseases, Dr ahock, or heart failure.	complications that cause on	ed the death. Do not each line.	E.L. Phillip	DELLITY 172 DS F/HBa1	21-27 Lto.,N	N.Monroe S MD. 21217 tt, Approximata interval Between
PART I. Enter the diseases, prospective or conditions, sulting in death) Quentially list conditions, any, leading to immediate use. Enter UNDERLYING	complications that cause List Drily one cause on DUE TO (OR AS	ed the death. Do not each line.	22. NAME AND ADDRESS OF F. E. L. Philli	DELLITY 172 DS F/HBa1	21-27 Lto.,N	N.Monroe S MD. 21217 tt, Approximata interval Between
PART I. Enter the diseases, prospective and the sease or condition aulting in death) quentially list conditions, any, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events	complications that cause List DNIy one cause on DUE TO (OR AS	ed the death. Do not each line.	22. NAME AND ADDRESS OF FEE. L. Phillip t enter the mode of dying, such	DELLITY 172 DS F/HBa1	21-27 Lto.,N	N.Monroe S MD. 21217 tt, Approximata interval Between
PART I. Enter the diseases, promote, or heart failure. MEDIATE CAUSE (Final	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the death. Do not each line. A CONSEQUENCE OF): A CONSEQUENCE OF):	22. NAME AND ADDRESS OF F. E. L. Phillip t enter the mode of dying, such	CHAIR TO THE ACT OF TH	21-27 Lto., Normalization of Authors of Reserved in the Control of	N.Monroe S AD. 21217 It, Approximate interval Between Onset and Dea
SIGNATURE OF FUNERAL SERVICE LIK PART I. Enter the Biseases, pr a shock, or heart failure. MEDIATE CAUSE (Final sease or condition suiting in death) Adjusted the state of	CENSEE Complications that cause List Dnly one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. HOSPITAL:	a consequence of: A consequence of: A consequence of:	22. NAME AND ADDRESS OF E. L. Philli t enter the mode of dying, such the underlying cause given in	Part I. 24a. WAS AN PERFO	21-27 Lto., N Iristory arres	N. Monroe S AD. 21217 Approximate interval Betwee Onset and Dea 24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 N YES 2 NO
SIGNATURE OF FUNERAL SERVICE LIK PART I. Enter the diseases, pr ahock, or heart failure. MEDIATE CAUSE (Final lease or condition autiting in death) quentially list conditions, may leading to immediate use. Enter UNDERLYING USE (Disease or injury timitisted events suiting in death) LAST HT II. Other significant condition WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO MANNER OF DEATH Natural 5 Pending	CENSEE Complications that cause List Dnly one cause on BUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the death. Do not each line. A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in	22. NAME AND ADDRESS OF E. L. Philli t enter the mode of dying, such the underlying cause given in 26. PLACE OF DEATH (C) THER: Nursing Home 5 Residence OF 28c. INJURY AT	Part I. 24a. WAS AN PERFO	A AUTOPSY RMED? STREE	N. Monroe S MD. 21217 Approximate interval Betwee Onset and Dea 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 M YES 2 NO
PART I. Enter the diseases, Dr ahock, or heart failure. MEDIATE CAUSE (Final ease or condition withing in death) Quentially list conditions, bry, leading to immediate use. Enter UNDERLYING USE (Disease or injury to initiated events withing in death) LAST RT II. Other significant conditions PASS CASE REFERRED TO MEDICAL EXAMINER? IF YES 2 NO MANNER OF DEATH Natural 5 Pending investigation Suicide 6 Could not be	CENSEE Complications that cause List Dnly one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the death. Do not each line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in tipetient 3 DOA 4 26b. Time C 3:08 A 3:08 A	22. NAME AND ADDRESS OF F. E. L. Philli t enter the mode of dying, such the underlying cause given in 26. PLACE OF DEATH (C) DTHER: Nursing Home 5 Residence OF MORK? 1 YES 2 NO	Part I. 24a. WAS AN PERFORM 1 XJ YES: St. Other (Specify) 28d. DESCRIBE HOW SUBJECT 28f. LOCATION (Street City or Town, State)	AAUTOPSY RMED? STREE INJURY OCCUR SHOT	N. Monroe S MD. 21217 Approximate interval Betwee Onset and Dea 24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 N YES 2 NO
SIGNATURE OF FUNERAL SERVICE LIK PART I. Enter the diseases, prospective and continuous and con	CENSEE Complications that cause. List Dnly one cause on DUE TO (OR AS	ed the death. Do not each line. A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the patient 3 DOA 4 28b. TIME (3 NULL B) (8 NULL B) (8 NULL B) TY — At home, farm, streecity) STREET wriedge, death occurred a	22. NAME AND ADDRESS OF F. E. L. Philli t enter the mode of dying, such the underlying cause given in 26. PLACE OF DEATH (C) DTHER: Nursing Home 5 Residence OF MORK? 1 YES 2 NO	Part I. 24a. WAS AN PERFO 1 X YES : **S Y H Ba I TO S F / H Ba I TO S F / H Ba I TO S F / H Ba I TO S F / H Ba I TO S F / H Ba I TO S F / H Ba I TO S F / H Ba I TO S F / H BA I T I MORE **S TO THE COUNTY OF TOWN, STate, BALTIMORE **To the cause(e) and ma	A AUTOPSY RMED? STREE INJURY OCCUR SHOT and Murpher or CTTY	N. Monroe S AD. 21217 Approximate interval Betwee Onset and Dea 24b. Were autopsy finding MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 M YES 2 NO But A Date Number STOWN

32. REGISTRAR'S SIGNATURE



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

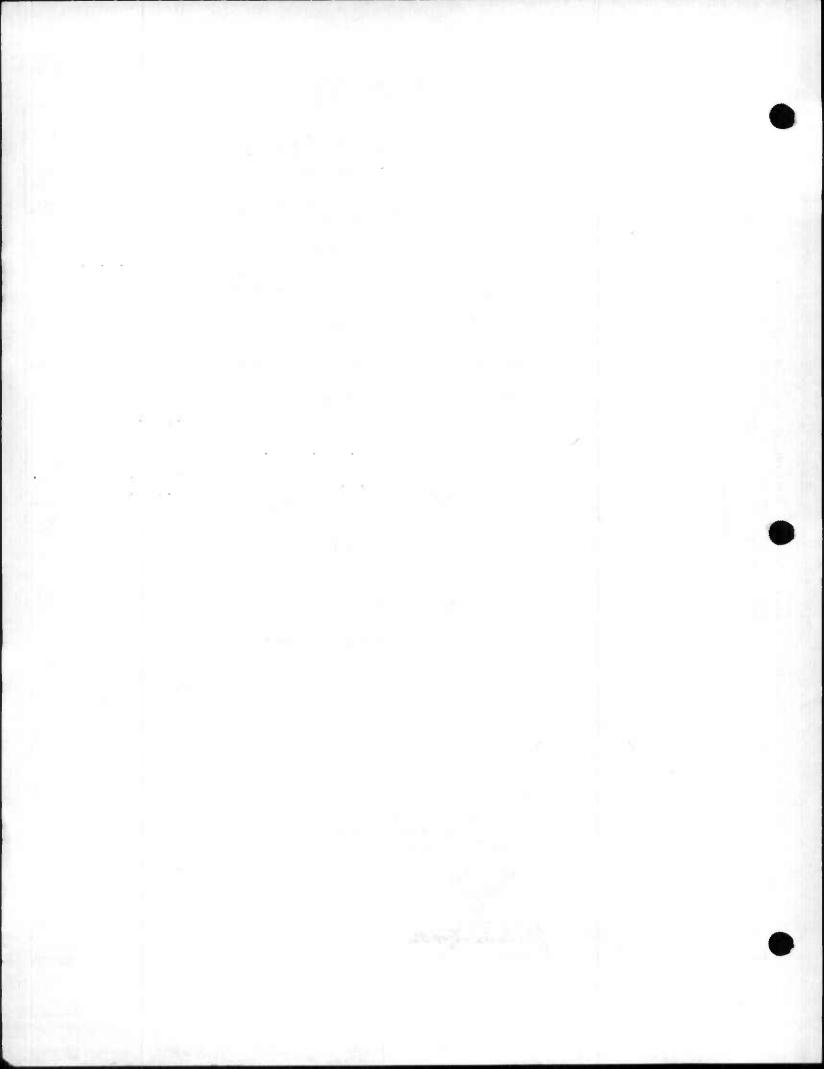
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5	Cert	h the	d, 0	
The state of the s	IFFM. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Planes 1, 2, 3 st	D WITE	IT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
2	After	death	E M	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OFATH 3. TIME OF DEATH COLEMAN. VEAR 11 10 pm A 07 25 92 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Formion 212-32-6303 (Month, Day, Year) 1907 1 - M 2 OF Virginia 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Liberty Medical Center BAltimore City DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore City MD. 1 TYES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3420 Piedmont Avenue 21216 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 St NO Specify: 14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EOUCATION (Specify only highest grade comple 16a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Retired Domestic 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Unknown Mary McKens BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3420 Piedmont Avenue Balto., MD. 2 Laura Edwards 21216 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State
Virginia 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or Bapt. Ch. Cem. Rethany 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.L.Phillips F/HBalto.,MD. 1721-27 N.Monroe St. limpteth 23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such sa cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximsta Interval Batween IMMEDIATE CAUSE (Final Onset and Death disease or condition_ CARDIAC resulting in death) Decab: tus PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING ofion CAUSE (Disesse or Injury OUE TO (OR AS A that initiated events resulting in desth) LAST myscan PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 NES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) NOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA 1 YES 2 NO OTHER: ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending BY М 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER: 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and menner as steted. 2 MEDICAL EXAMINER: On the beels of axaminstion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE M.D KIM. 17031 25 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATH (ITEM 27) (Type, Print)



JUL 29 1992

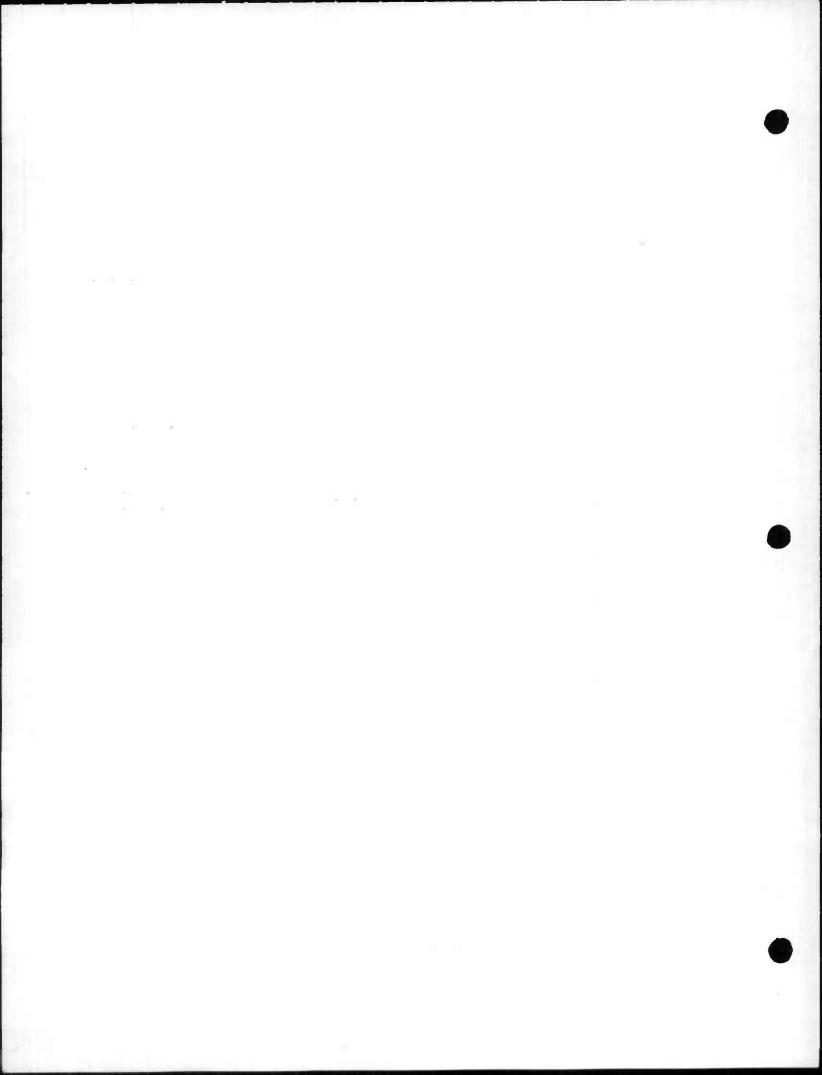
132 REGISTRAR'S SIGNATURE



BALTIMORE, MARYLAND 21215-0020

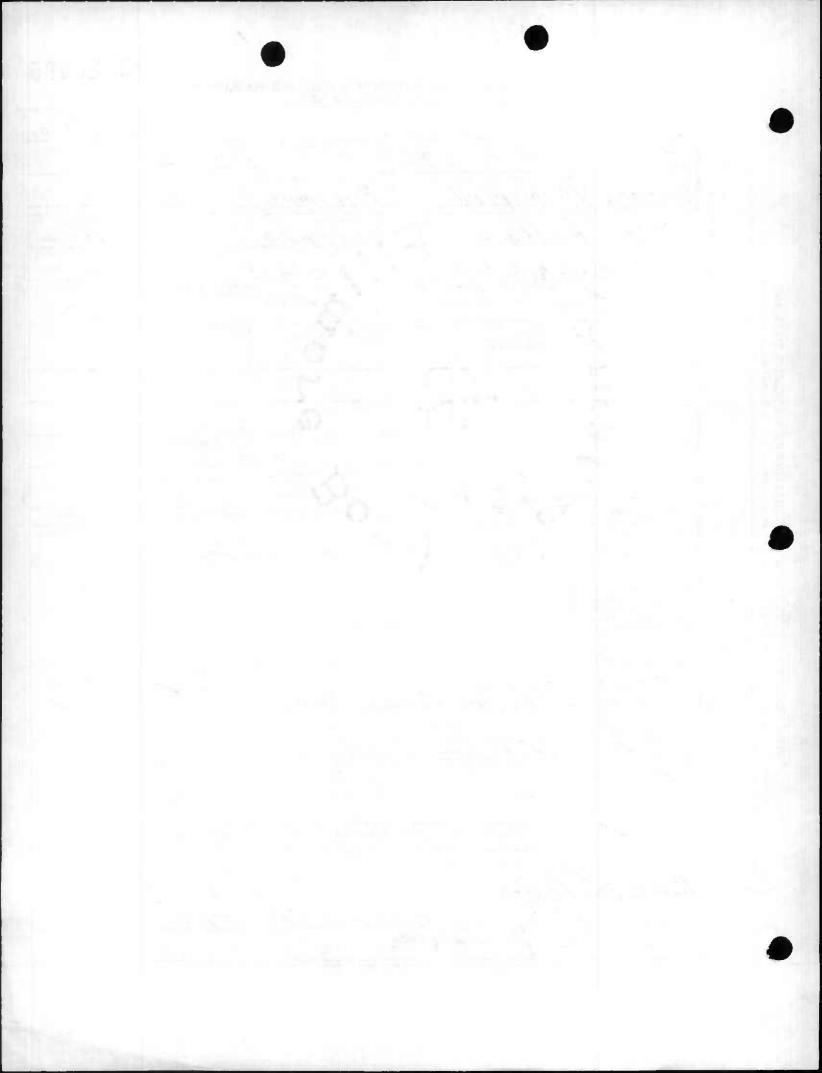
BALTIMORE, MARYLAND 21215-0020	VG PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may be retained by the hospital or artending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit nermit Panes 1.2.3 security	n, or removal.	a medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOPPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	ET LEAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	eren it hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE OI	HEALTH AND	MENTAL HYGIEN		2 20894		
	1. DECEDENT'S NAME (First, Middle, Last)	Cotton			2. DATE OF DEATH	W YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. las	YRS. WONTHS DAYS	7. DATE OF BIRTH (Month, Day, Year) 4-15-32	6. 8	MATYLACE (State or Foreign Journsy)			
TOR	99. FACILITY NAME (If not institution, give street and number) Liberty Medical Center Baltimore City RESIDENCE OF DECEMENT 96. COUNTY OF DEATH Baltimore City								
DIRECTOR	10e. STATE 10b. COUNTY MD .		10c. CITY, TOWN OR LOC Baltir	v	10d. INSIDE CITY LIMITS? 1 🖂 YES 2 🗌 NO				
FUNERAL	10e. STREET AND NUMBER 4420 Old Fred	erick Rpad		OI. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY? U. S. A.			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U.S. AR FORCES? 1 YES 2 TO IF YES, GIVE WAR OR DATES	O If yee, s	CENDENT OF HISPAN pecify Cuben, Mexice S 2 1 NO Specify	IIC ORIGIN? (Specify Yee n, Puerto Ricen, atc.)	or No- 14. 1	RACE - American Indian, Black, White, etc. Specify: Black		
COMPLETED	15, DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (GI	CEDENT'S USUAL OCCUPAT WE kind of work done during in Do NOT use retired.) DOMESTIC	ION ost of working	16b, KIND OF BUS	HNESS/INDUSTR			
BE CON	17. FATHER'S NAME (First, Middle, Last) Herman	Knight		18. MOTHER'S NAI	ME (First, Middle, Majden :	Sumerne) hnson			
10	190. INFORMANT'S NAME (Type/Print) Juetta Cox		. MAILING ADDRESS (Street 3736 TOW	and Number or Rural F	nue Balt	o, State, Zip Code	21215		
	20e. METHOD OF DISPOSITION 176 Burlel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of competency or other place) WOOGLAWN Cemetery 7/31/92 Woodlawn MD								
	21. SIGNATURE OF FUNERAL SERVICE LICE	L. Phillips	E.L.	ND ADDRESS OF FAC Phillip	E/H172	1-27 N	N.Monroe ST.		
	IMMEDIATE CAUSE (Finel	iet bniy bne ceuse bn each ilna.			as cardiac or respin	atory srrest,	Approximate Interval Between Onset and Death		
	disease or condition resulting in death) But to (or as a consequence of): CONGESTIVE Heart Failure Sequentielly liet conditions.								
ATION	If any, leading to immediate Due to (or as a consequence of):								
CERTIFICATION	Ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): d. LOSO/ITHOONY Failure								
AL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE A AMILAS								
N: MEDIC	1 YES 2 NO COMPLETION OF CA OF DEATH? 1 YES 2 NO NO NO NO NO NO NO								
PHYSICIAN:		HOSPITAL:	OTHER:	LACE OF DEATH (Che					
ву РН	27. MANNED OF DEATH 1. Natural 5 Pending 2 Accident Investigation	NNED OF DEATH 286. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY WORK? 286. INJURY AT WORK? 286. INJURY AT WORK?							
- 4	2 Recognit 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, lectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, lectory, office City or Town, Stete)								
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner ee stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM D3720	MBER 29d. DATE SIGNED (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WHO TERANCE L. U	COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print)		ENTER	2.li	2		
	JUL 29 1992 gra	32 MEGISTRAR'S VISNATURE				J-01 11	rock Irle.		



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OD ATTRIBUTE DUNCHERS The foresteen that the the third and the forest and the tenth of the tenth
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	1. DECEDENT'S NAME (First, Middle, Last)	B.	C	lema				DATE OF DEATH	AY 9	YEAR	ME OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24	HRS. 7. 0	ATE OF BIRTH		2	E (State or Fore				
- 1	228420840	1 M 2 D F	5	YRS.	MONTHS DAYS	HOURS 1	MIN.	Month, Day, Year)	34	Country)					
	9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN	OR LOCATION		2/	1	V LKG	INIA				
OR	Baltimere VA Hospital Baltimere							for Himmen							
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUN		7		- 11				The !	1					
DIRECTOR	MAD B	1/4		10c. CIT	, TOWN OR LOC	ATION					INSIDE CITY				
	10e. STREET AND NUMBER	e / miner	6		1201	OI, ZIP CODE	re		Lan et mum		TES 2 N				
FUNERAL	3434 KDD	nick 1	Road	/		2/2//				EN OF WHAT	A COUNTRY?				
N S	11. MARITAL STATUS	12. WAS DECEDE	NT EVERUN I		13, WAS DE	CENDENT OF	HISPANIC O	RIGIN? (Specify Ye	s or No —	A BACE A	merican Indian				
BY F	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TES 2 NO If yes, apecity Cuban, Maxican, Pue 1 YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC OR If yes, apecity Cuban, Maxican, Pue 1 YES 2 NO Specify:					erto Rican, etc.)	specify Yes or No— 14. RACE — American Indian, Black, White, etc. Specify:								
ED	15. DECEDENT'S ED (Specify only highest grad			16a. DECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BU	SINESS/INDU	STRY					
Fi	Elementary/Secondary (0-12)	College (1-4 or 5	+)	iffe. Do NOT us	rork done during n e retired.)	nost of working									
MP	9TH			ENGINEE	R	300		ELEC'	TRIC						
COM	17. FATHER'S NAME (First, Middle, Last)		- 1			18. MOTHER	R'S NAME (F	irst, Middle, Maiden	Sumame)						
BE	ERNEST HAGWOO	D COLEMAN	V					VIAN MA							
2	19a, INFORMANT'S NAME (Type/Print) CUIDIEV A COLEM	A 3.7						Number, City or Tow			0				
	SHIRLEY A. COLEM	AN						IMORE, I							
	1X Buriel 2 Cremation 3 🗆 Res	noval from State	cemet	PLACE AND DATE Of ery, crematory or of	her plece)		1		CATION CI						
	4 Donation 6 Other (Specify) GARDENS OF FAITH CEME, 7/28/92 BALTIMORE, MARYLAND														
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE A. ALAN SEITZ, JR. FUNERAL HOME														
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate														
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
ICAL	Them had use han is									LABLE PRIOR TO					
MED	Change Charles took Of the man Discussion									EATH?					
		777.00		1 01/200	Lay 1	1201				1 '0	YES 2 DAT				
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. 1	LACE OF DEAT	TH (Check or	ily one)							
/SIC	1 VES 2 NO	HOSPITAL:	☐ ER/Outpet	ient 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 🗆 Resid	lenca 6 🗆	Other (Specify)							
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE Of (Month, I	F INJURY Day, Year)	28b. TIME	OF 28c, IN	JURY AT ORK?		DESCRIBE HOW I	NJURY OCCU	RED					
BY	1 Natural 5 Pending 2 Accident Investigation					YES 2 N	10								
ED	26e PLACE OF IN ILIPY At home from stouch factors willing								Rural Route	Number,					
ETE	4 Homicide determined City or Town, State)														
4	29a. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of	f my knowled	ige, death occurre	d at the time, da	s and place, an	nd due to the	cause(s) and mai	ner as stated	1.					
COMI											manner as stat				
	296. SIGNATURE AND TITLE OF CERTIFIE	n//				2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 2 29d. DATE SIGNED (Month. Day Year)									
ш	29c. LICENSE NUMBER 4 75 29d. DATE SIGNED (Month, Dey. Your)														
BE	Maria 1	Exam	,			AUGI	2115	233/	> 17	129	th, Day, Year)				
ш	30. HAME AND ADDRESS OF PERSON W	HI DOMPLETED CAU	ISE OF DEAT		1 1	AUTI	2/2	33/	トワ	29	th, Day, Year)				
BE	SEL MANNE AND ADDRESS OF PERSON WITH	KOZO	SE OF DEAT	Bal	Print) Fino	AUTI	A	1331 Hospi	10/	129	th, Day, Year)				



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	FOR 1 STATE	STATE OF I	MARYLAND /	DEPAR	TMENT (F HEALTH	AND I	MENTAL HYGIEN		92	20896	
	REGISTRAR		CI	RTIF	ICATE	OF DEA	TH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) 2. DAT								EATH DAY YEAR 3. TIME OF DEATH			
		KENNETH CAUTHORNE JR						JULY 20		92	01:30 A M	
	4. SOCIAL SECURITY NUMBER 228 14 4531	5. SEX 1 M 2 F	a. AGE (In yrs. les	t birthday) YRS.	MONTHS DAYS HOURS MIN		7. DATE OF BIRTH (Month, Day, Year) 9-28-17	onth, Day, Year) Cou		Va.		
OR	9e. FACILITY NAME (If not inetitution, give street and number) 9e. CITY, TOWN OR LOCATION OF DEATH 10ch Raven VA Medical Center											
b	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT						15					
DIRECTOR	MD 106. STATE 106. COUNTY 106. CITY, TOWN OR LOCATION Baltimore										10d, INSIDE CITY LIMITS? 1 X YES 2 NO	
FUNERAL	106. STREET AND NUMBER 717 Druid I	Park Dr.	Apt. 1	101		101. ZIP COS	E 1217		10g. CITIZE		S.A.	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	TEVER IN U.S. AR	MED	If ye	a, specify Cub	en, Mexicar	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No- 1	4. RACE Black,	- American Indian, White, etc.	
D BY	3 Widowed 4 Divorced		<u> </u>	1.W.4		YES 2 NO	Specify		Specify: Black BUSINESS/INDUSTRY			
COMPLETED	(Specify only highest grad		(G		e retired.)	pation og most of work Drive		16b. KINO OF BU	SINESS/INDUS	STRY		
O	17. FATHER'S NAME (First, Middle, Last)				Ti dei			ME (First, Middle, Maiden	Sumamal	_		
BE C	Kenneth Cau	thorne Sr					Rosa	nna Loudo	n			
5	196. INFORMANT'S NAME (Type/Print) Elenora Goodson 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Gode) 1522 Prestman St. Balto. Md. 21217											
	20a. METHOD OF DISPOSITION 20b. PLACE AND OATE OF DISPOSITION (Name of cemelery, cremetory or other place) 20c. LOCATION — City or Town, State											
	Garrison Forest 7/31 Owings Mills, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY William C. Brown F.H. 1206 North Ave. Balto. Md. 21217											
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or resolvatory arrest.											
										Interval Between Onset and Death MON'THS		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.											
MEDICAL O	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									WAILABLE PRIOR TO COMPLETION OF CAUSE		
	DIABETES, CHRONIC RENAL INSUFFICIENCY STROKE											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? AOSPITAL: OTHER:											
H	1 YES 2 NO	1 Dicinpatient 2 28e. DATE OF		28b. TIM			saldence (Other (Specify)	N HIPW OCCU	250		
ву Р	28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Accident Investigation 28b. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 YES 2 NO											
TED	3 Suicide 6 Could not be 4 Homicide determined 28a. PLACE OF INJURY — At home, farm, streel, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, streel, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									ute Number,		
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE							to the cause(a) and mar time, data and place, en			and manner as stated.	
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LIC	ENSE NUMI	BER	29d. DATE S	IGNED (Month, Day, Year)	
							1260	Juli	1992			

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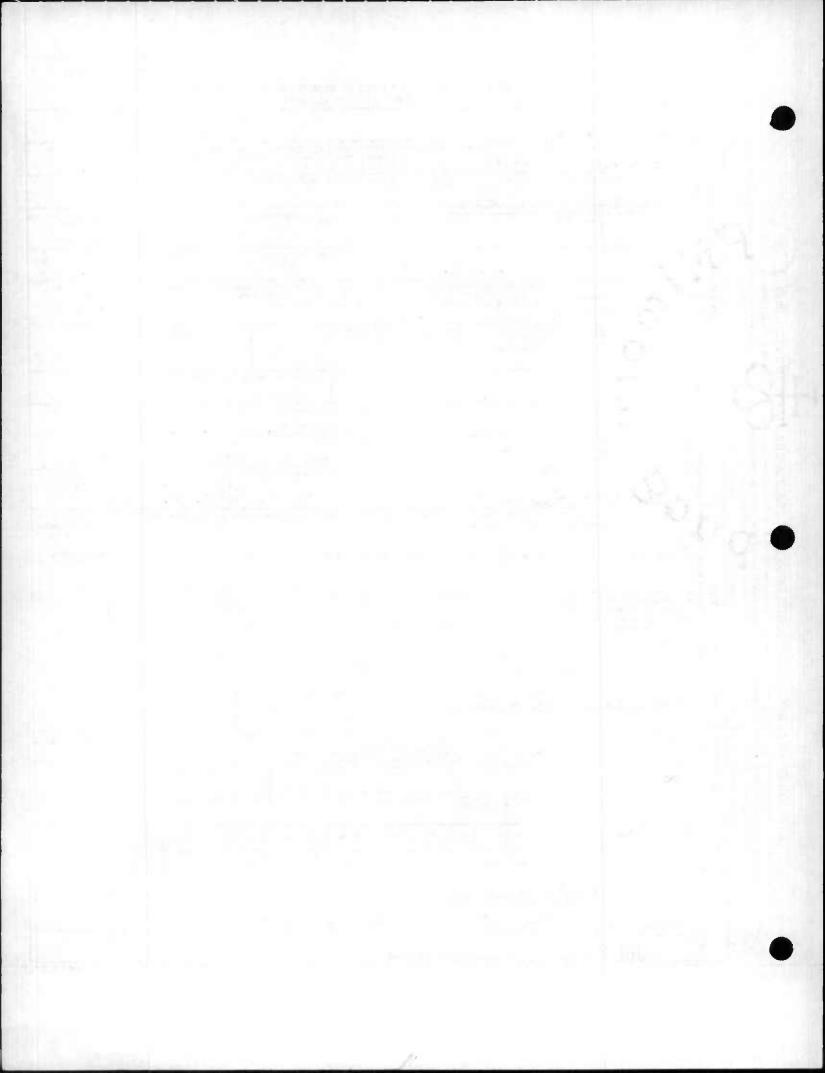
32. REGISTHAR'S SIGNATURE

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31. DATE FILED (Month, Day, Year)

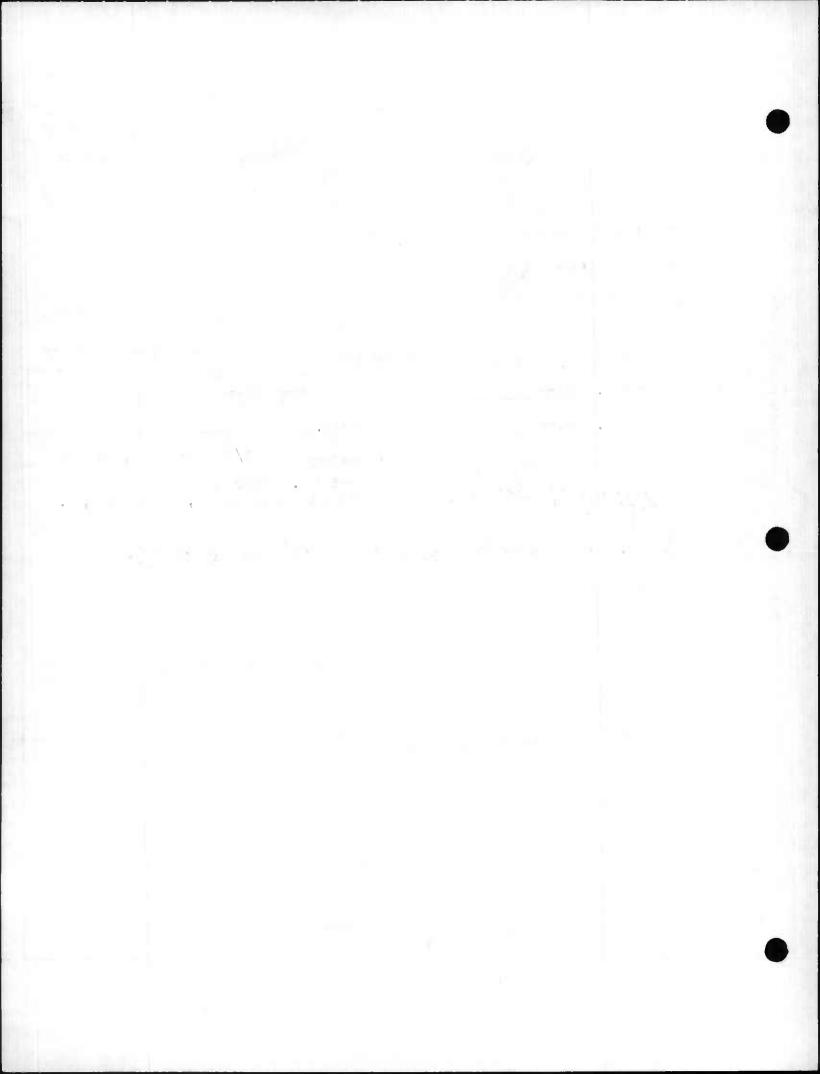
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ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	noded so lean 22 shows one latter so other bounds aread the medical arrangements
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examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEP.	ARTMENT OF H	HEALTH AND M	MENTAL HYGIEN		2 20897			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	SAMUEL	A.,	ETZLE	ER		07 Z	5 9	2 1002 P M			
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthde		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign			
	214-05-1131	1 M 2 🗆 F	87 YRS	S. MONTHS DAYS	HOURS MIN.	01-28-1	905	Maryland			
_	9a. FACILITY NAME (If not institution, give st	(1			OR LOCATION OF DEA	ATH	9c. COUNTY				
DIRECTOR	MONTGOMERY RESIDENCE OF DECEDENT	GEN. 140	SPITAL	OLNI	EYIN	ND	MONTGOMERY				
2	10a. STATE 10b. COUNTY	1	10c.	CITY, TOWN OR LOCAL	TION			10d. INSIDE CITY LIMITS?			
_	Maryland Monte	gomery	0.	lney				1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEI	N OF WNAT COUNTRY?			
	17908 Lafayette	Drive			20832			USA			
Ē	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EX		13. WAS DEC	CENDENT OF HISPANI ecify Cuben, Mexican	C ORIGIN? (Specify Yes	or No- 14	. RACE — American Indian, Black, White, atc.			
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR			2 NO Specify:			Specify:			
ED	15. DECEDENT'S EDUC	CATION						White			
2	(Specify only highest grade	completed)	(Give kind	IT'S USUAL OCCUPATION of work done during month of use retired.)		16b. KIND OF BUS	SINESS/INDUS	TRY			
COMPLET	Elementery/Secondary (0-12)	College (1-4 or 5+)		armacist		Dru	g Stor	e Pharmacy			
8	17. FATHER'S NAME (First, Middle, Lest)		- 110	armacis v	18 MOTHER'S NAM	IE (First, Middle, Maiden	Cumamal				
_	Samuel E. Etzle	r			Anna B		Surremey				
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRESS (Street a		oute Number, City or Tow	n. Stete Zio Co	ode)			
2	Edward A. Etzle	r		ame as 10			1 22 4				
	20e. METHOD OF DISPOSITION		20b. PLACE AND DA	TEOF DISPOSITION (No		OATE 20c. LO	CATION City	y or Town, State			
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata	Park 1	or other place) awn Cemete	2 7 37	- /		e, Maryland			
	21. SIGNATURE OF FUNERAL BEHYICE LIC	ENSEE /		22. NAME AL	NO ADDRESS OF FACE	ILITY					
	DANKIOU H	Berly	01			ber Funera					
	23. PART L Enter the diseases, or c	complications that co	nused the death. D	2152	Lavtons	ville Rd.I	ayton	sville Md.			
	shock, or heart tasture.	List only one cause	on each line.		-co cv cyg, coon		ratory orres	Intervel Between			
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) a. Coulte Courte Courte Courte Oue TO (OR AS A CONSEQUENCE OF)										
		1 MILTO		and the same	. 10		0 1				
	resulting in death)	DUE TO (OR	AS A CONSEQUENCE	coru	all m	your	lead				
z		oue to (or	AS A CONSEQUENCE	E OP):	all m	your	lead	tion			
NOIL	Sequentially list conditions, if any, leading to immediate	b	AS A CONSEQUENCE		all m	youar	lead	tion			
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	1,000		ull m	Joean	feat	teen			
HEICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	1,000	E OF):	all m	Jocary	lead	tion			
ERIIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR	AS A CONSEQUENCE	E OF):	all m	Joean	lead	tion			
AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	E OF):		0		24b. WERE AUTOPSY FINDINGS			
AL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE	E OF):		Part I. 24s. WAS AN PERFOR	AUTOPSY IMED7/	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION DF CAUSE			
AL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	E OF):		Part I. 24s WAS AN	AUTOPSY IMED7/	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE	E OF):		Part I. 24s. WAS AN PERFOR	AUTOPSY IMED7/	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition.	DUE TO (OR	AS A CONSEQUENCE	E OF): E OF): ng in the underlyin		Part I. 24a. WAS AN PERFOR	AUTOPSY IMED7/	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE oth but not resulting	E OF): E OF): Ing in the underlying 26. PL	g ceuse given in P	Part I. 24a. WAS AN PERFOR 1 VES 2	AUTOPSY IMED7/	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition. 25. WAS CASE REFERBED TO MEDICAL EXAMINER?	DUE TO (OR DUE TO (OR d. a contributing to ded HOSPITAL: 1 Inpetent 2 ER	AS A CONSEQUENCE AS A CONSEQUENCE oth but not resulting topological terms and the consequence topological terms are consequence.	26. PLA OTHER: A 4 Nursing Hom	g ceuse given in P _ACE OF DEATH (Checke 5 - Residence 6	Part I. 24a. WAS AN PERFOR 1 VES 2	AUTOPSY IMEO7 NO	AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition. 25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANIMER OF DEATH 1 Natural 5 Pending	DUE TO (OR DUE TO (OR d. a contributing to dec	AS A CONSEQUENCE AS A CONSEQUENCE oth but not resulting topological terms and the consequence topological terms are consequence.	26. PI OTHER: 4 Nursing Hom INJURY 28. INJ	g couse given in P ACE OF DEATH (Checker 5 - Residence 6	Part I. 24s. WAS AN PERFOR 1 YES 2	AUTOPSY IMEO7 NO	AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition. 25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	DUE TO (OR DUE TO (OR DUE TO (OR d. a contributing to ded B CONTRIBUTING TO DESCRIPTION TO	AS A CONSEQUENCE AS A CONSEQUENCE oth but not resulting troutpatient 3 DOM URY 28b.	26. PI OTHER: 4 Nursing Hom INJURY 28. INJ	g ceuse given in P _ACE OF DEATH (Checker 5 Residence 6 URY AT YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW III	AUTOPSY IMED? NO NO	AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition. 25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANIMER OF DEATH 1 Natural 5 Pending Investigation	DUE TO (OR DUE TO	AS A CONSEQUENCE AS A CONSEQUENCE oth but not resulting troutpatient 3 DOM URY 28b.	26. PL A OTHER: A OTHER: A Mursing Hom TIME OF 28c. INJURY WO 1	g ceuse given in P _ACE OF DEATH (Checker 5 Residence 6 URY AT YES 2 NO	Part I. 24s. WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW II	AUTOPSY IMED? NO NO	AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition. 25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be distermined	DUE TO (OR DUE TO (OR DUE TO (OR d. a contributing to ded DUE TO (OR DUE	AS A CONSEQUENCE AS A CONSEQUENCE oth but not resulting troutpatient 3 DOA URY 28b. JURY — At home, fam. (Specify)	26. Pt OTHER: 4 Nursing Hom INJURY M 1 1 1 m, street, factory, office	g ceuse given in P ACE OF DEATH (Checker 5 Residence 6 URY AT MRK7 YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW II City or Town, State)	AUTOPSY MEDT / NO NO NO NO NO NO NO NO NO NO NO NO NO	AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition. 25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANMER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29a. CERTIFIER (Check only)	DUE TO (OR DUE TO (OR DUE TO (OR d. a contributing to ded a contributing to ded 28. DATE OF INJ (Month, Day, Y 28. PLACE OF IN building, etc.	AS A CONSEQUENCE AS A CONSEQUENCE The property of the consequence The property of the consequenc	26. Pt OTHER: A OTHER: A Nursing Hom INJURY M 1 1 1 1 Im, street, factory, officeured at the time, data	g ceuse given in P ACE OF DEATH (Checker 5 Residence 6 URY AT RK7 YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW II City or Town, State) o the cause(s) and mer	AUTOPSY IMED? NO NO NJURY OCCUR	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO NED			
COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition. 25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANMER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29a. CERTIFIER (Check only)	DUE TO (OR DUE TO	AS A CONSEQUENCE AS A CONSEQUENCE The property of the consequence The property of the consequenc	26. Pt OTHER: A OTHER: A Nursing Hom INJURY M 1 1 1 1 Im, street, factory, officeured at the time, data	g ceuse given in P ACE OF DEATH (Checker 5 Residence 6 URY AT RK7 YES 2 NO	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW II City or Town, State) o the cause(e) end menume, data and place, an	AUTOPSY IMED? NO NJURY OCCUR and Number or interest stated. In did due to the ci	AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO RURAL Route Number, BUSE(s) and manner as stated.			
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNÉR OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR DUE TO	AS A CONSEQUENCE AS A CONSEQUENCE The property of the consequence The property of the consequenc	26. Pt OTHER: A OTHER: A Nursing Hom INJURY M 1 1 1 1 Im, street, factory, officeured at the time, data	g ceuse given in P _ACE OF DEATH (Chec le 5 Residence 6 URY AT YES 2 NO a and placa, and due to	Part I. 24a. WAS AN PERFOR 1 YES 2 Ck only one) G Other (Specify) 28d. DESCRIBE HOW II City or Town, State) o the cause(e) end menume, data and place, an	AUTOPSY IMED? NO NJURY OCCUR and Number or interest stated. In did due to the ci	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO NED			
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNÉR OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	DUE TO (OR DUE TO (OR DUE TO (OR d. a contributing to ded a contributing to ded 28a. DATE OF INJ (Month, Day, y 28a. PLACE OF IN building, etc.	AS A CONSEQUENCE AS A CONSEQUENCE Of the but not resulting Of the b	26. PL OTHER: A 4 Drusing Hom TIME OF INJURY M I Drusing Hom Tomation Hom Tomati	g ceuse given in P _ACE OF DEATH (Checker 5 Residence 6	Part I. 24s. WAS AN PERFOR 1	AUTOPSY IMED? NO NJURY OCCUR and Number or inter as stated, didue to the ci	AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, supe(a) and manner as stated. IGNED (Month, Day, Year)			
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1	DUE TO (OR DUE TO	AS A CONSEQUENCE AS A CONSEQUENCE Of the but not resulting UOutpatient 3 DO/ URPY 28b. UURPY At home, fam (Specify) At home, fam (Specify) OF DEATH (ITEM 27) (7) 15275	26. PL 26. PL 27. PL 28. PL A 4 Nursing Hom TIME OF INJURY M I 1 Nursing Hom Time of the time, data surred at the time, data	g ceuse given in P _ACE OF DEATH (Checker 5 Residence 6	Part I. 24s. WAS AN PERFOR 1	AUTOPSY IMED? NO NJURY OCCUR and Number or inter as stated, didue to the ci	AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, supe(a) and manner as stated. IGNED (Month, Day, Year)			
BE COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition. 25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be datermined 29e. CERTIFIER (Check only One) 2 MEDICAL EXAMINER 29b. SIGNAPURE AND TITLE OF CERTIFIER 30. NAME AND APDRESS OF PERSON WHI	DUE TO (OR DUE TO	AS A CONSEQUENCE AS A CONSEQUENCE Of the but not resulting UOutpatient 3 DO/ URPY 28b. UURPY At home, fam (Specify) At home, fam (Specify) OF DEATH (ITEM 27) (7) 15275	26. PL OTHER: A 4 Drusing Hom TIME OF INJURY M I Drusing Hom Tomation Hom Tomati	g ceuse given in P _ACE OF DEATH (Checker 5 Residence 6	Part I. 24s. WAS AN PERFOR 1	AUTOPSY IMED? NO NJURY OCCUR and Number or inter as stated, didue to the ci	AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO RED Rural Route Number, supe(a) and manner as stated. IGNED (Month, Day, Year)			



Pages 1, 2, 3 should

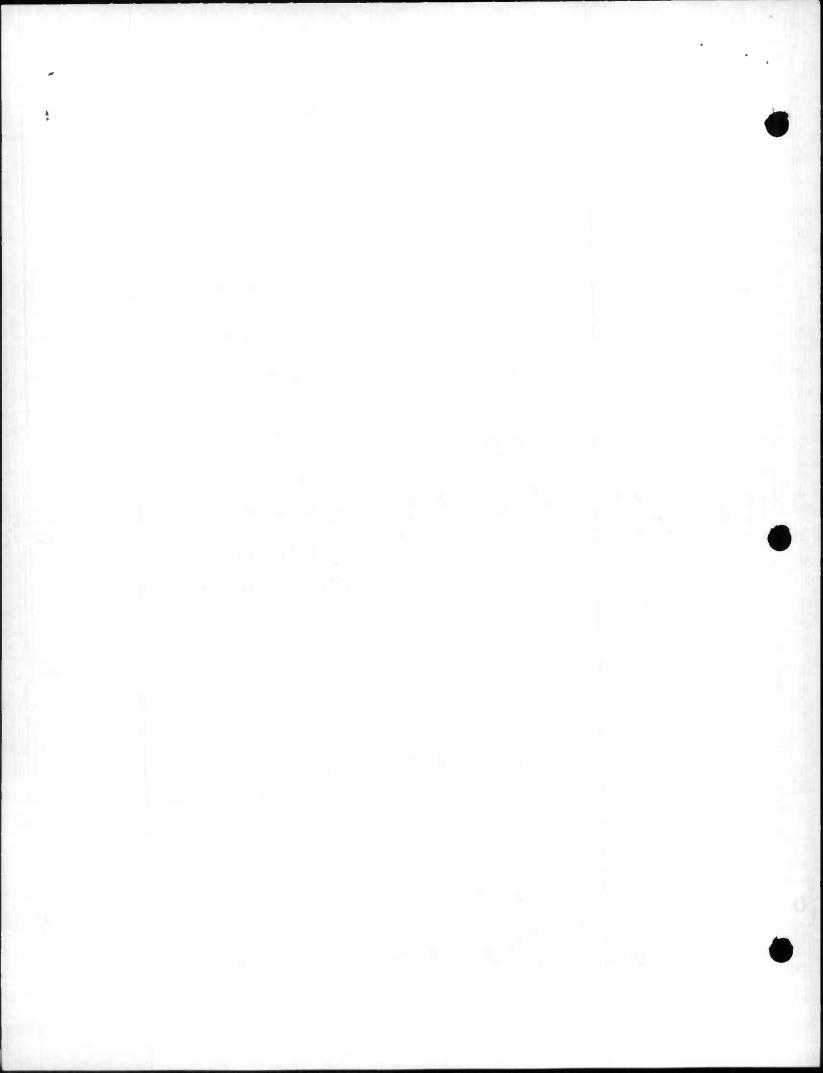
2 9 1992

Lika Savidson-Randall

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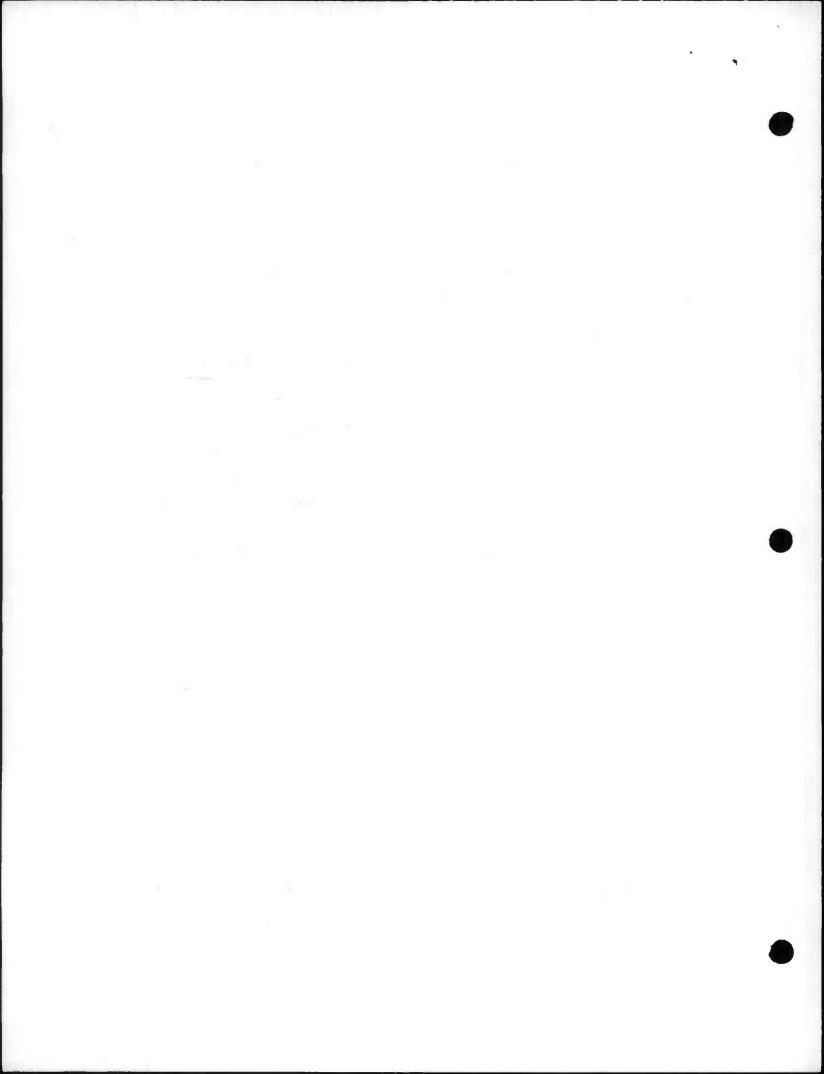
	FOR 1 - STATE REGISTRAR	STATE OF I		DEPAR					MEN	TAL HYGIEN	E	None	20030	
	1. DECEDENT'S NAME (First, Middle, Last)	Robert Y.							2. D/ 7 MG	ATE OF DEATH DA		92	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 705-10-9287	5. SEX	6. AGE (In yrs. Is	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.		TE OF BIRTH			4:15 p PLACE (State or Foreign PA	-
POR	9a. FACILITY NAME (If not institution, give so National Luthera RESIDENCE OF DECEMENT					R LOCAT	ION OF D				NTY OF D	EATH		
DIRECTOR	10a. STATE 10b. COUNTY	gomery			y, town o								10d. INSIDE CITY LIMITS? 1 YES 2XXND	
VERAL	100. STREET AND NUMBER 9509 Veirs Drive	Apt. 2	2			101	ZIP CDD	0850)				CHAT COUNTRY? States	_
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 WAR OR DATES	NO II		If yes, sp	ENDENT (ecify Cubi 2XXNO	en, Maxica	en, Puer	GIN? (Specify Yea to Rican, etc.)	or No-	14. RACE Black Spech	- American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) High School	Cation completed) College (1-4 or 5) (C	ECEDENT'S Sive kind of a Do NOT us 21f-E1	work done se retired.)	during mo.	ON st of worki	ng		Restura		DUSTRY		
BE CO	17. FATHER'S NAME (First, Middle, Last) Harvey M. Gross						I	sabe	11e	K. Yoca	um			
10	19e. INFORMANT'S NAME (Type/Print) Mrs. Doris Gross			9509	Vei	s D	r. A	pt.	Aoute No	umber, City or Town Rockvil	le, Nate, Zip	Code)	20850	
	20b. PLACE AND DATE OF DISPOSITION (Name of cometer). 20c. LOCATION — City or Townstern 2 Cemetery. crematory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of cometery, crematory or other place). 7/2 Woodlawn 21. SIGNATURE OF FUNERAL SERVICE LICENSEE.													
	· James	BC	our	U	Lo	ring	g By	ers	Fun	eral Din d Randa	allet	OLTO	Inc. MD 21133	
	23. PAPT I. Enter the diseases, or c shock, or heert feiture. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that let only one cau	e we	127	enter enter	the mod	de of dy	ang, such	l u	ardiac or reepir	atory arr	est,	Approximate Interval Betwee Onset and Deat	
CERTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEDUENCE DF): DUE TO (DR AS A CONSEDUENCE DF):													
L CER	resulting in death) LAST PART II. Other eignificant conditions	contributing to	death but not a	esultino I	n the un	d = el . d = =			D. a.l.	1				
PHYSICIAN: MEDICA	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PRIDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND 1 YES 2 ND													
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outrettent D		OTHER	1:		EATH (Che						_
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, Da	INJURY	28b. TIMI	E OF	28c. INJU WOF	PRY AT	NO		her (Specify) DESCRIBE HOW IN	JURY OCC	UREO		
03	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE Of building,	F INJURY — At ho atc. (Specify)	me, farm, a	treet, facto	ory, office			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				oute Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of : On the bests of ex	my knowledge, da	ath occurre	d at the fi	me, data o	and place,	and due	to the d	cause(s) and mann	due to the	ed. a cause(a)	and manner as stated.	
TO BE	29b, S/SMATURE AND TITLE OF CORF FIER	1/		Ur.	2		29c. LICE	NSE NUM	BER / S	8	29d. OATE	SIGNEO (Month, Day, Year)	
	Danie And ADDRESS OF PERSON WHD	32. REGISTRAI	er, MI	M 27) (Type,	951	16	∞	tor	5	Dr. 6	enu	nan	town, mo	>

DHMH-18 Rev 1/89



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	P	-										:		
))	1. DFC OENT'S NAME (First, Middle, Last)		4-1-	21.	2	(-, 0	2005	2. DATE (DEATH DAY	Y Y	3.	TIME OF DEATH
		į	4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE O	OF BIRTH			CE (State or Foreign
		ı	212-24-8739	1 🗆 M 2 💢 F	99	YRS.	MONTHS	DAYS	HOURS MIN.	(Month	- 30 -	FR92	Country)	MANY
	3 should		9a. FACILITY NAME (If not institution, give stre	net and number)		1 1	9b. CITY,	TOWN (OR LOCATION OF DE	<u> </u>		9c. COUNTY		
	2, 3 s	CTOR	Keswick Hom	ne for-	Incuro	ble	C	JAL	Jimorz					
- 8	1	EC	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		_	10c. CITY	CJOWN O	R LOCAT	TION		-		100	d. INSIDE CITY
- 1	2	DIRE	MARY AND BALT	imak		{	PAR	Kv	ulli				1 [LIMITS?
- 2		MAL	10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CITIZEI	OF WHA	T COUNTRY?
	ansit	E L	3001 W00051	05 A	12.				21231	+		U	.5.1	۹.
	pnysician. burial-transit	FUNE	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS OECEDEN' FORCES? 1					CENDENT OF HISPAN secify Cuban, Mexica			or No— 14	RACE — Black, W	Amarican Indian, hite, stc.
21203-3146	atending physician. se as the burial-tran	¥	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1	☐ YES	NO Specify	r:		_ 1	Specify:	TS
03-	se as		15. OECEDENT'S EDUCA (Specify only highest grade of	ATION ograpieted)	18a, Of	ECEDENT'S	USUAL OC	CUPATIO	ON pet of working	16b.	KIND OF BUS	INESS/INOUS	TRY	
57	for us		Elemantary/Secondary (0-12)	College (1-4 or 5 +	lite	. Do NOT us	e retired.)	SAN	ost of working	111	0		0.	
	detached for	COMP	8 YRS.		Ki	157	30	يىر	76	H	22.014	ners	NE	AURANT
A	be detach		17. FATHER'S NAME (First, Middle, Last)		GRUI	a s			16. MOTHER'S NA	ME (First, A	niddle, mar		G-0	LUBS
MARYLAND	e retained by the hospital of au 5 should be detached for use notified at once.	BE	19a. INFORMANT'S NAME (Type/Print)		- 10		ADDRESS	(Street	and Number or Rural I	Route Numb	er, City or Town	n, State, Zip Co	-	10.05
MA		임	FAMILY REC	ROS		50	me	A	S ABOI	12				
	- m - m		20a. METHOD OF OISPOSITION Surial 2 Cremetion 3 Remove	val from Stata	20b. PLACE	OF DISPOS	SITION (Na	me of ce	metery, crematory or		20c. LO	CATION — CIT	y or Town,	
BALTIMORE	director. p	ı	4 Donation 8 Other (Specify)		PARK	1000	0 1	20	NO ADDRESS OF FA	OII ITY	ITAR	KVIL	1	10.
Ē,	e funeral direction of the examiner of the exa	- 1	II. SIGNACISM OF PUREFAL SANGICE LICE	PASEE			٤2.	VA	NO ADDRESS OF FA SCHAP SHARFO	270	FUEL	TORIJ	ی	
BAI	0 = 0	_	Worken 4-21	Ama			8:	208	HARFO	80 ((0A0)	MARI	WIL	22
	in by rem		23. PART i. Entar the diseases, Dr co shock, or heart failure. L				not entar	tha mo	oda of dylng, suc	h aa cerd	liec Dr respi	ratory arres	t,	Approximata interval Between
	filled I		iMMEDIATE CAUSE (Final disease or condition	n.	doniens	and I	. Ca	1 11 22	ary arter	. 10				Onset and Death
·Ć	n certificate be executed within 2- ending physician and completely file I Hygiene prior to burial, cremation, or other traumatic event, the		reaulting in deeth)		(OR AS A CONSE			14.74	any ourse	3 24	More			menuter
3146,	executed withing and completely to burial, crema small cevent,	z												
	be exercise or to bor t	CATION	Sequentielly list conditions, if any, leading to immediate	OUE TO	(OR AS A CONSE	OUENCE O	F):							
	physician ne prior tr		CAUSE (Disease or Injury	DUE TO	(OR AS A CONSE	QUENCE O	F):							
o	leath certhicate attending physical Hygiene price of the train of the	RTIF	thet initieted events resulting in death) LAST		,									
σ.	atte enta	씽∥	DART II Other circuitions conditions		dooth hut not		In the su			Don't I		ALFRANCY	T 045 M	TOTAL MATERIAL STATE OF THE STA
SOS	36	DICAL	PART II. Other aignificent conditions	contributing to	deeth but not	reauting	in the un	ideriyin	ig ceuse givan in	Part I.	24a. WAS AN PERFOR	MED?	AV	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO DIMPLETION OF CAUSE
CORD	signed by Health an Iws any	AED								- 1	1 TYES 2	NO	OF	DEATH?
REC	St. of Be	~ 11								-			'	YES 2 NO
_1	he law has t e Dept	IAN:	25. WAS CASE REFERRED TO MEDICAL					26. P	PLACE OF OEATH (Ch	eck only or	ne)			
VITAL	SICIAN: The certificate h the State [, or Item	SICI	EXAMINER? 1 YES ŽIK NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHEI Nur		me 5 - Residence	6 🗆 Othe	r (Specify)			
OF	PHYSICIAN: The this certificate h with the State I with the State I when the death or Item	PHY	27. MANNER OF DEATH 174 Netural 8 Pending	28a. DATE OF (Month, D	INJURY Pay, Year)	28b. TIM	IE OF JURY	W	JURY AT ORK?	26d. DES	CRIBE HOW I	NJURY OCCU	RED	
	After this death with smarked	B	2 Accident Investigation	28a PLACE C	F INJURY — At h	ome form	M days days		YES 2 NO	281 1 00	ATION (Street a	and Mumbas or	Burn! Bour	n Number
Sio	ATTENDING ECTOR: After s after death		3 Suicide 6 Could not be 4 Homicide determined		atc. (Specify)	ome, mm,	acrest, raci	tory, orni	ce .	City	or Town, State)	and Nomber of	nurar nour	e rearrios.
DIVISION	DIR. DIR.	LETE	29a. CERTIFIER	CIAN: To the best of	my knowledge, d	leath occurr	nd at the t	lime, det	a end place, and du	to the ce	use(a) and mai	nner en stated	1.	
1	로 로 만 =	COMPL	(Check only one) 2 MEDICAL EXAMINER											nd menner sa stated.
	THE HOSPI THE FUNEF filed within PORTANT:	E C	296. SIGNATURE AND TATLE OF CERTIFIER	10					29c, LICENSE NU	MBER		29d. DATE	SIGNEO (M	Ionth, Day, Year)
	THE THE POPULATION TH	∞	Thely W	Noon					DIZ9	57		>7/	25/	92
7		٤	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAU	SE OF DEATH (IT	EM 27) (Type	, Print)							
U			21 DATE Ell ED (Month, Co., Wood	22 0501077	BIG CIGALATURE									
-			31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE	Bunda	00							



TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR	OIMIE OF	C	ERTIFIC					REG.				00
1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH			3. TIME OF DE	EATN
FRED		GLOEDE		11				0.7	07	92	1:50	Р
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER 1		IF UNDER		7. DATE OF BIRTN		6. BIRT	NPLACE (State or	
	1 💢 M 2 🗌 F	27	YRS.	ONTHE	DAYS	HOUNS	MIN.	MAY 19	1965	GI	ERMANY	
9a. FACILITY NAME (If not institution, give a	treet and number)		0	9b. CITY, 1	OWN OR	LOCATIO	ON OF D	EATH	9c. COL	INTY OF	DEATN	
COASTAL STEEL CO	MPANY								BALT	IMOF	RE	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1		10c. CITY,	TOWN OR	LOCATIO	N					10d. INSIDE C	iTv
KLEIN- SCHMOELEN	(GERMAN	Y)		LEIN			LEN				LIMITS?	
10e. STREET AND NUMBER					10f, Z	IP CODE			10g. CIT	IZEN OF	WHAT COUNTRY	7
AUSBAU NR. 09					16	0	-280)2		GERN	MANY	
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	T EVER IN U.S. A	RMED NO					NIC ORIGIN? (Specify in, Puerto Rican, atc.)		14. RAC Blac	E — American in	idlen,
3 Widowad Nowncood		MAR OR DATES		1 (YES 2	₩ NO	Specifi			Spec		ΓE
15. DECEDENT'S EDU (Specify only highest grade		(ECEDENT'S U	rk done du	UPATION ring most	of workin	g	16b. KIND OF	BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5		e. Do NOT use	retired.) NOWN				0				
17. FATHER'S NAME (First, Middle, Last)						IS. MOTI	VER'S NA	ME (First, Middle, Mai	den Sumame)			
ALFRED	GLOEDE						GISE	ELA DEUT	ER			
19e. INFORMANT'S NAME (Type/Print)								Route Number, City or				
GERMAN EMBASSY			4645 R	RESER	VOIF	RD	, N.	W. WASHI	NGTON	D.C.	. 20007	
20a. METHOD OF DISPOSITION 1 Burlel 2 M Cremetion 3 Rem 4 Densition 5 Other (Special)	ovel from State		AND DATE OF remetory or other			oof		7-28 BA	LOCATION —		,	
21. SIGNATURE OF FUNERAL BERVICE LIC	ENGEE	11	Gara	22. N/	AME AND			CILITY		IL 9 I	-	
Tunk	-	AV44						AL HOME,		M	01000	
23. PART I. Enter the diseases, or o	omniication de	· cadiocan						AVE, BALT			21229	
snock, or heart failure.	List only one cas	use on each lip	DD 110	t emer ti	ne mode	Dr dyl	ng, suc	n ss cardiac or re	spiratory ar	rest,		Between
IMMEDIATE CAUSE (Final disease or condition	Mu	Hiplo	T,	211	h .						Onset a	ind Death
resulting in death)	DUE TO	Multiple Injuries Due to (or As A consequence of):										
			,	0							i	
Sequentielly list conditions, if any, leading to immediate	DUE TO	(OR AS A CONS	QUENCE OF):									
cause, Enter UNDERLYING CAUSE (Diseese or injury												
thet initiated events	DUE TO	(OR AS A CONS	QUENCE OF):									
resulting in death) LAST	1											
PART II. Other significent condition	a contributing to	deeth but not	resulting in	the unde	erlying o	euse g	iven in	Part I. 24s. WAS	AN AUTOPSY	241	b. WERE AUTOPSY	FINDINGS
								PER	FORMED?		AMILABLE PRIC	OT PC
								- IVX YES	2 NO		OF DEATH?	7.40
								_			1 YES 2] NO
25. WAS CASE REFERRED TO MEDICAL					28. PLAC	E OF DE	EATH (Ch	ock only one)				
EXAMINER? 1 X YES 2 NO	HOSPITAL:	ER/Outpatient		THER:	a Home	5 Re	sidence	8 XOther (Specify)	STEEL.	MTT.T		
27. MANNER OF DEATN	28a, DATE OF (Month, D	INJURY	28b. TIME	OF 2	8c. INJUR	Y AT		28d. DESCRIBE NO				
1 Natural 5 Pending 2 Accident Investigation	UNKNOW		UNKNO	-84	WORK		NO	SUBJECT I	PTN BY	STE	ET. BEAN	viS
3 Suicide 6 Could not be	26a. PLACE C	F INJURY — Al h atc. (Specify)			y, office			281, LOCATION (Stre	et and Numbe			
4 Homicide determined		RAILROA	CAR					City or Town, St.	210/			
29a. CERTIFIER 1 CERTIFYING PHYSIC				at the time	e, data en	d place	and due	lo lhe cause(a) and	manner en ste	ted.		-
one) 2 MEDICAL EXAMINE											s) and manner as	stated.
											-	

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

. 32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

JUL 2 9 1992

ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should a post to the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

When 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

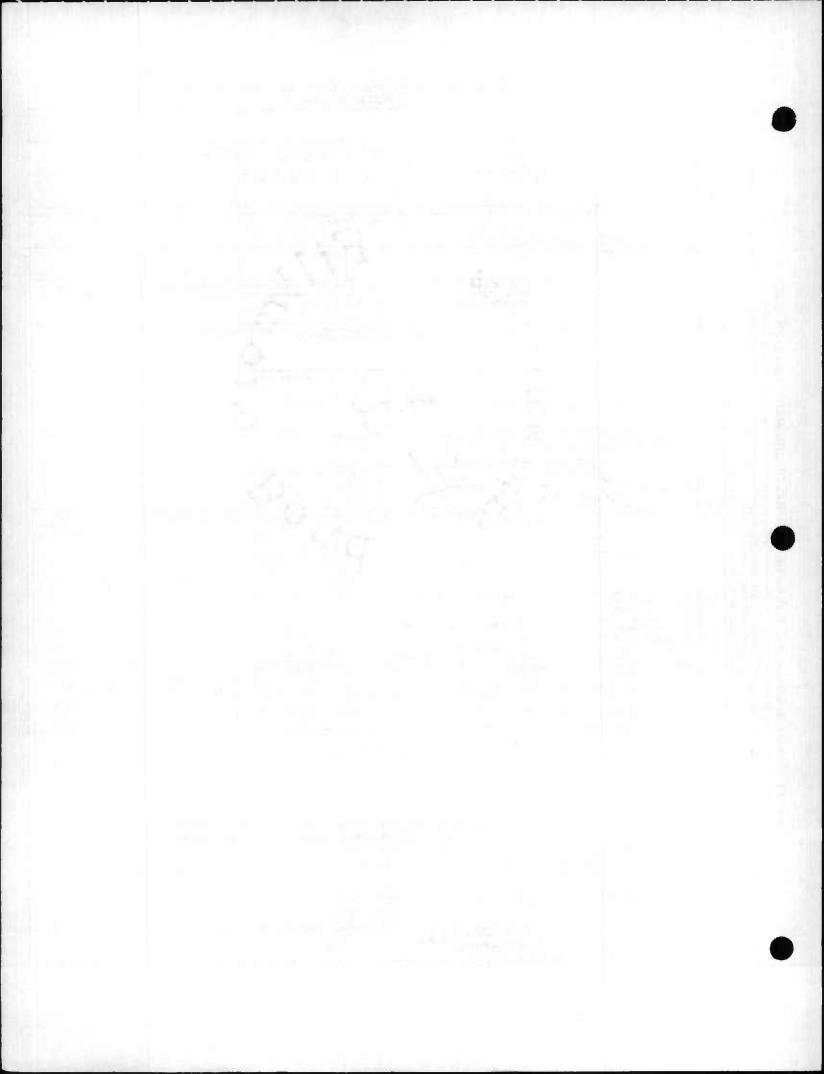
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

111 PENN STREET, BALTIMORE, MARYLAND 21201

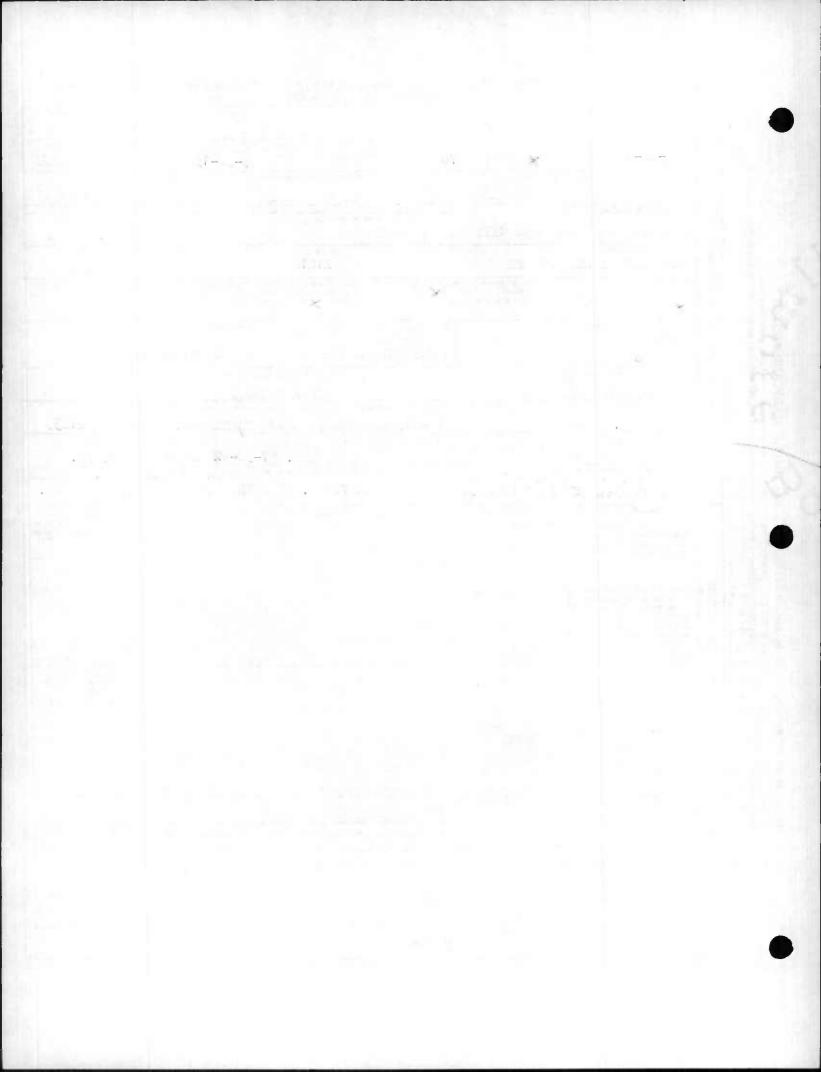


FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	James M. Green 2. Date of Defath Month DAY YEAR 3. 3.										
	4. SOCIAL SECURITY NUMBER 239-20-2809	1 M 2 🗆 F	[(In yrs. last birthday) 76 vrs.		UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) 9-30-15	N	BIRTHPLACE (State or Foreign Country) ORTH CAROLINA			
TOR	9a. FACILITY NAME (If not institution, give Union Memoria RESIDENCE OF DECEDENT	street and number)		Baltimor	ATH	9c. COUNTY BAT	OF OEATH TIMORE CITY				
DIRECTOR	MARYLAND BALT	IMORE CITY		TOWN OR LOCATION TIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 \(\text{NO}\)				
FUNERAL	100. STREET AND NUMBER 858 EXETER HALL	AVENUE		101. ZIP 21:	218		OF WHAT COUNTRY? ED STATES				
Æ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 NO		Cuben, Mexican	C ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No.— 14.	RACE — American Indian, Black, White, etc. Specify: BLACK			
PLETED	15, OECEDENT'S EOL (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) Coffege (1-4 or 5+)	(Give kind of w	ISUAL OCCUPATION ork done during most of retired.) PION WORK	RUCTIC	RY					
BE COMPL	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) MASTON GREEN CORA HOGWOOD										
10	199. INFORMANT'S NAME (Type/Print) HERMAN L. GREEN					BALTIMORE					
Tanuar D	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		Ob. PLACE AND DATE O emetery, crematory or oth	er place) KING	MEM. 7	30-92 RAN	CATION — CITY NDALLST	OWN. MD.			
examiner	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			OORESS OF FAC	IAMS FUNER	RYLAND	AVE. BALTO			
MEDICAL CERTIFICATION TO BE CON	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF	ON ATHY iA				Approximate Interval Between Onset and Death			
MEDICAL C	PART II. Other algnificant condition UPC NAPY RAPH AC	contributing to death		ETION	use given in F	Part J. 24a. WAS AN PERFOR 1 TYPES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 JMO			
BY PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	OF OEATH (Che						
PHY	27. MANNER OF DEATH 1 Autural 5 Pending	28e. DATE OF INJURY (Month, Day, Year,	28b. TIME		AT	28d. DESCRIBE HOW II	NJURY OCCUR	ED			
TED 78	2 Accident Investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF INJUI building, etc. (Sp.	RY — At home, ferm, st lecify)			281. LOCATION (Street & City or Town, State)	LOCATION (Street and Number or Rural Route Number, City or Town, State)				
O BE COMPLE		ER: On the best of my kno						use(s) end manner es stated.			
TO BE	29b. SIGNATURE AND ATTLE OF CENTIFIE 30. NAME AND ADDRESS OF PERSON WITH	M) 1	5		LICENSE NUMI	BER	29d. DATE SH	SNED (Month, Day, Year)			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIC	501 St. A	Auc St	REEX	#726	BAC	BISS AH, . T.			
	JUL 29 1992	June Davidson	-yander								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



. rage o may be retained by the nospital or attending physician.	ral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		iner must be notified at once.
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NG PH	fter this	earth wit	marke
LENDI	TOR: A	after de	28 is
OR A	DIREC	hours	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumati
SPITAL	NERAL	Thin 72	NT: H
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	1 . SIAIE	STATE OF MARYLAND /									
- 3	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		ERTIFICAT	E OF DE	AIH	2. OATE OF			3. TIME OF OEATH		
	Kira Ma	oore Harri	S			MONTH	25	9	AR 6 16 PM		
		SEX 6. AGE (In yrs. last	t birthday) IF UND	1	INDER 24 HRS.	7. DATE OF (Month, L	BIRTH lay, Year)		SIRTHPLACE (State or Foreign Souptry)		
TOR	98. FACILITY NAME (If not institution, give street RESIDENCE OF DECEMENT	and number)	9b. cr	Dalta	CATION OF DE	ATN		Be. COUNTY	1. Hmore		
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d.										
FUNERAL	100. STREET AND NUMBER	st#5	-H	10f. ZIP	2120	າລ		10g. CITIZEN	of what country?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IN IF YES, GIVE WAR OR DATES	MED 13	if yes, specify to 1 VES 2	Cultun, Mexican	, Puarto Ric	(Specify Yea ean, atc.)	1,	RACE — American Indian, Black, White, etc.		
COMPLETED	1s. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) (GI	CEDENT'S USUAL ive kind of work don . Do NOT use retired	e during most of v	working	16b. K	IND OF BUS	I INESS/INDUST	RY		
APL	1 1 2 1	hild C	hild				hild				
BE CON	17. FATHER'S NAME (First, Middle, Lest) Charles Wendell	Harris		18.	MOTHER'S NAM	NE (First, Mic	ldle, Maiden :	Surname)	re		
TO B	19a. INFORMANT'S NAME (Type/Print) Marsha Moore		MAILING ADDRE	SS (Street and Nu	Imber or Rural R	oute Number	City or Town	Ster Zip Coo	TO., MD 21202		
- 8	20a. METHOD OF DISPOSITION 1 Surial 2 Cremalion 3 Remove	I from State other pla							or Town, State		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE KING	Memor	ial Pa 2. NAME AND AD		ILITY	Ran	aaris	town, MD		
	17/100 17/2	4:00 x	_ ,	MM C.	MARCH	F 44		01 F			
	23. PART i. Enter the diseases, or conshock, or heart feilure. Lis iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	pplications that caused the date only one cause on each line) Q (Y ,						Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evante resulting in death) LAST										
_	PART ii. Other algnificant conditions	contributing to death but not r	reculting in the	underlying cel	use given in I	Part i. 2	24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDICAL							1 NES 2	□ NO	OF DEATH? 1 YES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE	OF OEATN (Che	ck only one)					
SIC	EXAMINER?	OSPITAL: Vinpatient 2 - ER/Outpatient 3	DOA 4 N	ER: iursing Nome 5	☐ Residence	6 🗆 Other ((Specify)				
	27. MANNER OF DEATN 1 Naturel 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY WORK? 1 YES		28d. DESC	RIBE HOW I	JURY OCCUR	ED		
ED BY	2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide detarmined	26a. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, atreet, fi		2 NO		ION (Street a Town, State)	nd Number or I	Aural Route Number,		
COMPLETED	and and	N: To the best of my knowledge, de On the basis of axamination and/or							nuse(a) and manner as etated		
BE CO	SIGNATURE AND TITLE OF CERTIFIED	0/1-1	verigenon, of III		LICENSE NUM		proce, 40		GNED (Month, Day, Year)		
10	MAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF OEATN (ITE	M 27) (Type, Print)	0 '	01	-)		25/42		
	31. DATE FILEO (Month, Day, Year)	30 J	ST	Paul	Place	L	29	mal	20202		
	JUL 29 1992 4	ika Davidson-Randel	R.								

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 6876	IN HE BOSON OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed	3	it.	3
- 8	æ	2	3	H
. "	3	Æ	file	8
-	TF.	to the street at DIRECTOR: After this certificate has been signed by the attending physician and com	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic ev

TION TO BE COMPLETED BY FUNERAL DIRECTOR
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DIRECTOR: After this certificate has been signed by thours after death with the State Dept. of Health and Item 28 is marked, or item 23 shows any in

PHYSICIAN: MEDICAL

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the attending physician and completely Mental Hygiene prior to burial, crematis

filled in by the funeral director,

92 20903 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH Qr. Hollen JO / VEAD J054 500 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Montil, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-2568 70 DAYS 1 № M 2 🗆 F 03/06/22 mass. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Franklin Square Hospital Rossville Baltimore 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Rosedale 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 21237 7910 Montrose Ave Baltimore United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE --- American Indian, Black, White, etc. 1 Never Merried 2XX Married Specify: White 3 Widowed 4 Divorced WWII 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5 +) 12th Supervisor Lever Brothers 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Joseph W. Holland Sr. Eva May Allison 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Virginia M. Holland 7910 Montrose Ave. Baltimore, Maryland 21237 20e. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Holly Hills s Cemetery 07/29/92
22. NAME AND ADDRESS OF FACILITY Baltimore, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cvach/Rosedale funeral Home 1211 Chesaco Ave Rosedale, Maryland 23. PÁRT I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feliure. List only one ceuse on each line. **Approximata** Interval Between IMMEDIATE CAUSE (Finel Onset and Death diseese or condition_ resulting in death) 4km Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING 2045 CAUSE (Disease or Injury that initiated events reaulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPS! 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER me 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, term, atreet, fectory, office building, atc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide 29e. CERTIFIER 1 CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(e) and manner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER

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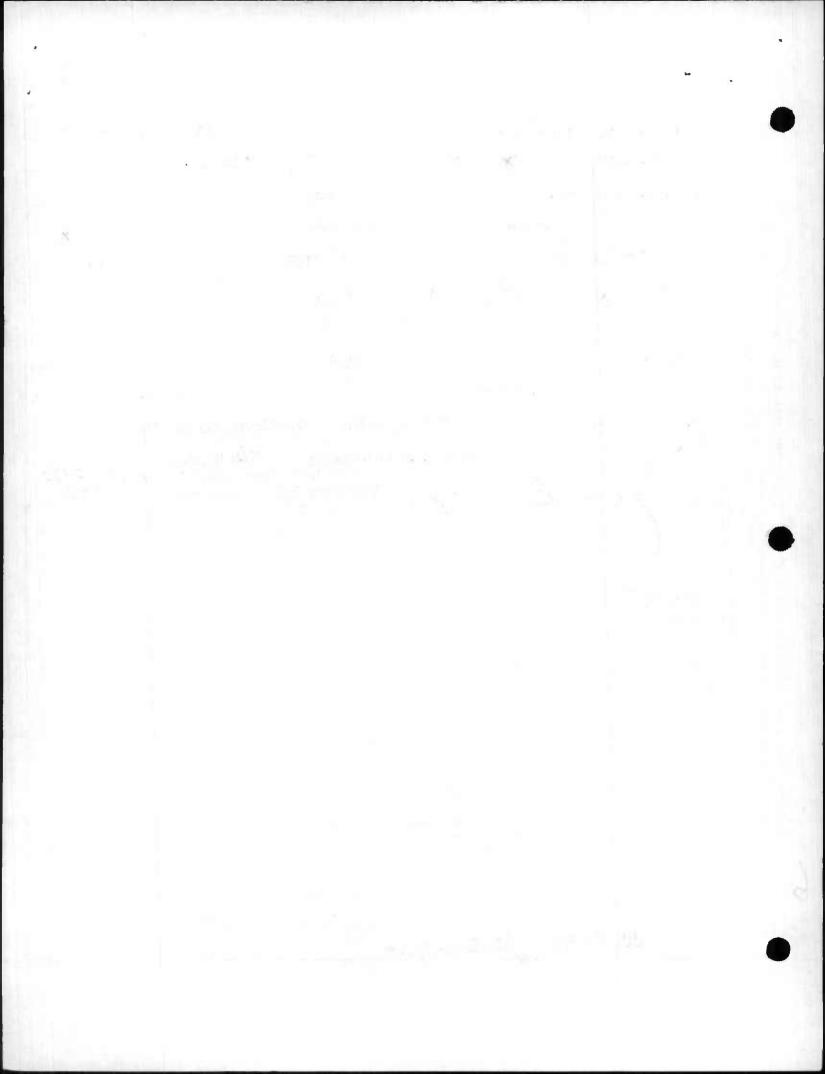
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30X 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT: If Item 28 is marked, or item 23 shows any injury,

	FOR 1 - STATE REGISTRAR	STATE OF M			RTMENT				MENTA	L HYGIEI		6.	0904
	1. DECEDENT'S NAME (First, Middle, Lest)	lta R. Huds	on						MONT	OF DEATH 1/25/92	WY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-03-9787	5. SEX	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE (Month	7	6. BIRTHPLACE (State or Foreign Country) Mary Land				
HOT:	90. FACILITY NAME (If not institution, give st alto. Co. General Hosp. RESIDENCE OF DECEDENT		CGH			lalls	town	ON OF DE	ATH		Baltim		o unty
DIRECTOR	100- STATE 100. COUNTY ary land Ba Mary land	10c. CIT	e. city, town on Location Randallstown							10d. INSIDE CITY LIMITS? Y 1 YES 2 NO			
FUNERAL	3424 Chapman Road				101. ZIP CODE 21133				10g. CITIZEN OF WHAT OU.S.			WNAT COUNTRY? J.S.A.	
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	MEO NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yye, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify:					s or No—	Spec	E — Americen Indien, k, White, etc. Hy: aucasian			
COMPLETED									USTRY	-			
BE COM	17. FATHER'S NAME (First, Middle, Last)	R. Richard	ds					HER'S NA	ME (First, I	Aiddle, Meide	,	. Ie	ister
MO M	196. INFORMANT'S NAME (Type/Print) 196. MAILING AODRESS (Street end Number of Aurel Aoute Number, City or Town, Stete, Zip Code) 197. Francis Hudson 3424 Chapman Road Randallstown Maryland 21133												
х	20c. METHOD OF DISPOSITION Method of Disposition 2 Cremetion 3 Removal from State 2 Cremetion 3 Removal from State 2 Cremetion 5 Other (Specify) Wesley U.M. Church Cemetery 7/28 Hampstead MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF BYETS Funeral Directors, Inc 2//33												
	· James	BC	504		8728	Libe	erty I	Poad	Pano	uneral lallsto	Direct wn	M	Inc 2//33 aryland
	23. PART . Enter the diseases, or canonic state of called the call	n.	caused the de se on each line or AS A CONSEC	1	100						piratory arm	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	0.	OR AS A CONSEC		,								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDS ANALIZED PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	1:	ACE OF D						
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE OF I (Month, Da		28b. TIR		26c. INJ WO		/			INJURY OCC	URED	
E	2 Accident 3 Suicide 4 Homicide 26e. PLACE OF INJURY — At home, ferm, afreet, fectory, office building, etc. (Specify) 26f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)								Route Number,				
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINED												e) end manner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1/4	27				29c. LICE	SOC ENSE NUM	BER 29		29d. DATE	SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OF DEATH (ITE	M 27) (Type		int	Ry	Hie	Ra	1 cm	ja-n	ae	, Id
	31. DATE FILED JUL 29 199	2 32. REDISTRAF	SIGNATURE	0	20		-77					2	1117



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1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	20303
	'i Nen		2. DATE OF DEATH DAY 4.	year 5: 20 A
2/5-24-8886 30. FACILITY NAME (If not institution, give str	1 DA 2 DF 62 YRS. W	FUNDER 1 YEAR IF UNDER 24 HRS. INTHE DAYS HOURS MIN. b. CITY, TOWN OR LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) 0 - 11 - 29 EATH 9c. COU	BIRTHPLACE (State or Foreign Country) H 10 NTY OF DEATH
ST Joseph RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	HOSPITAL 7	OWSON M	D BA	It: More
MARYLAND BAL 100. STREET AND NUMBER	TIMORE CO. BI	ATIMORE 101. ZIP CODE	, 10g. CITI	10d. INSIDE CITY LIMITS? 1 YES 2 100 IZEN OF WHAT COUNTRY?
8923 A WA	12. WAS DECEDENT EVERTH U.S. ARMED		NC ORIGIN? (Specify Yee or No.—	1. S.A. 14. RACE — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC.	FORCES? 1 Fes 2 No	If yes, specify Cubarn, Mexics 1 YES 2 NO Specifi	y:	Specify: WHH TE
(Specily only highest grade of Elementary/Secondary (0-12)		done during most of working	166. KIND OF BUSINESS/INC	STEEL
17. FATHER'S NAME (First, Middle, Last)	D HUOVINEN	18. MOTHER'S NA	ME (First, Middle, Me(gen Surneme) ELINA	NATTINEN
19a. INFORMANT'S NAME (Type/Print)	PECORDS 196. MAILING AS	DORESS (Street end Number or Rural	Route Number, City or Town, State, Zip	Code)
20a. METHOD OF DISPOSITION 1 (P Burlal 2 Cremetion 3 Remove 4 Donation 8 Other (Specify)	- OAKLA		7-27 BALTO	City or Town, State, CITY, MD.
21. SIGNATURE OF FUNERAL SERVICE LICE	f. gain	22. NAME AND ADDRESS OF FA	HATEL OF B	MEMORIES
23. PART 1. Enter the diseases of constant failure. LI IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the death. Do not let only one cause on each line. MULTIPLE DUE TO LOR AS A CONSSOURNCE OF:		haa cardiac or reapiratory and	Interval Between Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): ACUTE MY DUE TO (OR AS A CONSEQUENCE OF):	ACCIDEN DCANDIAL	IN FARC	TION
PART II. Other significant conditions	contributing to death but not resulting in t	the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
		26. PLACE OF DEATH (Ch		
27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Yeer) 28b. TIME O INJURY	Nursing Home 5 Residence	6 ☐ Other (Specify) 26d. DESCRIBE HOW INJURY OCC	CURED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — AI home, ferm, stre- building, stc. (Specify)	et, factory, office	281. LOCATION (Street end Number City or Town, State)	or Rural Route Number,
	AN: To the best of my knowledge, death occurred a On the beele of examination end/or investigation, i			
296. SIGNATURE AND TITLE OF CERTIFIER	Ou	29c. LICENSE NUM	#BER 29d. DATE	E SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri		TAL - Tou	15 CM, NOZV

HOSPITAL

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

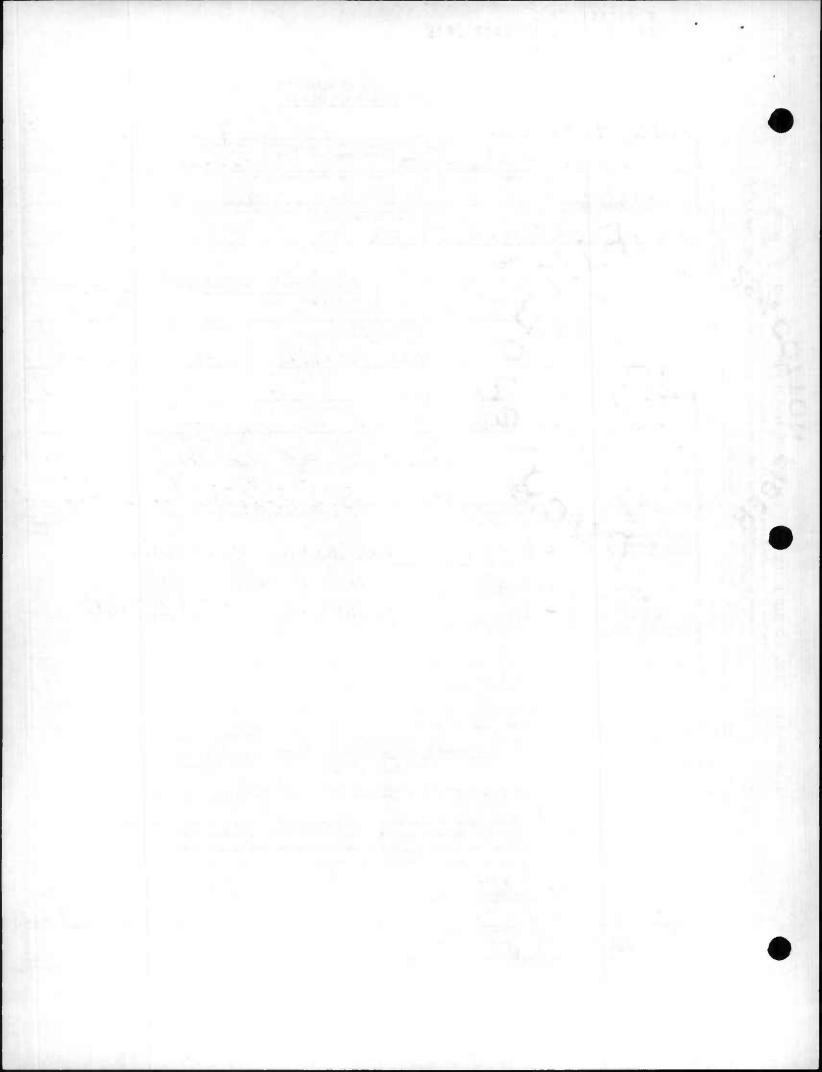
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

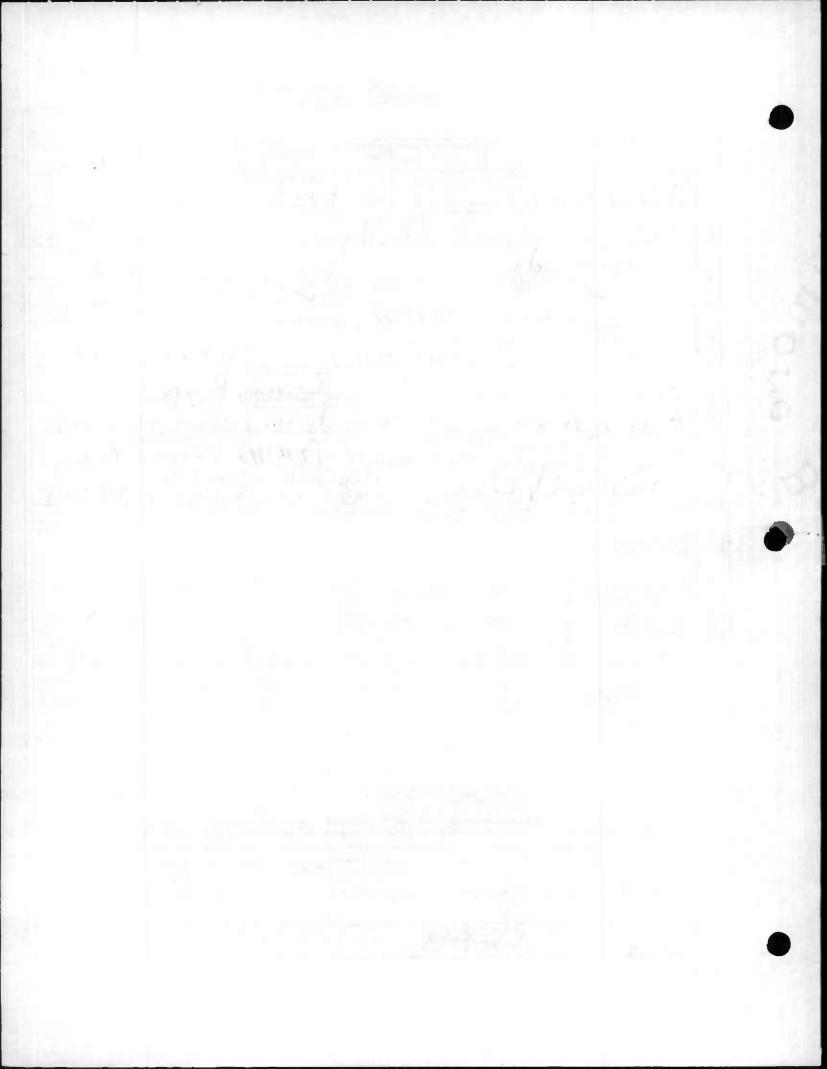
BALTIMORE, MARYLAND 21215-0020

DHMH-15 Rav 1/89



N OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
er this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
ith with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.
or item 23 shows any injury or other transmits event the medical eventines much he motified of anno-

	1 - STATE OF MAP	RYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	8 1		
	1. DECEDENT'S NAME (First, Middle, Last)			3. TIME OF DEATH		
-	4. SOCIAL SECURITY NUMBER 5. SEX 6. /	AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS	7 27 92 B. 7. DATE OF BIRTH B.	BIRTHPLACE (State or Foreign		
	239-16-959/ 12M2DF	83 YRS. MONTHS DAYS HOURS MIN	4/15/09	Country) N.C.		
E E	9a. FACILITY NAME (If not institution, give street and number)	Ba Town or Location of	DEATH 9c. COUNTY	OF DEATH		
CTOR	RESIDENCE OF DECEDING	10c CITY, TOWN OR LOCATION		10d. INSIDE CITY		
DIRE	Md.	Baltimore		LHWTS?		
RAL	106. STREET AND NUMBER	101. ZIP COOE	Ol 10g. CITIZEI	N OF WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS 12. WAS JECEDENT EV		PANIC ORIGIN? (Specify Yes or No.— 14	RACE — American Indian,		
BY F	1 Never Married 2 Married FORCES? 1 FYES, GIVE WAR (cican, Puerto Rican, etc.)	Black, White, etc.		
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINESS/INDUS	TRY		
PLET	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use retired.	Betholehom	Steel		
COM	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S	NAME (First, Minima Maiden Surname)	-1901		
BE (Ebb Harpel		enia Kogers			
2	Annie V. Harper	196. MAILING ADDRESS (Street and Number or Ru 500 Normandy YU	rel Route Number, City ar Yown, State, Zip Co	121229		
	20a. MEDIOD OF DISPOSITION 1 D Surial 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF DISPOSITION (Name of	DATE 20c. LOCATION — CIT	y or Town, Stata		
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Garrison turest VA 1/31	FACILITY DWINSMILL	s, Md.		
	· Warriel C.	The Degrick	Co Joves F. H.	ML 2121		
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):				
8	PART II. Other algnificant conditions contributing to des	th but not resulting in the underlying cause gives	In Part I. 24a. WAS AN AUTOPSY			
MEDICAL	TANK II. Callar agrillosis Conditions Contributing to use	an but not reading in the underlying cause given	PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH	(Chack only one)			
PHYSICIAN:	EXAMINER? 1 VES 2 NO 1 Properties 2 ER	OTHER:				
	27. MANNIER OF DEATH 1 Natural 5 Pending (Month, Day, N	JRY per) 28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUP	RED		
TED BY		JURY — At home, ferm, street, lectory, office (Specify)	28I. LOCATION (Street and Number or City or Town, State)	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	anni	knowledge, death occurred at the time, data and place, and				
	29b. SIGNATURE AND TITLE OF CETTIFIER	nation and/or investigation, in my opinion, death occured at 29c. LICENSE I		IGNED (Month, Day, Year)		
TO BE	Illuly Hoter 40 P	hystetan	•			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF THE TOTAL TO THE TOTAL TO THE TOTAL	M.D. 275. Greeve St.	Beltmore 21201			
	31. DATE FILED (Month, Day, Year) 9 32. REGISTRAR'S	SIGNATURE	Act and			
- 1	1111 29 1992 " Davidson					



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OSPINAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	С	ERTIFICATE	OF DEATH	MENTAL HYGIENE REG. NO.	- 1.	. TIME OF DEATH						
	TANE C	HEYL JANE	CAROL H	EYL	MONTH DAY	YEAR GZ	2.235 N						
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. In	st birthday) IF UNDER 1 YRS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPI Country)	ACE (State or Foreign						
- 10	Se. FACILITY NAME (If not institution, give a	treet and number)	9b. CITY,	TOWN OR LOCATION OF D	EATH 9c.	COUNTY OF DEA							
TOR	OM OF MARYLAND	HAPITAL	1	3ALTIMORE		BALTIN							
DIRECTOR	10a. STATE 10b. COUNT BA	ETIMORE LITY	10c. CITY, TOWN OF	BALTIMO	RE	1	LIMITS?						
FUNERAL	3340 CHBTERFIE	N AVE		10f. ZIP CODE 21213	100	U.S.A							
BY FUN	11. MARITAL STATUS 1 \(\infty \) Never Married 2 \(\text{ Married} \) 3 \(\text{ Widowed} \) 4 \(\text{ Divorced} \)	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 VES 2 V IF YES, GIVE WAR OR DATES	NO If	AS DECENDENT OF HISPA yes, specify Cuben, Mexico YES 2 NO Specif	and the same of th		American Indian, White, stc.						
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	ECEDENT'S USUAL OCC live kind of work done do. Do NOT use retired.)	CUPATION uring most of working	16b. KIND OF BUSINES	Tree-lung.	201110						
at once.	17. FATHER'S NAME (First, Middle, Last) EPINEST HEYL	Trinest deorge neyl											
TO B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Irene W. Heyl Same as #10a - #10f												
2	20a, METHOD OF DISPOSITION	A 205 BLACE		-	DATE 20c. LOCATIO	ON — City or Town	State						
must	1 Burlel 2 Cremetion 3 home from state cametery, crematory or other place) Cametery, crematory or other place) Cametery, crematory or other place) Cametery, crematory or other place)												
examiner	IGardens of Faith 7-30+92 Baltimore, Maryla 22. NAME AND ADDRESS OF FACILITY Leonard J. Ruck, Inc. 5305 Harford Rd., Baltimore, Md. 2121												
medicai	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel												
rvent, the	disease or condition Protess Gastrolitestinal Hemorrhage 3hr												
other traumatic event,	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
2 1	resulting in desth) LAST	4											
MEDICAL	PART II. Other significent condition	s contributing to deeth but not i	resulting in the und	erlying ceuse given in	Part i. 24a. WAS AN AUTO PERFORMED? 1 VES 2 N	0 0 0	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO						
A B	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Ch	eck only one)								
PHYSICIA	EXAMINER?	HOSPITAL: 1 plinpatient 2 ER/Outpatient 3	DOA 4 Nursi	ng Home 5 - Residence									
위수	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 1	8c. INJURY AT WORK?	28d. DESCRIBE HOW INJUR	Y OCCURED							
rked P	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)												
28 is mark TED BY		building, atc. (Specify)			29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.								
28 is mark TED BY	4 Homicide determined 29a. CERTIFIER (Check only 1	CIAN: To the best of my knowledge, de			to the cause(a) and menner a								
m 28 is mark ETED BY	4 Homicide determined 29a. CERTIFIER (Check only 1	CIAN: To the best of my knowledge, de			to the cause(s) end menner a		nd manner as atteted.						

Baltimore

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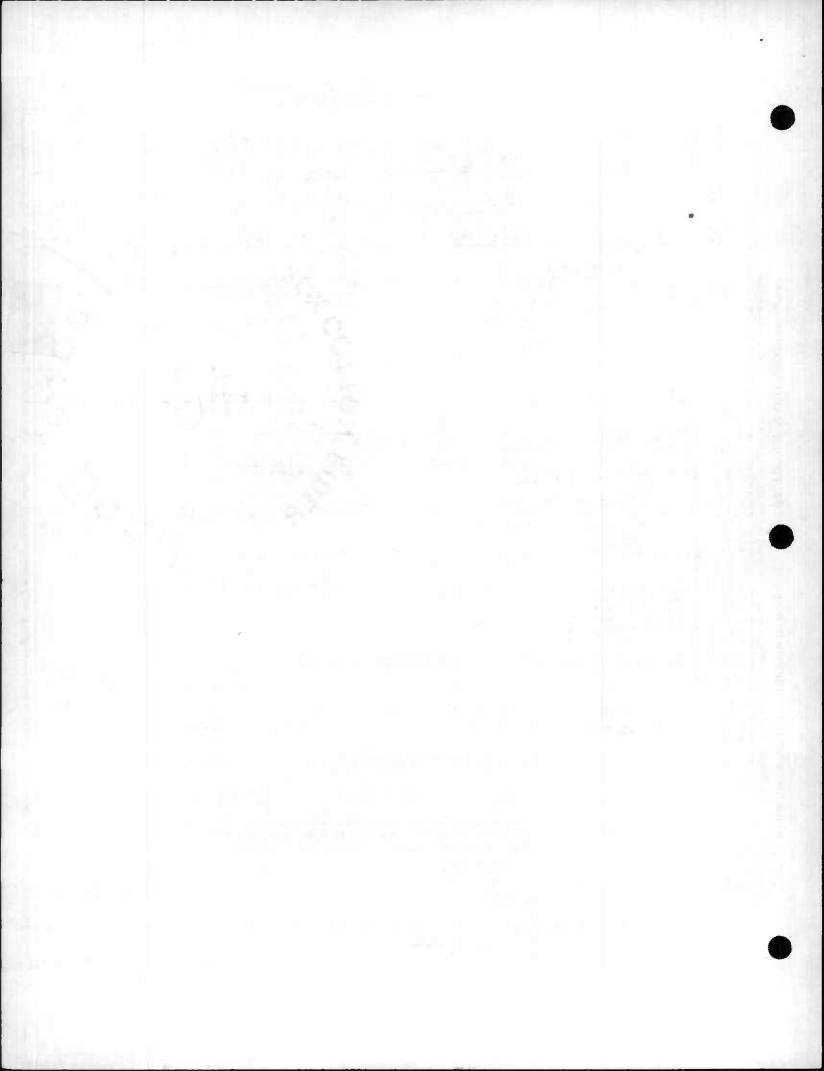


31. DATE FILED (Morith, Day, Year)

JUL 2 9 1992

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32. REGISTRAR'S SIGNATURE



FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH JULY 23, 1992 MARY JACKSON 5:26P 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Month, Day, Year) 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS HOURS 1 M 2 XF 100 YRS. 215-12-8329 6-8-1892 VIRGINIA permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9h. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MD 1X YES 2 NO BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1323 N. CHAPEL STREET detached for use as the burial-transit 21213 U.S.A. urs after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, etc. 1 X Never Married 2 Married BY Specify 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) funeral director, page 5 should be notified at WILLIAM JACKSON SUSIE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 SHIRLEY FORD 1814 E. LANVALE ST./BALTIMORE, MD 21213 pe 20a. METHOD OF DISPOSITION
1X Burlal 2 ☐ Cremation 3 ☐ Removal from State 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must ☐ Donation 6 ☐ Other (Specify) _ GARDENS DUNDALK, MD MEMORTAL. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal. AVE. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or haart failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Pressure Sores Onset and Death the disease or condition months OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, resulting in death) Piscase Eheimer's traumatic CERTIFICATION Mems Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the attent DIVISION OF VITAL RECORDS. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS been signed by the malnutition PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any I TES 2 NO OF DEATH? Dehydration 1 TYES 2 NO has by Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Hem EXAMINER? HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 I DOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) After this codeath with the marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural BY 1 YES 2 NO After death 2 Accident DIRECTOR: An hours after de liem 28 is r 3 Suicide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide , determined TO THE FUNERAL DIRECTE
DE filed within 72 hours at
IMPORTANT: If item 2 1 CERTIFYING PNYSICIAN: To the beet of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(a) and manner as steted. 296. SIGNATURE AND TITO OF CERTIFIER THE P BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 뿚 mellen an 043018 24 92

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E. Eager

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

MUELLER

32 REGISTRAR'S SIGNATURE

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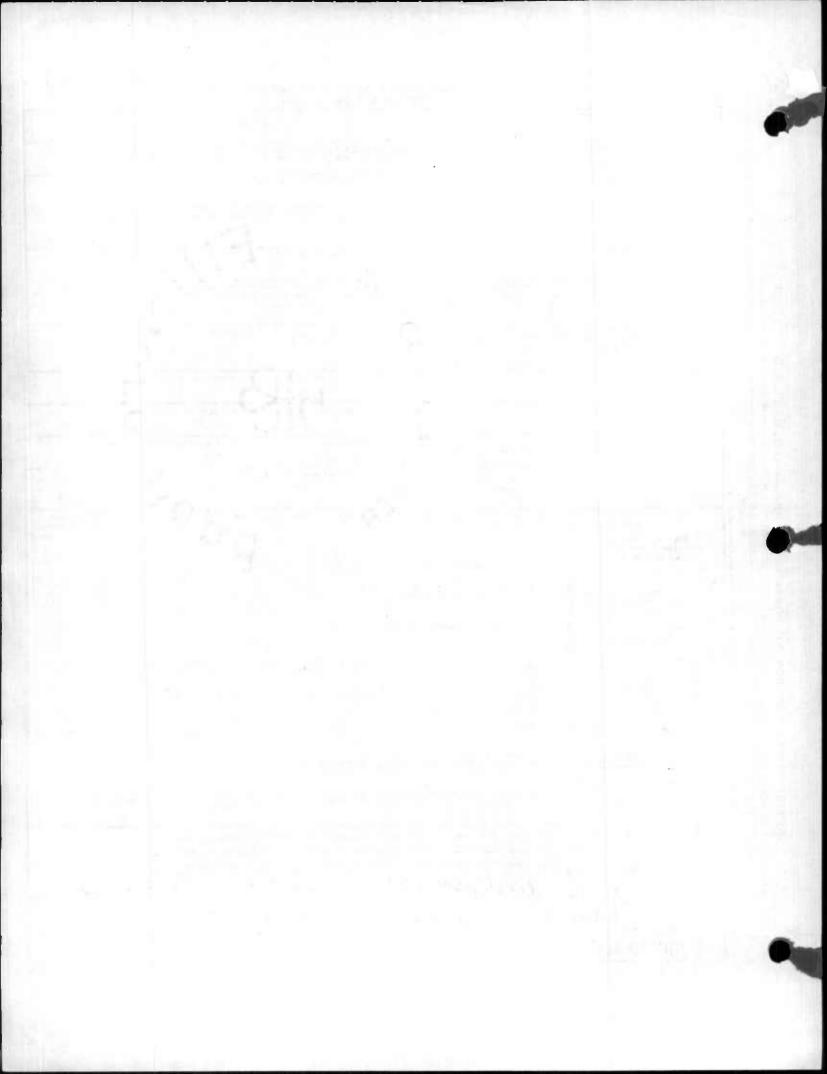
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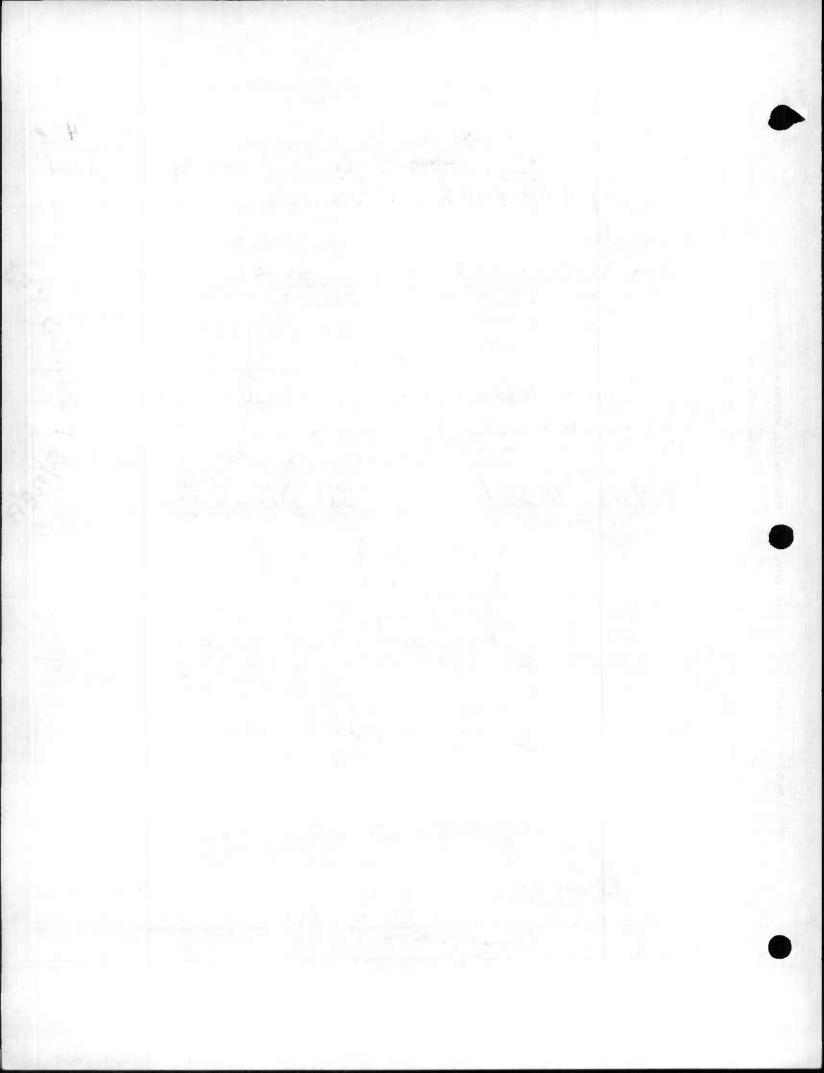
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	nsit permit. Pages 1, 2, 3 should		
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
eath. Page 6 may be retained t	funeral director, page 5 should		
cuted within 24 hours after d	id completely filled in by the f	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
nat the death certificate be exc	I by the attending physician ar	and Mental Hygiene prior to t	
tYSICIAN: The law requires th	is certificate has been signed	vith the State Dept. of Health	
HOSPITAL OR ATTENDING PH	HINERAL DIRECTOR: After th	within 72 hours after death with	Andreas as to the Add to the Asset
1	H	fled	-

						92	20909		
	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC	ENT OF HEALTH AP ATE OF DEATH	ND MENTAL HYGIE	NE			
	1. DECEDENT'S NAME (First, Middle, Last)	7 1		11 0 1/	2. DATE OF DEATH		3. TIME OF DEATH		
	Baby Bo	11 Wacks	OK T	win A	MONTH 7	7 9	2 1240 A		
	4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE (In		UNDER 1 YEAR IF UNDER 24 H	RS. 7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	238-98-6283	PM 2 DF ST	WRS. MO	THE DAYS HOURS M	IN. (Month, Day, Year)	92	Country)		
16	9e. FACILITY NAME (If not institution, give street	it and number)	96	CITY, TOWN OR LOCATION		9c. COUNTY	OF DEATH		
DIRECTOR	University of 1	Maryland 1	Hospital	Baldi mor	e	Ball	inore city		
<u> </u>	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY		
1	Maryland			Baltin	rore		LIMITS?		
	10e. STREET AND NUMBER			101. ZIP CODE	2010	10g. CITIZEI	OF WHAT COUNTRY?		
FUNERAL	8212 Stream	mwood	D~	31	500	1 6	L.CA.		
Z		2. WAS DECEDENT EVER IN I	U.S. ARMED _	13. WAS DECENDENT OF H	ISPANIC ORIGIN? (Specify	fee or No 14	RACE - American Indian		
	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuben M	exican, Puerto Rican, etc.)		. RACE — American Indian, Black, White, atc.		
BY	3 Widowed 4 Divorced			1 123 22 110 3	фоспу.		Specify		
8	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION	16a. DECEDENT'S USL	AL OCCUPATION	16b. KIND OF I	USINESS/INDUS	TRY		
Ш		College (1-4 or 5+)	Iffe. Do NOT use re	done during most of working lived.)					
AP.	0		Ba	64	Bo	eby			
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4- 1	1	18. MOTNER	'S NAME (First, Middle, Maid	n Surlame)			
ш	John R	Jackson	75.	Pr	WILL SOUT	Trocks	\mathcal{O}		
B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street end Number or F	Rural Anum Momhar City or T	own, State, Zip Co	dig)		
2	Mr. Mrs. Jac	ksoni	831	1	Chara .	ood ?	Dr 91208		
	200. METHOD OF DISPOSITION	20b. F	LACEANDDATEOFD	SPOSITION (Name		OCATION - CIT	or Town, State		
	1 P Burtal 2 Cremetton 3 Removal from State cemetery, cremetory or other piace) 4 Donatton 8 Other (Specify) KING Mem. PK 7-30 Bandalla from								
	21. SIGNATURE OF FUNERAL SERVICE LICEN		(3)	22. NAME AND ADDRESS C	OF FACILITY	100	CALLO I MOVE		
	Mal. W	1011		march	01.0	Home	-west		
\vdash	Clack 11	wen	THE SECOND STREET		abash A	rve.			
	23. PART I. Enter the diseesea, or cor shock, or heart fellure. Lis	nplications that caused to it only one cause on ear	the deeth, Do not o	enter the mode of dying,	auch as cerdlec or ree	piretory arres	Approximate Interval Between		
	IMMEDIATE CAUSE (Finel	0 1	. 01	1			Onset and Death		
	disease or condition reaulting in death)	Dept	ic Sho	ck					
	DUE TO (OR AS A CONSEQUENCE OF):								
Z	Sequentially list conditions b.		orated	Viscus					
Ĕ	Sequentially list conditions, if any, leeding to immediate OUE TO (OR AS A CONSEQUENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury The label bladed over the label bladed								
RTIFICATION	that initiated events resulting in death) LAST	DUE IGIDH AS A C	ONSEQUENCE OF):		111.				
빙	d	Fren	araning	+ Iwin	Gestati	00			
1 . 1	PART II. Other algnificant conditions	contributing to deeth but	not reaulting in ti	e underlying ceuse give	n in Part I. 24a. WAS /	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS		
MEDICAL						ORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE		
요					1 TYES	2 110	OF DEATH?		
							1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	Daiversitu	of Man	CAN 28. PLACE OF DEATH	d (Check only one)				
S	EXAMINER?	IOSPUAL:	0	HER:					
≚	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF	Nursing Nome 5 Reside					
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?	28d. DESCRIBE HOV	INJURY OCCUP	NED .		
B	2 Accident Investigation	200 DI ACE OF IN SURV	A. C	M 1 YES 2 HO					
입	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	, ractory, office	28f. LOCATION (Street City or Town, Ste	t and Number or (a)	Rural Route Number,		
LET	la company								
릴				the time, data end place, end					
COMP	one) 2 MEDICAL EXAMINER:	On the besite of examination of	end/or investigation, in	my opinion, death occured a	t the time, date and place,	end due to the c	ause(e) and manner ee stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1/2		29c. LICENSE	NUMBER	29d, DATE S	GNEO (Month, Day, Year)		
8	Xaren	ta 11	MID			P 7	7-27-97		
2	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEAT	N (ITEM 27) (Type, Prin	"	7		ar la		
	Karen Kale ni	D Univ.	F MD	Hospital					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE DO						
	JUL 29 1992 g	ilia Davidson-Ma							



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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

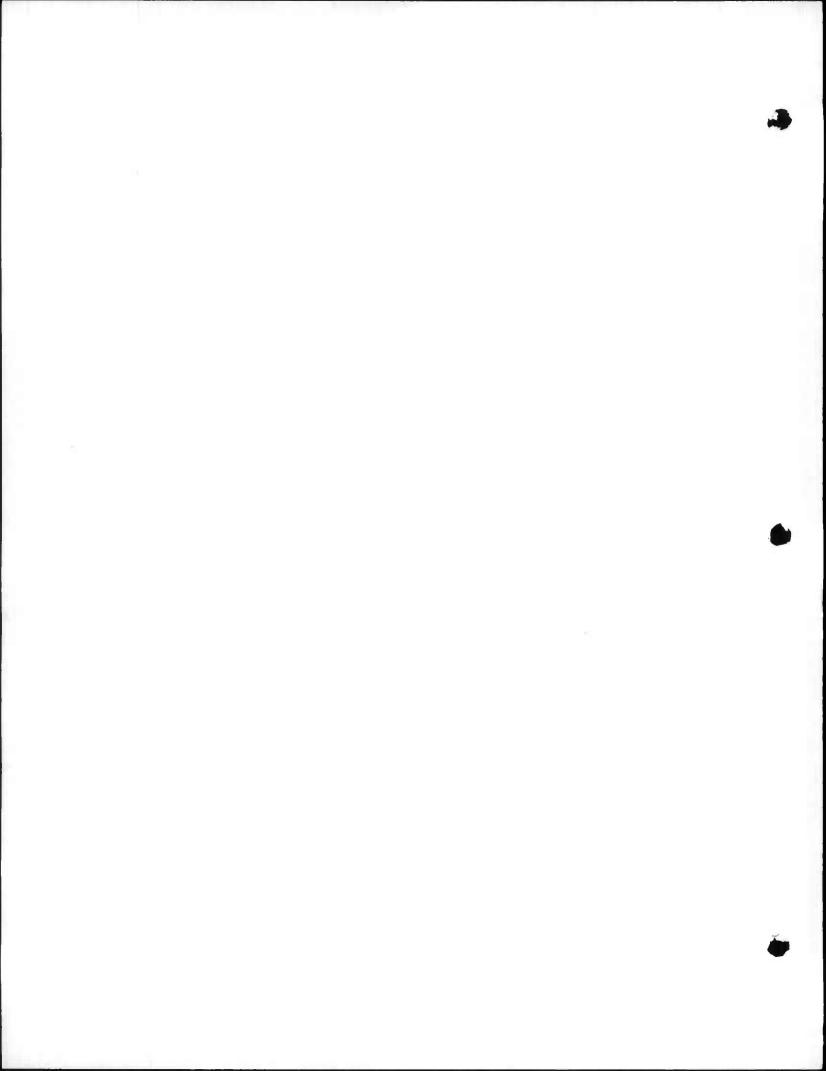
TO BE FUNETAL UNCOUNT After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after this burial-transit permit. Pages 1, 2, 3 should be written at the marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									
		DIAMET DIAMETER						7 199		
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs. last			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)	
		months Days	HOURS MIN.							
	9a. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY		
DIRECTOR	2915 BELMONT AT	VENUE			BALTIM	ORE				
EC									10d. INSIDE CITY	
DIR	MD.				Y, TOWN OR LOCA BALTI				LIMITS?	
FUNERAL	10e. STREET AND NUMBER			10f. ZIP CODE				10g. CITIZEN OF		
NEF	3511 FOXCLIFF CO					21133		USA	·	
BY	11. MARITAL STATUS 1 \(\sum_{\text{Nover Married}} 2 \) Merried 3 \(\sum_{\text{Widowed}} 4 \) Divorced	12. WAS DECEDENT E FORCES? 1	YES 2 N	MED 13. WAS DECENDENT OF HISPANI If yes, specify Cuben, Mexican 1 YES 2 X NO Specify:			in, Puerto Rican, etc.)	or No— 14.	RACE — American Indian, Black, White, etc. Specify: BLACK	
ED	15. DECEDENT'S EI (Specify only highest gra	OUCATION de completed	16a. DE0	CEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF BUS	SINESS/INDUS		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	vork done during m retired.)	ost or working				
MPI			υ	NEMP	LOYED					
ő	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, Melden	Surneme)		
BE C	JOHNNY CRAWFORL)					JACKSON			
	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS (Street		Route Number, City or Tow	n, State, Zip Cor	de)	
2	MAMIE JACKSON DA	RDEN		2915	BELMON	r AVENUE	BALTIMORE	MD	21216	
	20a. METHOD OF DISPOSITION 1 Buriet 2 Cremetion 3 Re	moral from State	20b. PLACE A	ND DATE	OF DISPOSITION (A				or Town, State	
	4 Donation a Other (Specify)	0	KING		ner place) RIAL PAI	RK	WC	ODLAWN	I Mi)	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1			ND ADDRESS OF FA	CILITY			
	Charle	ene O.	1916	lur	JOSE 1913 W	PH H. BRO BALTIMORE	OWN JR. FUN	ERAL H	OME, P.A. 3: P.O. EOX 4433	
	23. PART I. Enter the diseases, o ahook, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one cause	on each line.			4	Leuke		Interval Between	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OF	AS A CONSECUTION AS A C	ma	3	llosis				
	PART II. Other algnificant condition	ons contributing to de	ath but not re	aultina i	n the underlyin	a ceuse alven in	Pert I. 24s. WAS AN	ALFTORAN		
: MEDICAL						9 55555 917011 111	PERFOR 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL				28 P	LACE OF DEATH (Ch	ack anth and			
Sic	1 YES 2 NO	HOSPITAL:		noa I	OTHER:	/				
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF tN. (Month, Day,	URY	28b. TIMI INJI	E OF 28c. tN.	IURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II	JURY OCCUR	ED	
- 8	3 Suicide 6 Could not be determined	28e. PLACE OF the building, atc	IJURY — At hon (Specify)	ne, term, a	treet, fectory, offic	•	281. LOCATION (Street e City or Town, State)	nd Number or R	Rural Route Number,	
COMPLETED		SICIAN: To the best of my							ruse(e) and menner ee stated.	
TO BE	296. SIGNATURE AND TITLE OPCORTS	Keell	4			29c. LICENSE NUN	GOL	29d. DATE SIG	GNED (Month, Day, Year)	
	EDWARD 5, LE	E, UMC	5,0	27) (Type,	Grant Grant	ene St	Balte	, Mc	10515,1	
	JUL 29 1992	32: REGISTRAR'S	SIGNATURE	dall						

Missing Certificate

20 9//



9:15

8. BIRTHPLACE (State or Foreign

S.Carolina

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify: Black

1 YES 2 NO

a M

CITY

YEAR

9c. COUNTY OF DEATH

BALTIMORE

10g, CITIZEN OF WHAT COUNTRY?

U.S.A.

2. DATE OF DEATH DAY 1992

FOR STATE REGISTRAR

HERMAN

1. DECEDENT'S NAME (First, Middle, Last)

WALTER ROCHE, M.D.

31. DATE FILEO (Month, Day, Year)

JUL 29 1992

32. REGISTRAP'S SIGNATURE

JUL 29 1992

4. SOCIAL SECURITY NUMBER 212-12-2492 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 7-7-03 t/CKM 2 □ F 89 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR MARYLAND GENERAL HOSPITAL **BALTIMORE** CITY RESIDENCE OF DECEDENT 10a STATE Baltimore City MD. FUNERAL 10e. STREET AND NUMBER 21217 1724 Division Street use as the burial-transit hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Guban, Maxican, Puerto Rican, etc.)

1 YES 2 PNO Specify: FORCES? 1 YES 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working lite. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) in by the funeral director, page 5 should be detached for removal. Elementary/Secondary (0-12) College (1-4 or 5+) J.B. Trout Retired once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Wallace Jackson BE Harriet Beverly Eaton 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1612 N. Monroe St. Balto., MD, 21217 9 20a_METHOD OF DISPOSITION
1 Or Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must 7/30 Arbutus Memorial . Park examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.L. Phillips F/HBalto., MD

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. E.L.Phillips F/HBalto.,MD. 21217 medicai in by 6 filled IMMEDIATE CAUSE (Finel d completely filled urial, cremation, o the TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 disease or condition CARDIOGENIC SHOCK resulting in death) traumatic event, CONGESTIVE HEART FAILURE attending physician and con mal Hygiene prior to burial, CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING SEPTIC SHOCK other CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 e has been signed by the attend te Dept. of Health and Mental H m 23 shows any Injury, or PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) this certificate h item HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 12 Inpatient 2 - ER/Outpatient 3 - DOA marked, or 27. MANNER OF CEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCURED 5 Pending investigation INJURY XXNatural 1 YES 2 NO After 1 death В 2 Accident ERAL DIRECTOR: After 72 hours after de: T: If item 28 is n 3 Suicide PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MPORTANT: II 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner as stated. 296. SIGNATURE AND TITLE OF DERTIFIER BE Kache MD. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JACKSON

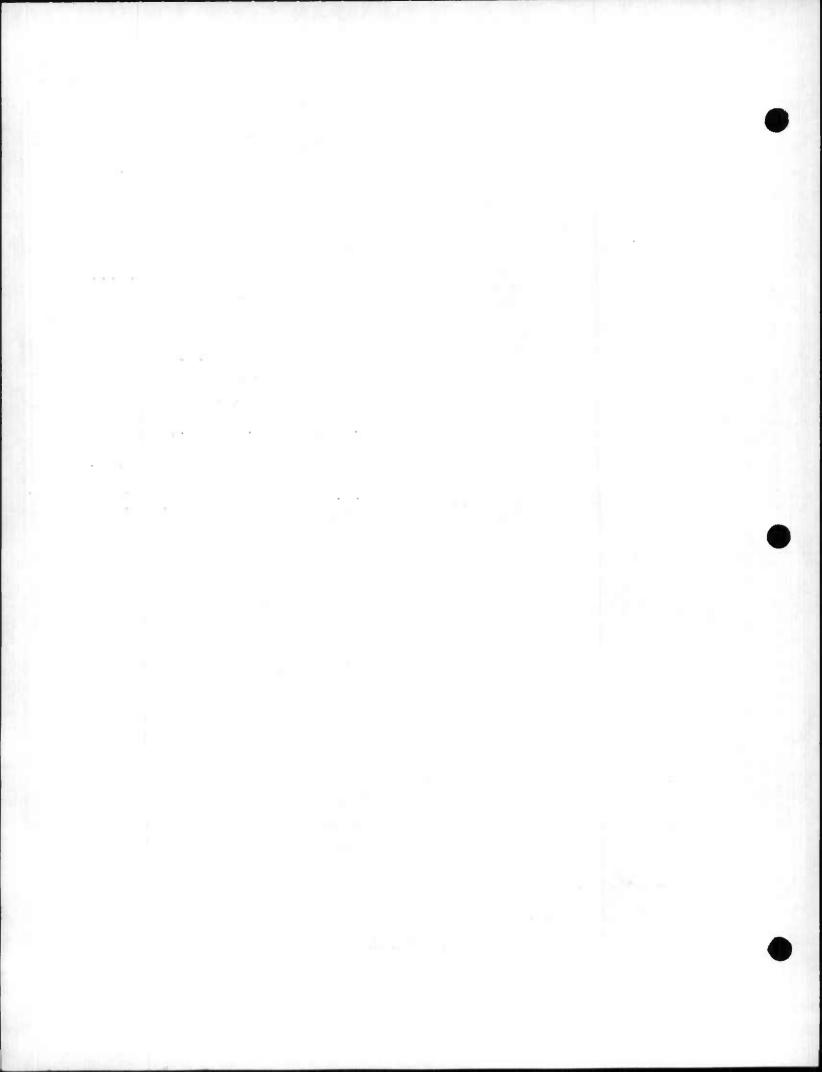
5. SEX

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

c/o MARYLAND GENRRAL HOSPITAL

OATE 20c. LOCATION - City or Town, State Arbutus, MD. Approximate interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 294. DATE SIGNED JAKONN, Digit Wast 90 DHMH-16 Rev 1/89





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	FOR STATE REGISTRAR	STATE OF MARYLA		RTMENT OF H		MENTAL HYGIEN		2 20913	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	Deborah	Ann Coa		Cormuth		July 26	1992	3:00 A. M	
	219-28-8574	5. SEX 6. AGE (//	n yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jan. 22 1	C	Maryland	
~	9a. FACILITY NAME (If not institution, give s	·			OR LOCATION OF DE		9c. COUNTY		
CTO	17748 Big Falls			WI WI	nite Hall		Balti	more	
DIRECTOR	Maryland Bal	timore		White Ha			10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 17748 Big Falls	Road			1161			OF WHAT COUNTRY?	
NE I	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A					IIC ORIGIN? (Specify Yes		USA RACE — American Indian,	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	2 XNO TES	NO If yes, specify Cuben, Mexican, Puer 1 YES 2 NO Specify:			1 1	Black, White, etc. Specify: White		
9	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of	USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	IIIe. Do NOT us	worker	Social	Work				
OM	17. FATHER'S NAME (First, Middle, Last)	4	Social	MOLKEL	18. MOTHER'S NA	ME (First, Middle, Maiden			
BE C	Charles Pearce	Coady				Tingle	,		
0	190. INFORMANT'S NAME (Type/Print)	•	1			Route Number, City or Town			
	David E. Beaudo	20b.	PLACEANDDATE	OF DISPOSITION /No	I St., B		21218 CATION — City of		
	1 Dopation 5 Other (Specify)	N	letro Cr	ther place) cematory			onsville		
	Bryan W. Cla	1. (Verit	_	Lemm	on-Mitch	ell-Wiedefe	ld		
	23. PART I. Enter the diseases, or	complications that caused List only one cause on ea	the deeth. Do r	not entar the mo	de of dying, auci	h aa cardlec or respi	monium		
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Recurs		aricl	Garcin	1 MC		Interval Between Onset and Death	
Z	Cardives piretan trest								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING								
FI:	CAUSE (Disease or Injury that initiated events resulting in death) LAST d.								
H									
AL C								24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
DIC						1 TYES 2		COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC						_		1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	eck only one)			
YSIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpe	Itlent 3 🗆 DOA	OTHER: 4 Nursing Hom	e 5 🗆 Residence	8 Other (Specify)			
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY WO	URY AT RK? YES 2 NO	28d. DESCRIBE HOW IF	NJURY OCCURE	0	
8	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm,	street, factory, offic		281. LOCATION (Street a City or Town, State)	and Number or Ru	ıral Route Number,	
COMPLET		CLARENTO the beginn my knowle							
	290. SENAPURE AND TITLE OF CHITTING	On the balls of exemination	and/of investigation	on, in my opinion, a	29c/TICENSE NUM			NED (Month, Day, Year)	
TO BE	AL YAME AND ADDRESS OF PERSON WH	Chia	TH STEM OF G	Octor)	1)200	637	•		
	Francis C. Grun	bine, M.D.	GBMC		6701 N. ns Pavili	Charles S on. Suite	t., To	wson, MD	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE						

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		e has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should		
	nysician.	urial-transit per		
	or attending pl	r use as the bi		
	by the hospital	be detached fo		at once.
	he law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	page 5 should	14	23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	eath. Page 6 m	uneral director,		aminer must
	hours after de	lled in by the ft	1, or removal.	e medical ex
	cuted within 24	d completely fi	Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tic event, the
	ertificate be exe	ng physician an	giene prior to t	other trauma
	at the death co	by the attendi	and Mental Hy	ly injury, or
	law requires th	as been signed	Sept. of Health	23 shows an
	HYSICIAN: The	his pertificate ha	with the State C	ed, or Item
	ATTENDING P	ECTOR: After 8	rs after death v	m 28 is mark
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

8/3/92 gn RIZW 47-01 SH! 8/3/92 gn RIZW 47-01 SH! STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICAE

- STATE REGISTRAR		812	59		FICATE	OF DE		CA	REG. N			514000	
1. DECEDENT'S NAME (First WIL)		CHARLES	KOEN	IG I	01	18 4	3	The second second	OF DEATH		YEAR	3. TIME OF DEATH	
1. SOCIAL SECURITY NUMBER 5. SEX 218-01-9/9 1 1 ★ 2 □ F		6. AGE	(In yrs. lest birthday,					7. DATE OF BIRTH (Month, Day, Year)		a. BIRTHPLACE (State or Foreign Country) MARYLAND			
De. FACILITY NAME (If not in	netitution, give	street and number)			9b, CITY, TO	OWN OR LOC	ATION OF D		24	1912	UNTY OF D		
UNIVERSITY		RYLAND F	IOSPI	TAL	BA	ALTIMO	RE						
Da. STATE	10b. COUNT	Y		10c, CIEV TOWN OR LOCATION				N			10d, INSIDE CITY		
MARYLAND	BAL	TIMORE		_ 1			2					LIMITS?	
e. STREET AND NUMBER		59				101. ZIP C	DDE			10g. CI	TIZEN OF	WHAT COUNTRY?	
20 ARKLĄ CO	DURT					21	228				USA		
MARITAL STATUS 12. WAS DECEDENT FORCES? 1 FORCES? 1 FYES, GIVE WAF			1 YES	2 (NO	B DECENDENT OF HISPANIC ORK es, specify, Cuban, Mexican, Puerl YES 2 NO Specify:		an, Puerto R	? (Specify \ tican, etc.)	y Yes or No— 14. RACE — Black, W Specify:		E — American Indian, k, White, etc.		
	EDENT'S EDU			16a. DECEDENT	S USUAL OCCU	UPATION	rkina	16b.	KIND OF B	USINESS/IN	DUSTRY		
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 2 YRS.		5+)	LAND SU	use retired.)			CITY OF BAI		LTIMORE				
CHARLES	liddle, Last) W .	K	OENI	G		18. M	NA BI	AME (First, A UELLI	Alddle, Maide S	on Surname)			
. INFORMANT'S NAME (G ADDRESS (S					own, State, Z	ip Code)		
ANITA DELOI		ENIG		20 AR	KLA CC	OURT,	BALTI	MORE,	, MD	212	28		
METHOD OF DISPOSIT	n 3 🗌 Ren	novel from State	201 297	EADOWRID	other place	ON (Name of		DATE		OCATION -	-		
☐ Donation 6 ☐ Other I. SIGNATURE OF FUNERA		CENSEE		EADOWKIL						KRIDG	E, M	D	
Shuly	ym.	Cano	alu	ta		BBARD WIL					, MD	21229	
equentially list condit fany, leading to imme- ause. Enter UNDERLY! AUSE (Disease or inju- hat initiated events esuiting in death) LAS	diete ING Iry	DUE T	O (OR AS)	CONSEQUENCE (OF): (P) (P): (S) (O) (P) (P) (P) (P) (P) (P) (P) (P) (P) (P	he	m	orr	ha	ge.		Twk	
ART II. <u>Other algnifica</u>	nt condition	na contributing t	o death b	ut not resulting	In the unde	riying caus	e given in	Part I.		N AUTOPSY ORMED?	24b	WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH?	
. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HQSPITAL:			OTHER:	26. PLACE OF	DEATH (C)	neck only one	9)				
MANNER OF DEATH		HOSPITAL:			4 - Nursing	Home 5 🗌			_				
MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 28e. DATE OF IN (Month, Day, 1987) 28e. PLACE OF IN (Month, Day, 1987) 28e. PLACE OF IN (Month, Day, 1987) 28e. PLACE OF IN (Month, Day, 1987) 28e. PLACE OF IN (Month, Day, 1987)			28b, TII	JURY	OF 28c. INJURY AT WORK? M 1 YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED						
		OF INJURY I, atc. (Spec	JURY — At home, ferm, street, fecto (Specify)		y, office		261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,		
one) 2 MEDI		//				ion, death oc		time, date		end due to t	the cause(s) and manner es stated (Manth, Chry. Year)	
MC	\mathcal{N}	-				A	141	76 4	135	17	1/2	8/92,	
LHAME AND ADDRESS OF	4	EM,	M DE	- (Typ	e, Print)					7			
I. DATE FILED (Month, Day,	1992	32. REGISTA	AR'S SIGN	ATURE Gandale									

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AALULIE SPASIN

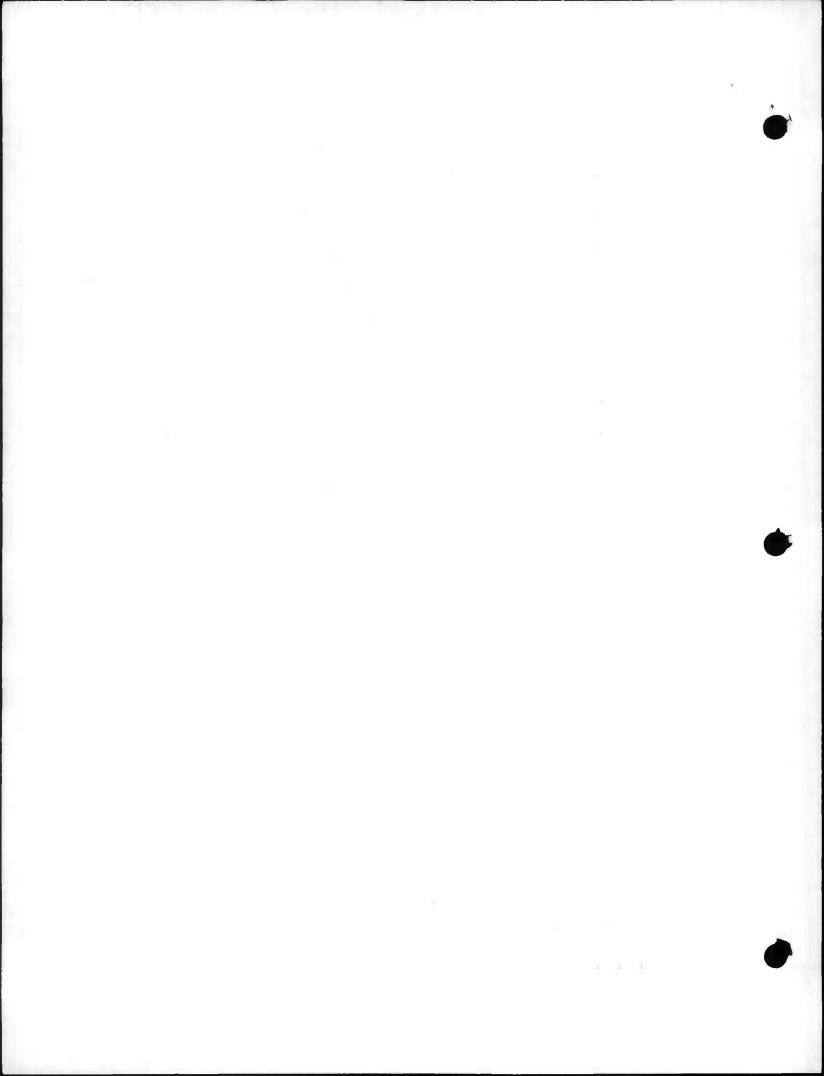
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O. BOX	certificate be e	ling physician ygiene prior to	other traun
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	hat the death (d by the attend	ny injury, or
L RECC	law requires t	as been signer Dept, of Health	23 shows a
OF VITA	YSICIAN: The	s certificate h	d, or item
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2	OSPITAL OR A	UNERAL DIREC	ANT: If item
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	ENT OF HEALTH AND ATE OF DEATH		HYGIENE REG. NO.	
	DECEDENT'S NAME (First, Middle, Last)	CHARLES J.	KELLER		2. DATE OF MONTH	F DEATH DAY YE	AR 3. TIME OF DEATH
		XXM 2 □ F 69	YRS. MOI	UNDER 1 YEAR IF UNDER 24 HRS. 17HB DAYB HOURS MIN.	9-9-	1922 M	BIRTHPLACE (State or Foreign JOURNAL STATE OF THE STATE O
TOR	2627 PLAINFIELD R RESIDENCE OF DECEDENT		96	DUNDALK	DEATH	9c. COUNTY	OF DEATH ALTIMORE
L DIRECTOR	MARYLAND B	ALTIMORE	10c. CITY, TO	DUNDALK			10d. INSIDE CITY LIMITS? 1 YES XX NO
FUNERAL	2627 PLAINFIELD R	2. WAS DECEDENT EVER IN U.S.	. ARMED	101. ZIP CODE 21 13. WAS DECENDENT OF HISP	222		U.S.A.
BY	1 Never Married 2 Nerried 3 Widowed 4 Divorced	FORCES? 1 YYES 2 IF YES, GIVE WAA OR DATES	□NO	If yes, specify Cuban, Maxi- 1 ☐ YES XX NO Spec	can, Puerto Ric		RACE — American Indian, Black, White, etc. Specify:
COMPLETED		(10N mploted) College (1-4 or 5+)	Ille. Do NOT use rei	done during most of working		OWN CORK &	
COM	17. FATHER'S NAME (First, Middle, Last)	N/A	LITTOC			Idle, Maiden Surname)	SEAL
BE	CHARLES W. KELLER		19b. MAILING AD	DRESS (Street and Number or Rura		UBROWSKI	44)
2	BARBARA M. LITCHF	IELD		AINFIELD ROAD		TIMORE. MAR	
	20a. METHOD OF DISPOSITION 1	20b. PL/ cemeter	CE AND DATE OF D	SPOSITION (Name of NETERY 7-29-	CATE	20c LOCATION - City	or Town State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ISEE	LAWN CE	22. NAME AND ADDRESS OF I	FACILITY		
	1 10000	Caro	مه	DUDA-RUCK FU 7922 WISE AV	ENUE	DUNDALK MD	21222
	23. PART i. Enter the diseases, or corshock, or heart failure. List immediate CAUSE (Final disease or condition resulting in death)	it only one cause on each	line.	unter the mode of dying, su unany (Lylingles			Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A COR	NSEQUENCE OF):	24° forme.	ston	rder,	
AL C	PART II. Other aignificant conditions	contributing to death but n	ot resulting in the	e underlying cause given i	n Part i. 2	4a. WAS AN AUTOPSY PERFORMED?	24b, WERE AUTOPSY FINDINGS
MEDIC					1	YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:		26. PLACE OF DEATH	heck only one)		
IVSI		☐ Inpetient 2 ☐ ER/Outpatier 26a. DATE OF INJURY		HER: Nursing Home 5 Residence 28c, INJURY AT			
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO		AIBE HOW INJURY OCCURE	
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	tt nome, tarm, etree	, factory, office	City or	ION (Street end Number or R Town, State)	ural Route Number,
COMPLETED				the time, date and place, and do my opinion, death occured at the			use(s) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER Ronald &	Hayasio	M	29c, LICENSE N	280°	97 ≥ 9/	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C	D NOR	TH PM	it Rd.,	Bal	t. Md.	
	31. DATE FILED (Month, Dey, Year) 7 27 9 2	JUL 2 9 199	2 Julia	ut Rd., Javidson-Rindall	6		
							DHMH-18 Rev 1/6

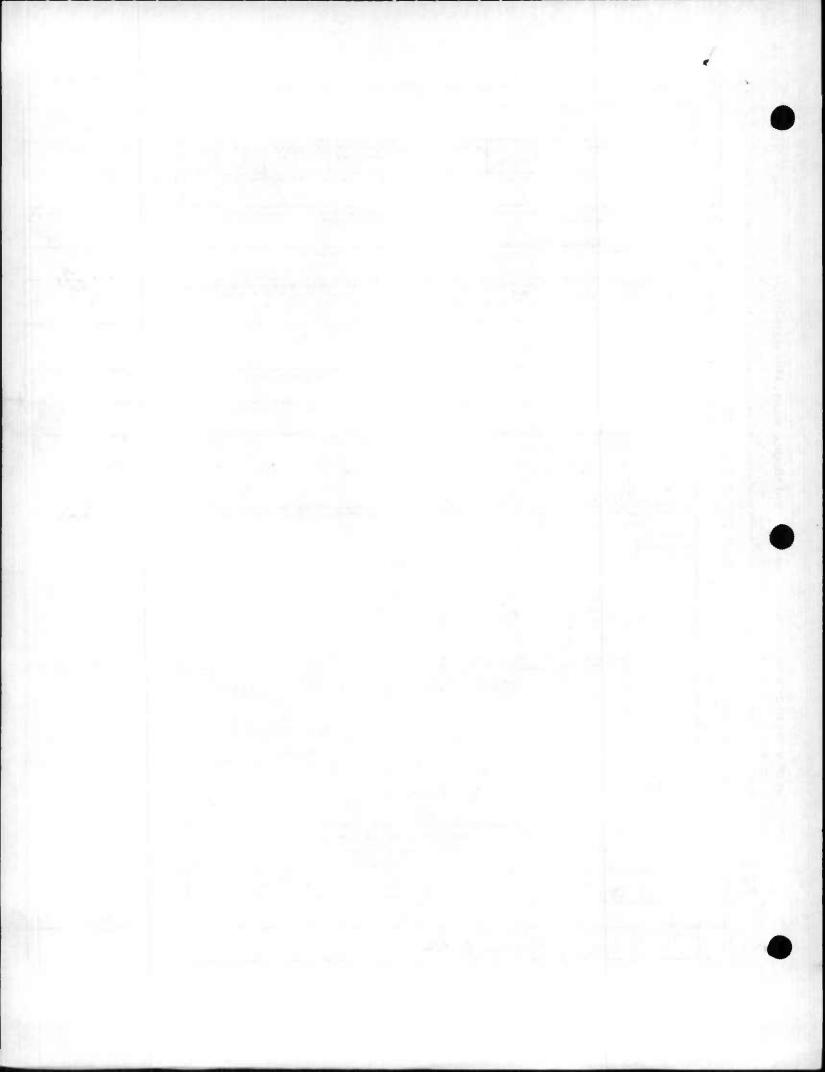
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BALTIMORE, MARYLAND 21215-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	natic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NUCETIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in	E RINGRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	MANE II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

6

	FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	,			
	1. OECEDENT'S NAME (First, Middle, Last) SYLVESTER	В.	KASPER		DATE OF DEATH DAY	4 YES 0400 M			
	216-01-4693	16-01-4693 1 № № 2 □ F 82 YRS. MONTHS DAYS HOURS MIN. 11-12-15							
TOR	2916 SOUTHBROOK RO		96.	DUNDALK	SEATH Sc. C	BALTIMORE			
L DIRECTOR	MARYLAND BA 106. STREET AND NUMBER	LTIMORE	10c. CITY, TO	WN OR LOCATION DUNDALK		10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
FUNERAL	2902 DUNMURRY ROAD	APT A	HIS ADMED	101. ZIP CODE	21222 INIC ORIGIN? (Specify Yes or No-	U.S.A.			
B⊀	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2) UNO	If yes, specify Cuben, Mexic 1 YES 2 X NO Speci	an, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:			
COMPLETED	A STATE OF THE PARTY OF THE PAR	npleted) College (1-4 or 5+)		done during most of working red.)	16b. KIND OF BUSINESS.				
COMP	8TH GRADE 17. FATHER'S NAME (First, Middle, Lest)	N/A	WAREHO	OUSEMAN 18. MOTHER'S NA	MONARCH F AME (First, Middle, Maiden Surnam	INER FOODS			
BE	STANLEY KASPRZAK 190. INFORMANT'S NAME (Type/Print)		195 MAILING ADD		TINE STACHAROW.				
10	MADELINE A. LINDEM	ANN		ITHBROOK ROAD	BALTIMORE, M.				
	20a. METHOD OF DISPOSITION 1 Deuriel 2 Cremation 3 Removal 4 Donation S Other (Specify)	I from State com	PLACE AND DATE OF DIS etery, crematory or other p	OF MARY CEM.	7/27 BALT	I — City or Town, Stata IMORE MARYLAND			
	21. SIGNATURE OF AUTHERAL SERVICE LICENS	1. Lish	/	22. NAME AND ADDRESS OF FU Duda-Ruck Funeral	kaury I Home of Dundalk Dundalk, Md. 2122	, Inc.			
	23. PART I. Enter the diseases, pr com abock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on as	the death. Do not each line.	nter the mode of dying, aud	ch aa cardiac or respiratory	arreat, Approximate interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	BILAT. DUE TO (OR AS A LOCALL	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	WITTEN OF	UNETERS BUADO	18 mgs			
PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. A TANADAL A						24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:		OSPITAL:		26. PLACE OF DEATH (CI					
PHY	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY	OCCURED			
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY building, etc. (Speci	— At home, farm, street	M 1 YES 2 NO	1 YES 2 NO				
COMPLETED					s to the cause(s) and manner as				
B	296. SIGNATURE AND TITLE OF CONTINENT	To the basis of examination	and/or investigation, in	my opinion, death occured at the		o the cause(s) and manner sa stated. DATE SIGNED (Month, Day, Year)			
TO	Ranier Engel. M.D.	DMPLETED CASSE OF DEA	TH (ITEM 27) (Type, Print	BASITUA PA	RICENAU BA	HEGINAL 21218			
	31. DATE FILED (Month, Day, Year) JUL 29 1992 July	32. REGISTRAR'S SIGNAL AND AND AND AND AND AND AND AND AND AND				9			



		1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTMENT O CERTIFICATE (F HEALTH AND OF DEATH	MENTAL HYGI		2 20917
		1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEAT	Н	3. TIME OF OEATH
		Carmela	Lamberti			MONTH	26 C	YEAR 11:30 AM
	1	4. SOCIAL SECURITY NUMBER		n yrs. last birthday) IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year	0 0	BIRTHPLACE (State or Foreign Country)
P		218 56 2110		S6 YRS.	HOURS MIN.	1-21	-06	MD.
2, 3 should	OR	90. FACILITY NAME (If not institution, give	street and number)	Se CITY, TO	WN OR LOCATION OF	DEATH	9c. COUNT	Y OF DEATH
← *	EG	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	Υ	10c. CITY, TOWN OR L	OCATION			
permit, Pages	DIRECTOR	Md		Bal	40			10d. INSIDE CITY LIMITS? 1 7ES 2 NO
r per	FUNERAL	100. STREET AND NUMBER SEX	an Hill mai	126	101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
fan. transi	N	11. MARITAL STATUS	anklin St		213			JSA
:1215-0020 or atlending physician. r use as the burial-transit	BY FU	1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR OA	2 NO If yes	DECENOENT OF HISPA a, specify Cuban, Mexic YES 2 NO Specify	en, Puerto Rican, etc.		6. RACE — American Indian, Black, White, etc. Specify:
r attendiuse as	ETED	15. DECEDENT'S EDU	JCATION	16a. OECEDENT'S USUAL OCCUI	PATION	16b. KIND OF	BUSINESS/INDUS	STRY
E 5	LET	(Specify only highest grade	College (1-4 or 5+)	(Give kind of work done during life, Do NOT use retired.)				
AND 2. The hospital of detached for once.	COMPL	17. FATHER'S NAME (First, Middle, Last)		Homemak				
YLA by the be de		1/	1.1.		-0.0	AME (First, Middle, Mai	den Sumeme)	
MARYLAND z retained by the hospital 5 should be detached to notified at once.	BE	19e. INFORMANT'S NAME (Reporterint)	JULIANO	19b. MAILING AODRESS (Str		LITE MI	PRINC	
MAR e retained 5 should notified	5	Richard PRAGE	ouseV'	353 TEA	adversion and a contract		1.	and the party of the second
IMORE, Page 6 may be if director, page		20e. METHOD OF DISPOSITION	20b.	PLACE AND DATE OF DISPOSITION	N(Name of		LOCATION - CH	52101 2
FOR may ector, p		4 Donation 5 Other (Specify)		etely, crematory or other place)	Emen	7-78 6	Botto	MD.
ALTIN death. Pag theral dist.		21. SHONATURE OF FUNERAL SERVICE LI	CENSEE	as NAM	E AND ADDRESS OF F	ACILITY	EN NE	RAI Home
BALTIMORE, after death. Page 6 may by the funeral director, page moval.		A MI	.00 Bee	- 12	IIA Noce	4-7 OUR		
		23. PART I: Enter the diseases, or	complications that caused	ths death. Do not sater ths	mode of dving, su	ch as cardiac or re	spiratory arras	t, Approximate
P P P		shock, or Heart fallurs. IMMEDIATE CAUSE (Final	List only ons cause on as	ch ilna.	7 3, 1		- January - India	Interval Between Onset and Death
		disesse or condition resulting in death)	· Pneus	nonia				Oliset and Death
			OUE TO (OR AS A	CONSEQUENCE OF):				
66 and and bur	NO	Sequentially list conditions,	b. Atric	CONSEQUENCE OF:	ation			
a cian	RTIFICATION	If any, isading to immediats cause. Enter UNDERLYING	1		eart 1			
O. B ertificate ing phys rgiene p	FI	CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):	ear	ariure		
0 4 5 5 P	ERT	resulting in death) LAST	d. Fra	icture Le	it this			
Ne se se	O	PART II. Other significant condition	as contributing to death bu	it not requiting in the under	7	B. 44 1		
R at the and and y	CAL		o data po	it not resolting in the unush	ying cause given in	PER	AN AUTOPSY FORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
RECOF requires that seen signed b of Health ar	EDIC,					1 _ YES	2 NO	COMPLETION OF CAUSE OF DEATH?
St. of See	2							1 TES 2 NO
AL has	IAN:	25. WAS CASE REFERRED TO MEDICAL		20	S. PLACE OF OEATH (C	heck only one)		
F VITAL SICIAN: The la certificate has the State Dep	PHYSICI	EXAMINER?	HOSPITAL: 1 M Inpatient 2 - ER/Outpar	OTHER:	Home 5 Residence			
OF N PHYSICIA this certi with the	중	27. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Yeer)		INJURY AT	28d. DESCRIBE HO	W INJURY OCCUI	REO
ON OING PHYS After this death with	ВУ	1 Natural 5 Pending 2 Accident Investigation			WORK?			
ON PARTY SE	0	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY - building, etc. (Specif	At home, farm, street, fectory, o	office	281. LOCATION (Stre City or Town, St	net and Number or	Rural Route Number,
DIVIS OR ATTE DIRECTO hours afte								
	COMPLET	29s. CERTIFIER (Check only one)	ICIAN: To the best of my knowle	dge, death occurred at the time,	date end place, end du	e to the cause(e) end	menner es stated.	
HOSPITAL FUNERAL within 72 TANT: II	Ö	2 MEDICAL EXAMINE	R: On the basis of examination	and/or investigation, in my opinio	n, death occured at the	time, date and piece.	, end due to the c	euse(s) and menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	BE	296. SIGNATURE AND TITLE OF CERTIFIE	R		29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)
5 5 3 X	10	Terren elde	rmp Hou	use officer	0380	193	> 7	126 192
		30. NAME AND ADDRESS OF BERSON WH	O COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Print) 2. S. Green	est R	cult. M.	D	12.47
(LA		31. DATE FILED (Month, Day, Year) JUL 29 1992	2. REGISTRAR'S SIGNAL	TURE CONDESSES	- 0.	-cri- pvi-	Y. 2	1201
1 1		JUL HJ JUJE	1					

Throughout the same of the same TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

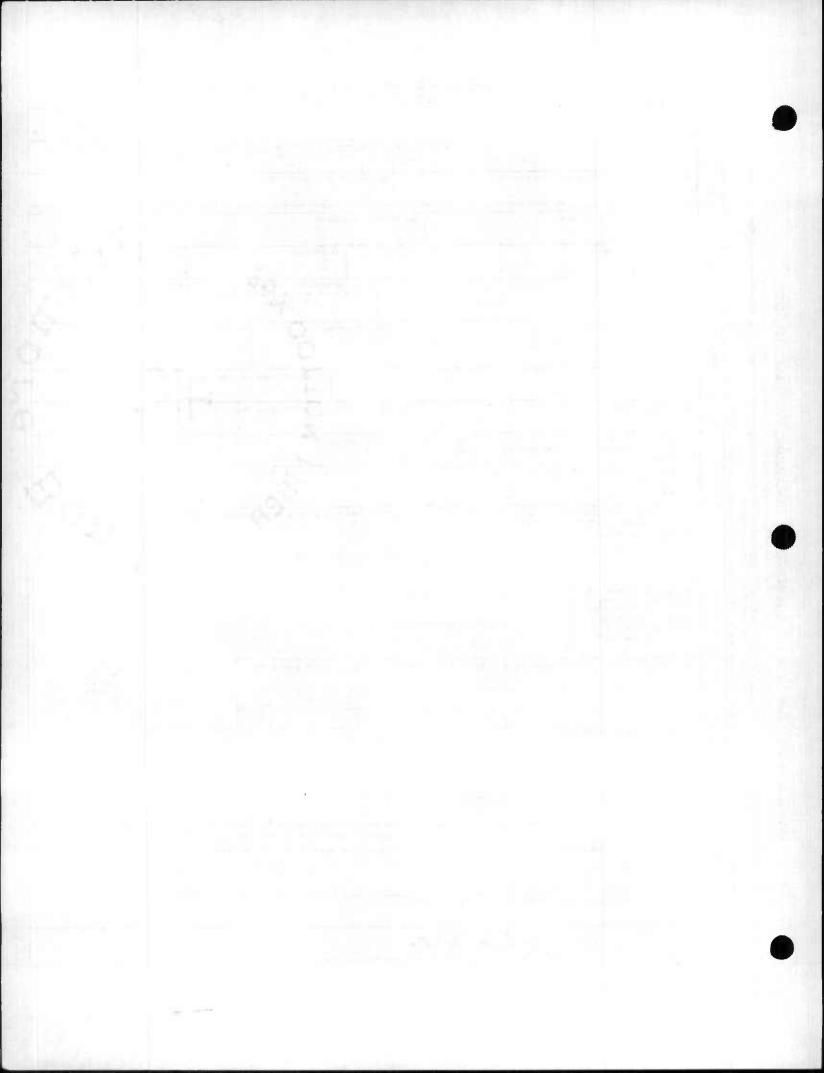
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR											
1. DECEDENT'S NAME (First, Middle, Last))					2. DATE	OF DEATH	DAY	WEAD	3. TIME OF	F DEATH
Rodney Ler	оу	Le	æ			07	25	199	92	12:1	7 P
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		A. BIRTNI	PLACE (Stat	e or Foreign
212-80-9704	1 📉 M 2 🗆 F	33	YRS.	WONTHS DAYS	HOURS MIN.	Aug	n, Dey, Years	,1959	M	ary1	and
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUN	ITY OF DE		
421 E. Preston S	Street			Balt	imore						
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT											
Maryland	IY .			TOWN OR LOC						10d. INSID LIMIT	E CITY 57
10e. STREET AND NUMBER			Ва	1timo:							
	g.,			1	Of. ZIP CODE					HAT COUN	TRY?
421 E. Presto					21202	400			S.A.		
11, MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	YES 24	ARMED NO	13. WAS DE	CENDENT OF HISPA pecify Cuban, Maxic	ANIC ORIGI	N? (Specify Ye Rican, etc.)	s or No—		- America White, etc	
3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES			S 2 NO Spec				Specif	Blac	k
15. DECEDENT'S ED	UCATION	100.0	DECEDENT'S I	SUAL OCCUPAT	TON	Lan	VIII OF O	1			
(Specify only highest grad	ie completed)		(Give kind of wo	ork done during n retired.)	nost of working	166	. KIND OF BL	SINESS/INDI	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		Non	-							
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME /Eleat	Middle Maid-	Summer		-	
Robert Lee, Jr	•				Flori						
19a. INFORMANT'S NAME (Type/Print)		T	19b, MAILING A	DDRESS (Street	and Number or Rura				Code	2.0	201
Kevin Lee			609 S	Walt.	er Reed	Dr	#63	3 A . A	r1i	noto	204 D VA
20g METHOD OF DISPOSITION		20b. PLAC	E AND DATE OF	DISPOSITION	lame of	DAT	E 20c 10	CATION - C	Other or Ton	un State	
1 🗗 Buriel 2 🗆 Cremetion 3 🗆 Rer 4 🗆 Donation 8 🗆 Other (Specify)	moval from State	Wes	tern	Star (Cemeter	v 7/	31 0	tons	vi1	16	MD
				22 NAME /	NO ADDRESS OF E	ACILITY	34 00	COIID		10,	1110
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /			_ 64. HAME, /							
	CENSEE	A-	1	Mars	AND ADDRESS OF F	JUn	es,Ji	c. Fu	iner	al H	m PA
23. FART I. Enter the diseases, or shock, or heart failure.	complications that	ceused the ce on eech lir	desth. Do no	4101	Edmond	son	Ave.	Balt	imo	re,	MD 2 roximate val Betwee
21. SIGNATURE OF FUNERAL SERVICE L	complications that . List only one course.	e on eech IIr	ne. modefi	4101 t enter the m	Edmond ode of dying, su	SON	Ave.	Balt	imo	re,	MD 2 roximate vai Betwee
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21. SIGNATURE OF FUNERAL SEPPICE L 23. FART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions. Image: Conditions of the condition	s. Acquired b. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C. DUE TO (C.	Immu DR AS A CONS DR AS A CONS DR AS A CONS DR AS A CONS Eath but not	EQUENCE OF:	the underlying Noropt 28c. F	Edmond ode of dying, su Syndro Syndro ng cause given in	SON ch es car me n Part I.	24a. WAS APPERFO	Balt Piratory srre AUTOPSY RMEO? 2 M NO iry	24b.	Pe, Apprinter Onse	MD 2 roximate val Betwee st and Deat an
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•	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ė	SECEDENT'S MANE (First Middle Load)		

	1. DECEDENT'S NAME (First	Middle, Last) WAR	D :).	ME	SE	R			2. DATE OF DEATH MONTH	<u></u>	đ ²	3. TIME OF DEATH 7:37 P.M.M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER			R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	217-14-122		1 M 2 D F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	June 19,	1908	E	Balto. Md.
~	Sa. FACILITY NAME (If not institution, give street and number)								ION OF DE	ATH		NTY OF D	
DIRECTOR	Bel Forest N. Ctr.						ore:	st H.	111			Harf	ord
Ä.	10a. STATE	10b. COUNTY				Y, TOWN OF							10d. INSIDE CITY LIMITS?
٥	MC .		Harford	<u></u>		ores							1 TYES 2 NO
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3	11. MARITAL STATUS	TING	Village, 1			_	AS DEC		1050	IIC ORIGIN? (Specify Yea		I.S.A	
ğ	1 Never Married 2 3 Utilities Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 WAR OR DATES	□NO	11	yes, sp	ecify Cubi	an, Mexica Specify	n, Puerto Rican, etc.)		Speci	— American Indian, K. Whita, atc. White
	15. DEC (Specify only	EDENT'S EDU	CATION completed)	16a	DECEDENT'S	work done di	CUPATIO	ON st of work	Ina	16b. KIND OF BUS	SINESS/IND		
COMPLETED	Elementary/Secondary (C	1-12)	College 1-4 or 5		Iffe. Do NOT us	se retired.)				5 11	0.1	D 1	· Demb
8	12 VIS.	icidle (net)		I L	Directo	or or	Bu		MEDIO MA	ME (First, Middle, Maiden		, Lo1	ice Dept.
			oward	J.	Meiser	r		16. MOI		therine	Lan		
BE	19a, INFORMANT'S NAME (7		JWara				(Street a	nd Numbe		Route Number, City or Tow			
2	Mrs. Joyce	Shifre	en		702	Farr	ow (Ct. E	Bel A	Air, Md. 2	1014		2
	20a. METHOD OF DISPOSIT 1	n 3 🗆 Ram	oval from State	20b. PLA cometery	ce and date of control	OF DISPOSIT	TION (Na	me of			CATION		
	21. SIGNATURE OF FUNERA	0	//			22. N	AME A	ID ADDRE	SS OF FA	CILITY	ssahn	Fur	neral Home
CERTIFICATION	MMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	lons, diate NG	a. Can out to out to out to	OR AS A CON OR AS A CON Chex OR AS A CON	clive	, F (fa	un	- l	with			Months Months
EDICAL CE	PART II. Otherwignifica		es contributing to	7)	ot resulting			cause		PERFOR		24h	WERE AUTOPSY FINDINGS AMALABLE PROOF TO COMPLETION OF CAUSE
Σ	Sever	e fo	whene	. a	roni		_	esti		1 0 YES 3	A100		OF DEATH? 1 YES 2 NO
5	25. WAS CASE REFERRED TO EXAMINER?	о мерифаг	HOSPITAL			ОТМЕН	-	ACE OF D	EATH /Ch	ick only one)			
PHYSICIAN:	1 YES 2 NO 27, MANNER OF DEATH 1 Hatural 5	Pending	1 □ Inpetient 2 □ 28s. DATE OF (Month, D	INJURY	28b, TIM	4 X Nursi	ng Hom IBc. INJ WO	-		8 Other (Specify) 26d. DESCRIBE HOW II	HJURY DCC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined								2.00	281, LOCATION (Sireet a City or Reen, State)	nt Number	or Runal R	bute Number
E COMPLETED		CAL EXAMINE	R: On the basis of a					eath occu		to the cause(a) and mar time, deta and placa, an IBER	d due to th	e cause(a	and manner as stated. (Month, Day, Year)
10 B	30. NAME AND ADDRESS OF		O COMPLETED CAU	SE OF DEATH (MD	DO	218779	1	rely	27,192
	Albert J. 31. DATE FILED (Month, Day, JUL 2. 9 190	Year)	W, MI	18 SIGNATUR	IE	arto	rd	Roa	d	Fallston	M	D	21041

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OR AT	HEC	SUNO	E
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSP	FUNE	within	TANT
표	THE	filed y	PORT
2	2	2	E

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
STATE REGISTRAR

CERTIFICATE OF DEATH

1. DECEDENT'S NAME (First, Middle, Last)

LOUIS M. Meyers

2. DATE OF DEATH
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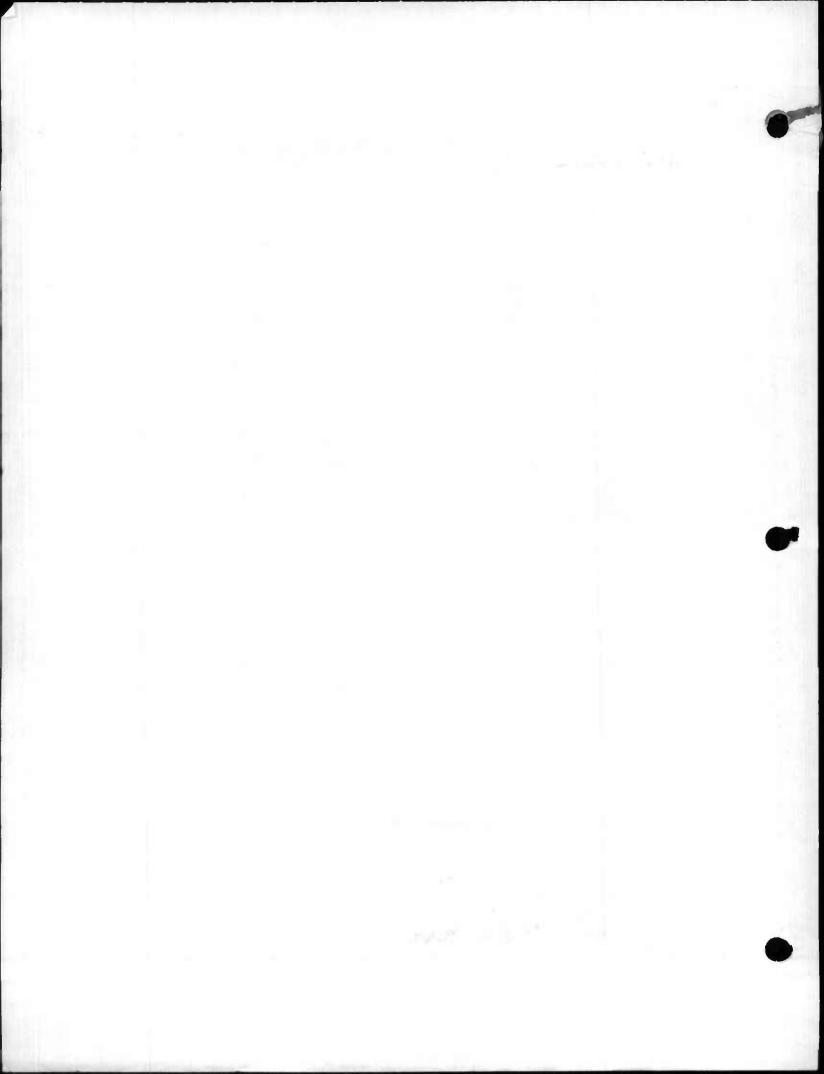
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	1. DECEDENT'S NAME (First, Middle, Lest) Louis	M. J	Меуел	cs		2. DATE OF DEATH	W.	3. TIME OF DEATH
		(In yrs. lest birt	7	VDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	6	7-1 0>/+"
	0172/7273 5 5		YRS. MONT		HOURS MIN.	(Month, Day, Year) 11 29	29	6. BIRTHPLACE (State or Foreign Country)
- 4	Se. FACILITY NAME (If not institution, give street end number)	52		NTV TOWN	Maryland			
œ	Good Samaritan Hospital			96. CITY, TOWN OR LOCATION OF DEATH Baltimore				
DIRECTOR	RESIDENCE OF DECEDENT		1	oal C	Imore			
Ä	10e. STATE 10b. COUNTY	10	C. CITY, TOV	VN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland		Bal	Ltimo	ore			1 YES 2 NO
₹I	10s. STREET AND NUMBER			10	H. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
FUNERAL	1522 E. 28th Street				21218		US	A
2	11. MARITAL STATUS 12. WAS DECEDENT EVER I FORCES? 1 YES			13. WAS DE	CENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No-	14. RACE — American Indien, Black, White, atc.
BY	1 Never Married 2 Merried FORCES7 1 YES 3 Wildowed 4 Divorced IF YES, GIVE WAR OR D				S 2 NO Specif			Specify: Black
	15. DECEDENT'S EDUCATION	180 DECED	ENT'S USUA	LOCCHIDATI	ION .	16b. KIND OF BUS		
	(Specify only highest grade completed)	(Give ki	ind of work do	one during m	ost of working	166. KIND OF BUS	INESS/INL	JUSTRY
2	Elementary/Secondary (0-12) College (1-4 or 5+)	Tru	uck I	rive	er	Balto.	Co	. Highway
COMPLET	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden		37
BEC	Albert Meyers					Thomas		
	19e. INFORMANT'S NAME (Type/Print)	19b. M/	AILING AODE	RESS (Street		Route Number, City or Tow.	n, State, Zip	Code) 21218
임	Christine Mevers	152	22 E.	. 28t	h Stree	et Balti	more	e, Maryland
		. PLACE AND	DATE OF DIS	POSITION (N				
	4 Donation 5 Other (Specify)	netery, cremato	Memor Memor	rial	Park	7/31/92 Ran	da1	lstown, Md
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Α.		22. NAME A	ND ADDRESS OF FA	CILITY	170	1 McCulloh St
	Agray Harre	0		Chat	man-Hai	rris F/H		timore, Md212
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on a shock, or heart failure. List only one cause on a simmediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A	petient 3 28	NCE OF): NCE OF): NCE OF): Iting in the OF INJURY A	28. Pless Nursing Hor 28. IN 4 1 factory, office time, date my opinion, of	Ig ceuse given in LACE OF DEATH (Ch me 5 Residence JURY AT ORK? YES 2 NO ce e end place, end due death occurred at the 29c. LICENSE NUI	Part I. 24a. WAS AN PERFOR 1 YES 2 eck only one) 8 Other (Specify) 28d. DESCRIBE HOW II City or Town, State) to the cause(e) end men time, date end place, en	AUTOPSY MED? OT NO NUMBER AUTOPSY MED? OT NO AUTOPSY MED. AUTOPSY	interval Between Onset and Death 2 40. S. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED TO Flural Route Number, 1 Sed. 1 Sec cause(e) end menner se stated. 2 SigNED (Month, Day, Vear) 7 / 2 6 / 9 2.
	31. DATE FLED 1219 07992 Julia Davidson	Share						

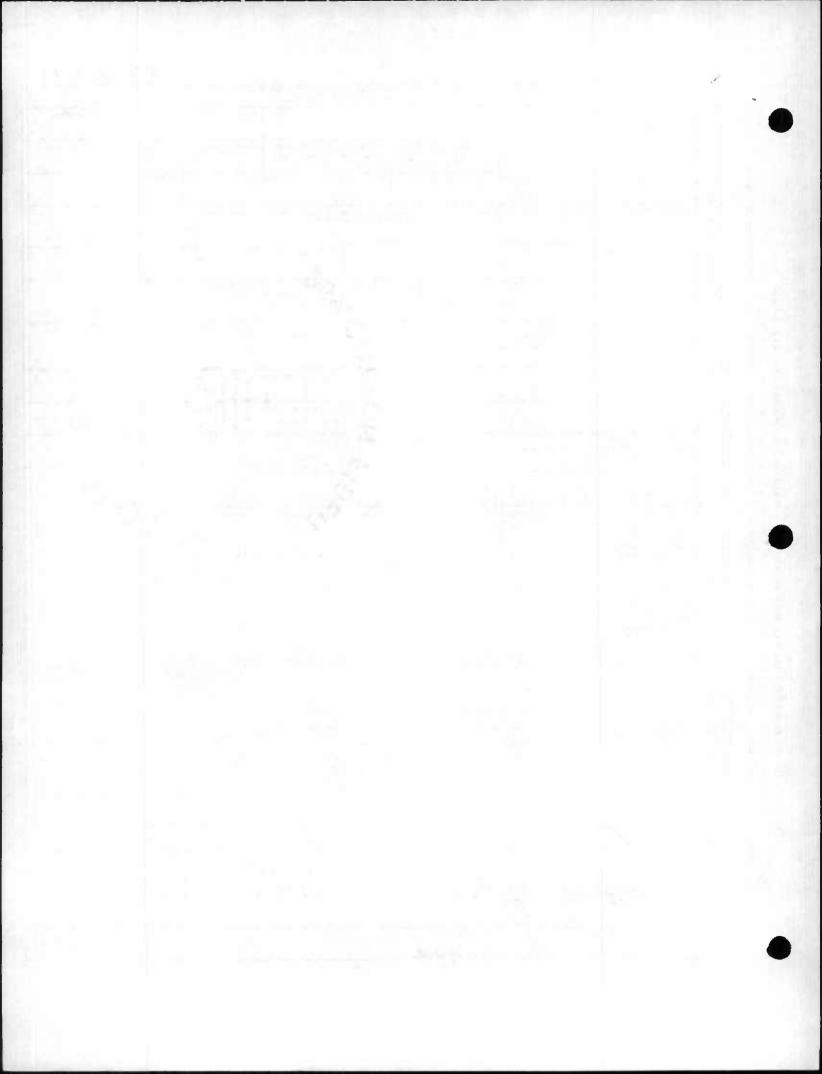




DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FREDRICA		MATTERN				July 2	July 26,1992 2:00 P.			
Н	4. SOCIAL SECURITY NUMBER 217-20-8961	5. SEX 6	3. AGE (In yrs. lest bin		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI	29,1913		LACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give	March A		ITY OF OE							
TOR	Summit Nursing Home Catonsville							Baltimore			
DIRECTOR	10a. STATE 10b. COUN	10		altimore			10d. INSIDE CITY LIMITS? 1 [X] YES 2 [NO				
FUNERAL	6404 Look Dayon	Olud Ast	127		101.	21239				HAT COUNTRY?	
UNE	6401 Loch Raven E	12. WAS DECEDENT	EVER IN U.S. ARMED)	13. WAS DEC	ENDENT OF HISPANI	C ORIGIN? (Specif		.S.A.		
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	YES 2 K NO	K NO If yes, specify Cuban, Maxican, Puerto Rican, etc.)					s or No- 14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(Give k	ind of w NOT use	ork done during most retired.) Clerk	N at of working	16b. KIND O	F BUSINESS/IND	USTRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) John H. Mat	ttern Sr.		-		Della	Bisch				
TO	Mr. John H. Matte	ern,Jr.			Box 503	Rehobe	oute Number, City o			19971-0503	
	20a. METHOD OF DISPOSITION 1 X Surial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	moval from Stata	cametery, cremate	on or oth	FOISPOSITION (Name place)			c. LOCATION — C			
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE Paul L.	. Hartsock,	Jr.	22. NAME AN	Park 7/2		timore,			
-	Haw L. Ha	itock on			Leona	rd J. Ru	ck.Inc.	5305 H	Harfo		
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cause	on each line.	21	te	Duces	me t			Approximata Interval Between Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OR AS A CONSEQUE	/						62		
Ë	resulting in death) LAST	d									
MEDICAL (PART II. Other algnificant condition	eath but not reau	iting ir	the underlying	cause given in f	PE	PERFORMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
							_			I TES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PL OTHER:	ACE OF DEATH (Che	ck only one)				
PHYSICIAN	1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	1 Inpatient 2 E	IJURY 28	b. TIME	OF 28c. INJI	RK?	Other (Specify, 28d. DESCRIBE H		URED		
red BY	2 Accident Investigation 3 Suicide 8 Could not be dylfirmined building, atc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28s. LOCATION (Street and Number or Rural Route N City or Town, State)								ute Number,		
COMPLETED	onel	SICIAN: To the best of m								and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERT	Regel &				29c. LICENSE NUM DD878	DER	29d. DATE	SIGNED (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON W Alejandro Mej	V	405 Frede			Suite 100					
	31. DATE FILED (Month, Day, Year) JUL 2 9 1992	32. REGISTRAR	S SIGNATURE			100					
	002 60 33/	July wayes	m-nandelle								



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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE AD ATTERDIBLE DUNCHOLDS. The last securious shad the Jacob
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	ND / DEPART	MENT OF H	HEALTH AND DEATH	MENTAL	HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Leet) 4. SOCIAL SECURITY NUMBER	E M	100	1111	RE	МОНТН	_2	0	3. TIME OF DEATH
	318-34-3191 98. FACILITY NAME (If not institution, give st	1 M 2 XF	YRS.	ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN. DR LOCATION OF D	18	Der Year	97	BIRTNPLACE (State or Foreign Country) MARYLAND
DIRECTOR	RESIDENCE OF DECEDENT	Colum	210	Co	nu	2/0	_	1 Colm	word ward
		HOWARD		LICOTT	CITY				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	8622 SOUTH B.	ALI COURT	O ADMICO		21043				N OF WHAT COUNTRY? USA
B	1 Never Married 2 Merried 3 X Wildowed 4 Divorced	FORCES? 1 YES	2 NO	II yes, sp	ENDENT OF NISPA ecity Cuban, Maxica 2 NO Specif	an, Puarto R		n or No.— 14	I. RACE — American Indian, Black, Whita, etc. Specify: WHITE
PLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 5 TH		6a. DECEDENT'S US (Give kind of wor life. Do NOT use I HOUSE	k done during mo etired.)	ON st of working	16b.	KIND OF BU	SINESS/INDUS	
E COMPL	17. FATHER'S NAME (First, Middle, Lest) JAMES G. H	OWARD	110002		18. MOTHER'S NA	AME (First, M		Sumame)	
TO B	19a. INFORMANT'S NAME (Type/Print) ROSE HILL				and Number or Rural	Route Number	er, City or Tow		21043 r city, MD.
	20a METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	val from State comete POI	ACE AND DATE OF ry, crematory or other PLAR GRO	VE CEME	TERY 7/				y or Town, State ILLE, MARYLAND
	· a Glas	Seit))	A. A 3818	LAN SEIT	Z, JE AVENT	IE. BA	T.TO.	MD. 21211
CERTIFICATION	23. PART I. Enter the diseases, or cahock, pr heart failure. Leave the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	A	ONSEQUENCE OF):					ratory arrea	t, Approximata interval Between Onset and Daath
CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other aignificant conditions	contributing to death but	not resulting in	tha underlying	g cause given in		24a. WAS AN PERFOR 1 YES 2	IMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:		HOSPITAL: 1 Inpatiant 2 ER/Outpatie	ent 3 DOA 4	THER:	ACE OF DEATH (Ch				
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	PF 28c. INJU				NJURY OCCUP	RED
ETED 6	3 Suicide 6 Could not be datarmined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, ferm, atre	et, factory, office		261. LOCAT	TION (Street a Town, State)	and Number or	Rural Route Number,
COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my knowledg : On the beals of examination an	ps, death occurred and/or investigation, i	nt the time, data n my opinion, de	and place, and due	to the cause time, data a	e(a) and man	ner as stated.	ause(s) and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Selle				29c. LICENSE NUN	(613		29d. DATE \$	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	MD 9501 01	d Anna	. 1 0	d Ellis	Tlas	City 1	MD 2	1042
	31. DAT JULO (M2"9"1992	REGISTRA'S SIGNAD							

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Pe		If I marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	AL DIFFECTAR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	AL DESCRIPT. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for a hour after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND M	
CERTIFICATE OF DEATH	REG. NO.
11 . 111 /2	2. DATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIENE REG. NO.			
	1, DECEDENT'S HAME (FUE. MISSE, Last)	bloomer St	adjo	McCAND	LESS	2. DATE OF DEATH DAY	1 91	JOPM M	
	4. BOCIAL SECURITY NUMBER 217-36-3080 Se. FACILITY NAME (I not institution, give sin	1 = w = M = 87	7 YRS.	ONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Mgnth, Day, Year)	5	BIRTHPLACE (State or Foreign Country) MARYLAND	
TOR	Mesiden Per	ing Par Su	ray 4/4	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. CO					
DIRECTOR	MARYLAND 100. COUNTY			ALTIMOR			10d. INSIDE CITY LIMITS? 1 1√7 YES 2 □ NO		
	100. STREET AND NUMBER 1801 WENTWORT	H AVENUE	-	101.	21234		10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUNERAL		12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	13. WAS DECI If yes, spe 1 — YES	or No- 14.	14. RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	life. Do NOT use r	k done during mos etired.)	N It of working	INESS/INDUST			
BE COM	UNKNOWN 17. FATHER'S NAME (First, Middle, Lest) FRANK CALP		HOUSEW	IFE	18. MOTHER'S NAI	ME (First, Middle, Malden S	Surname)		
2	198. INFORMANT'S NAME (Type/Print) MARIE KRAUS					TS AVEN, BA		V.	
	20s. METHOD OF DISPOSITION 1 Derisi 2 Cremation 3 Ramor 4 Donation 5 Other (Specify)	val from Stats	PLACE OF DISPOSITE Other place) RUID RIDG	ION (Name of cerr	etery, crematory or	20e. LOC	CATION — City	or Town, State MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Seit h.		A. A		CZ, JR. FUN AVENUE, BA			
CERTIFICATION	23. PART I. Enter the diseases, or conshock, or heart fellura. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	I. Source To (OR AS A OUE TO (OR AS A	ch lina.	PO		h as cardiac or reapli		Approximate Intarval Between Onset and Death	
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions Part II. Other significant conditions II.	Contributing to death be	at not resulting in	the underlying	j cause givan in	Part I. 24e. WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAC:	10	26. PL	ACE OF DEATH (Ch	eck only one)			
BY PHYSI	1 YES 2 27. MANNER DEATH 1 Natural 5 Pending 2 Accident Investigation	1 Decline 2 ER/Output 26a. DATE OF INJURY (Month, Day, Year)		OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUR	ED	
	3 Suicide 6 Could not be 4 Hornicide detarmined	26s. PLACE OF INJURY building, etc. (Speci		eet, factory, office		26f. LOCATION (Street a City or Town, State)	nd Number or i	Rural Route Number,	
COMPLETED	Correct ormy	CIAN: To the best of my knowl						suse(s) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	mie!			29c. LICENSE NUR	WBER 35K	29d. DATE SI	GNEO (Month, Deu-Year)	
Ĕ	30. NAME AND ADDRESS OF PERSON WHO	K. DA	TRI	cine)	8903 на	arford Roa	d, Bal	to., Md.	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNA							

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FOR STATE REGISTRAR

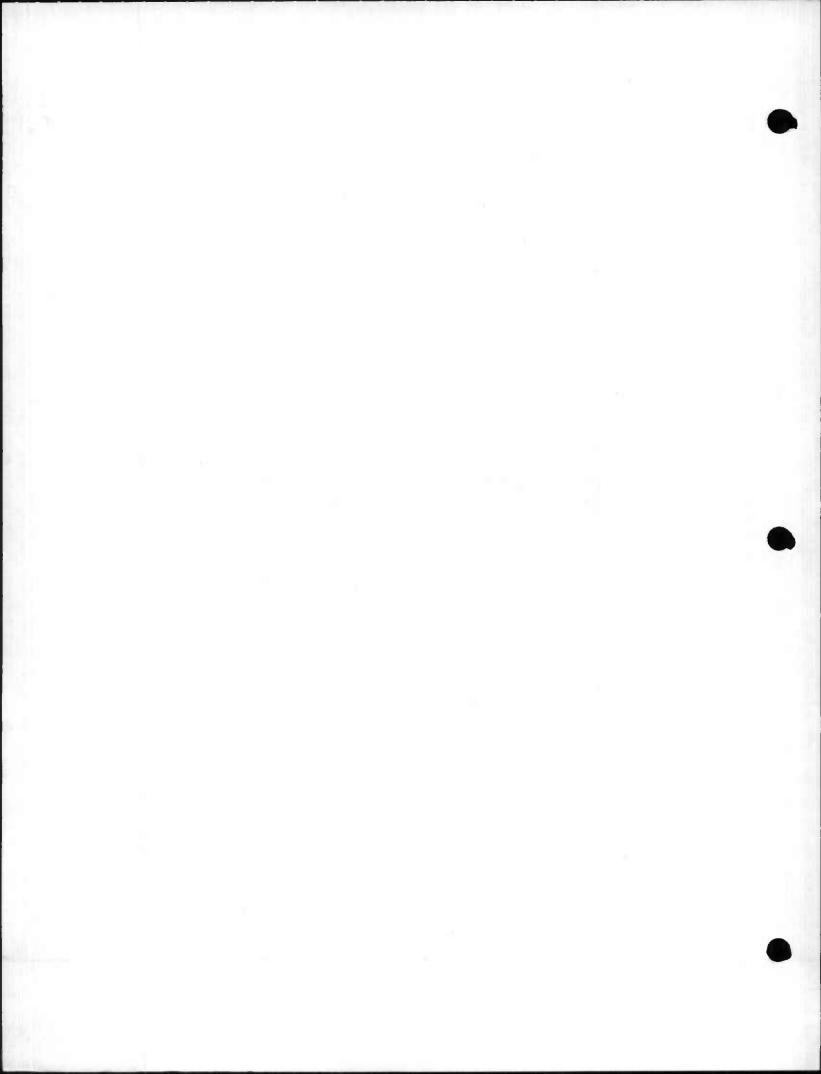
1. DECEDENT'S NAME (First Middle, Last)

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ITTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	** **
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2. DATE OF DEATH Richard G. Oberg 0750 A July 1992 25 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Dev. Year) April 21 1919 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. 1 M 2 🗆 F 286-07-2872 73 **Nebraska** for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH St. Joseph's Hospital DIRECTOR Towson Baltimore 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Timonium 1 YES ZXX NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5 Tenby Ct. 21093 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexicen, Puerto Ricen, etc.)
 U YES 2 NO Specify: 14. RACE -- American Indian, Black, White, atc. 1 Never Married 2 Marrie 3 Widowed 4 Divorced BY White WW 11 COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) funeral director, page 5 should be detached Proprietor Insurance once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Surneme) George T. Oberg Celia Tosch notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mrs. Dorothy R. Oberg Tenby Ct., Timonium, MD 21093 99 20a. METHOD OF DISPOSITION
11 Suriel 2 Cremetton 3 Removal from State
4 Donatus Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 7/29 DATE 20c. LOCATION - City or Town, State must cemejery, cremejory or other place)
Dulaney Valley Memorial Gardens Timonium, MD 21093 21. SIGNATURE OF TUNERAL SERVICE DICEMBE (Bryan W. Clary 22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Rd., Timonium, MD 21093 by the fremoval. medicai 23. PART L Enter the diseases, or complications that couled the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onset and Death and completely filled burial, cremation, the disesse or condition resulting in death) event, traumatic CERTIFICATION Sequentially flat conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a, WAS AN AUTOPSY ашу Signed Health a 1 TYES 2 NO OF DEATN? 1 TES 2 NO Dept. 25. WAS CASE REFERRED TO MEDICAL 2 PLACE OF OEATH (Check only one) certificate the State L EXAMINER? OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED with 1 Natural 5 Pending Investigation BY 1 YES 2 NO After t death 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) MERAL OIRECTOR: A Thin 72 hours after d ANT: If item 28 is -COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner es stated. MPORTANT: # MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER BE 29c. LICENSE NUMBER 2 WM EBELING M. J. CARL 7401 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.



3ZAR

9c. COUNTY OF DEATH Baltimore County

10g. CITIZEN OF WHAT COUNTRY? USA

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 TYES 2 (NO

14. RACE — American Indian, Black, White, etc. Specify: White

Interval Between Onset and Death

WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO

COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

, and due to the ceuse(e) end manner ee stated. 29d. DATE SIGNED (Month, Day, Year)

B. BIRTHPLACE (State or Foreign Country)

MD

11:14 P

REG. NO.

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year) 9-25-16

FOR STATE REGISTRAR

Julius 4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

219-03-9919

31. DATE FILED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

9	9a. FACILITY NAME (If not institution, give street and number) Franklin Square HOSPITAL.				96. CITY, TOWN OR LOCATION OF DEATH 36. CITY ROSSVILLE 3a1				
DIRECTOR					LOCATION RO	sedale		10d. INSID LIMITS 1 YES	
FUNERAL	100. STREET AND NUMBER 6228 Hamilt	on Ave.			101. ZIP CODE 212	37		EN OF WHAT COUNTY	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	2 NO If yes, specify, Cuban, Mexi					
COMPLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	CEDENT'S USUAL OCCUPATION The kind of work done during most of working The NOT use retired.) Carpenter			166. KIND OF BUSINESS/INDUSTRY		
	17. FATHER'S NAME (First, Middle, Lee Frederick Ott			18. MOTHER'S NAME (First, Middle, Meiden Sumeme) Margaret Hansel					
10 05	19a, INFORMANT'S NAME (Type/Print) Joan Conway		Street and Number or Run ilton Ave.						
1000	20a. METHOD OF DISPOSITION 1)C Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVE	Removal from State	20b. PLACE AND DATE cemetery, cremetory or o Garden	other place) IS OF		DATE -30-92 FACILITY	Baltimor		
CERTIFICATION	disease or condition resulting in death) Sequentially list conditions,		olic saconsequence o stive Hear		luro				
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OR A Arteri	S A CONSEQUENCE O	ic Hea	rt Disease	2			
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e. Arteri Due to (or a	s a consequence o ioscleroti s a consequence o	ic Hea	rt Disease	In Part I. 24a	I. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTI AMALABLE COMPLETIC OF DEATH? 1 YES	
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR ALL APTION OF ALL HOSPITAL:	s a consequence o ioscleroti s a consequence o	or): IC Head	rt Disease	In Part I. 24a	PERFORMED?	AWAILABLE COMPLETIO OF DEATH?	
PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER?	DUE TO (OR A: Arieri DUE TO (OR A: d. Itions contributing to destr HOSPITAL: 1 Inpetient 2 ER/O 28s. DATE OF INJUR (Month, Day, Yes	S A CONSEQUENCE OF TO SERVICE OF THE	OTHER:	erlying ceuse given 28. PLACE OF DEATH (1) 199 Home 8 Residence 80. INJURY AT WORK? 1 YES 2 NO	In Part I. 24a 1 [Check only one) 6 5 Other (Sp	PERFORMED?	AVAILABLE COMPLETI OF DEATH! 1 YES	
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending 1 Accident investigat 3 Suicide 8 Could no determine	DUE TO (OR A: Arieri DUE TO (OR A: d. Itions contributing to destr Itions contributing to destr HOSPITAL: ER/O 28e. DATE OF INJUR (Month, Day, Yea	S A CONSEQUENCE OF TO SERVICE OF THE	OTHER: 4 Nursir ME OF JURY M	erlying ceuse given 26. PLACE OF DEATH (ing Home 8 Residence 8c. INJURY AT WORK? 1 YES 2 NO y, office	Check only one) 8 G Other (Sp 28d. DESCRIE 281. LOCATIO City or 70	PERFORMED? YES NO NO STOREST END NUMBER OF OWN, State)	ARAILABLE COMPLETE OF DEATH! 1 YES JRED FRural Route Number	

132 REGISTRAR'S SIGNATURE

OTTO

8. AGE (In yrs. last birthday)

75

5 SEX

1 XM 2 F

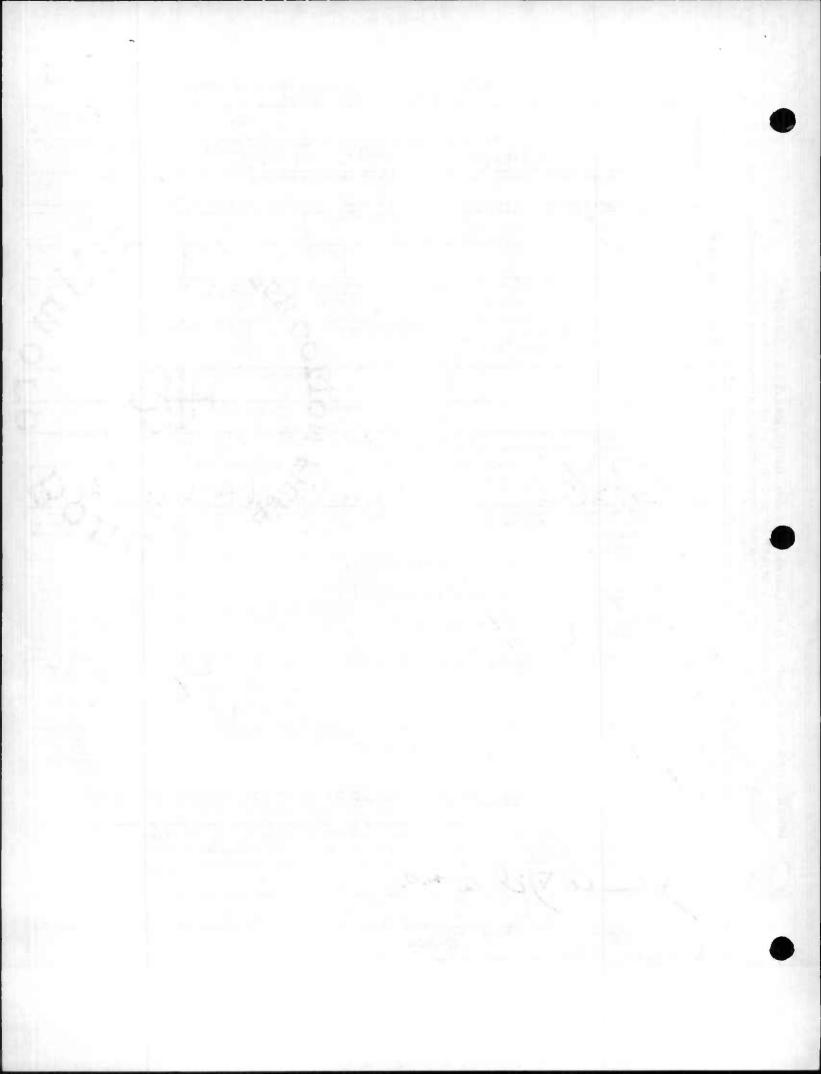
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

IF UNDER 1 YEAR

DAYS

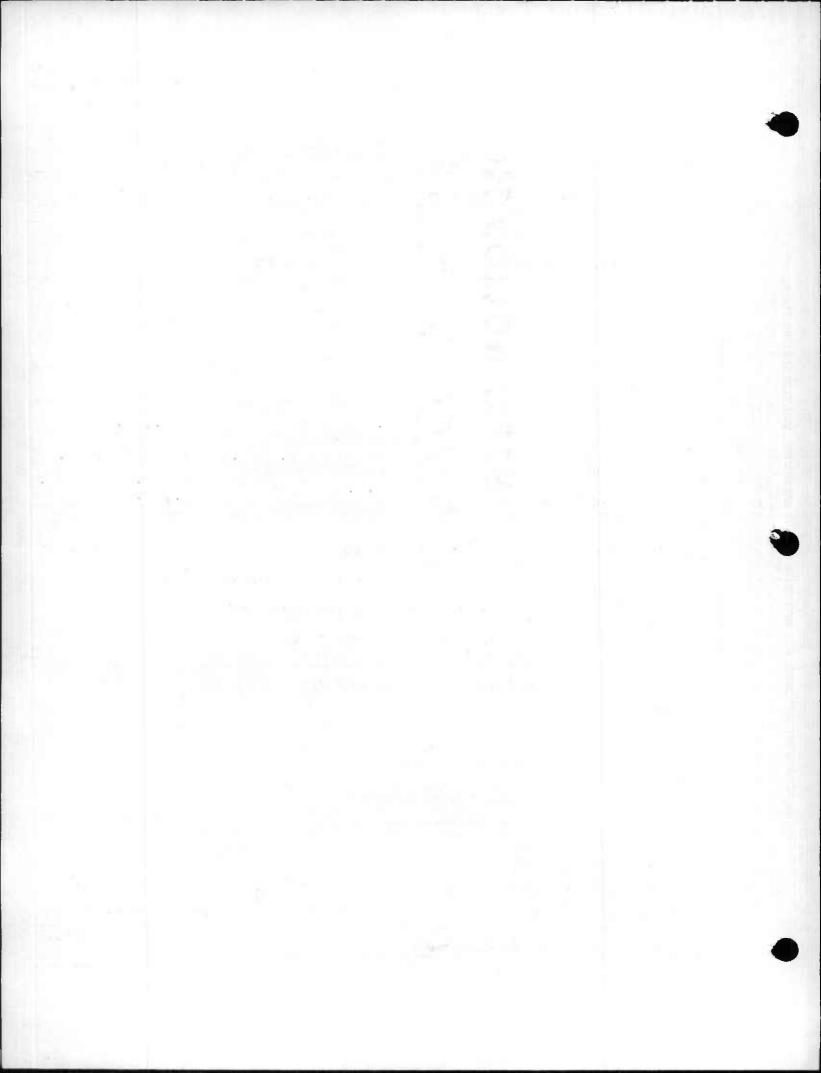
IF UNDER 24 HRS.

DHMH-18 Rev 1/89



BALTIMORE, MARYLAND 21203-3146	NY: The law requires that the death certificate be executed within a Jurs after death. Page 6 may be retained by the hospital or attending physician.	icate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Perm of Health and Memial Horiene notor to burial, cremation, or removal.	he medical averages made he wellfind of name
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	D PREHIDS HIM OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	n Transland AL URECAR Amen his certificate has been signed by the attending physician and completely filled in by the funeral d The State Deep of Health and Mental Hondon to Health and Mental Honleye bring to build cremation or removal.	and the second s

REGISTRAR		CERTIFIC	AIE UF	DEATH	REG. NO				
1. DECEDENT'S NAME (First, Middle, Last) MICHAEL	D. Pos	3			2. OATE OF OEATH	C YEAT	3. TIME OF OEATH		
4. SOCIAL SECURITY NUMBER 5. S			F UNDER 1 YEAR	IF UNDER 24 HRS.			RTHPLACE (State or Foreign		
	M 2 D F	1 100	ONTHS DAYS	HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	-49	untry)		
9a. FACILITY NAME (If not institution, give street a			6. CITY, TOWN O	LOCATION OF O	EATH	9c. COUNTY O	F DEATH		
Liberty Med	Liberty medical center Bultomore Bu								
10a. STATE 10b. COUNTY	TIMORR	10c. CITY,	BAUTI	on More			10d. INSIDE CITY LIMITS? YES 2 NO		
100. STREET AND NUMBER	LATEN S	73	101.	ZIP CODE	17	10g. CITIZEN C	F WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR ON DA	U.S. ARMED 2 NO TES	If yes, spe		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	8	ACE — American Indian, lack, White, etc. pecify: BLUCK		
15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	N leted) llege (1-4 or 5+)		k done during mos retired.)	t of working	18b, KINO OF BU	SINESS/INOUSTR	Υ		
		unei	mploye	u					
17. FATHER'S NAME (First, Middle, Last) Thomas Poe	2				ME (First, Middle, Maiden Minnie Le				
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS /Street at		Route Number, City or Tow				
Carolyn Poe					Street Ba				
20e, METHOO OF DISPOSITION 1 DABuriel 2 Cremetion 3 Removal 1 4 Donation 5 Other (Specify)	from State G	PLACE OF DISPOSIT other place) ATTISON	Fores	etery, cremetory or t Vet.	Cem. Ow	cation - city o	Town, State		
21. SIGNATURE OF FUNERAL SERVICE LICENS	P. Phill	im			data corne		Monroe ST		
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST ENT STAGE HEPATOCELULAN CA, DUE TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF):									
PART II. Other algorificant conditions co	ntributing to death be		tha undarlying		Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C/	heck only one)				
EXAMINER? 1 YES 2 NO 1	OSPITAL: Inpatient 2 - ER/Outp		OTHER:	5 🗆 Residence	8 Other (Specify)				
27. MANNER OF DEATH Notural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ		26d. DESCRIBE HOW	INJURY OCCURE	0		
2 Accident Investigation 3 Suicide 5 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str			281. LOCATION (Street City or Town, State		ral Route Number,		
29a. CERTIFIER (Check only one) CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: Or							se(e) and manner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFYER	alu	he_		29c. LICENSE NU			NED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO CO		ATH (ITEM 27) (Type, F	VA H	SPITH	LOCATA	AURN I	Bero, BACTO,		
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE Randell					MD.		

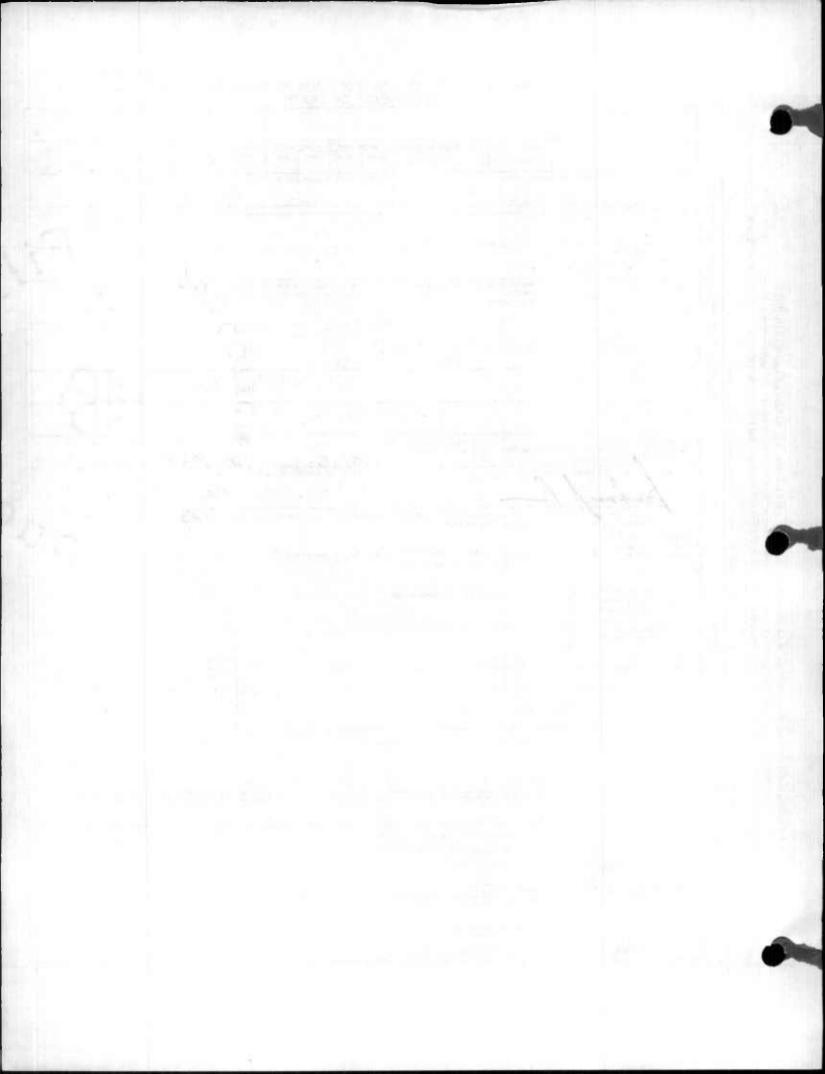


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O THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a man after death. Page 6 may be retained by the hos	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State page 5 should be detached to hardely recomplished by the funeral director, page 5 should be detached.	WHORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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,	1. DECEDENT'S NAME (First, Middle, Li	nst)						2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
ŀ	Stacy	М.	Platt					07	25		992	8:10 PM
1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I		IF UNDI	DAYS	F UNDER 24 HRS.	7. DATE (Monti	OF BIRTH		8. BIRTI	HPLACE (State or Foreign
	215-96-5671	1 🗌 M 2 💢 F	26	YRS.				3		66	Ba	Ito. Md.
	9a. FACILITY NAME (If not institution, gr 2738 E. Presto RESIDENCE OF DECEDENT				9b. CF1		timore	DEATH		9c. COU	INTY OF C	DEATH
	Md .	INTY		10c. CIT	Baltimoee							10d, INSIDE CITY LIMITS? 1 X YES 2 NO
	2738 E. Presto	n St.				10	21218				USA	WHAT COUNTRY?
ш	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A I YES 2 WAR OR DATES	NO	MO If yes, specify Cuban, Mexican,					n, Puerto Rican, etc.) Biac		
	15. DECEDENT'S (Specify only highest g			Give kind of vie. Do NOT us	work done to retired.	during mo	ON est of working	16b	. KIND OF BU	JSINESS/INI	DUSTRY	<u>Black</u>
I	17. FATHER'S NAME (First, Middle, Lest) BODDY Lee Pla	itt					18. MOTHER'S N	IAME (First, A	Middle, Maide	Sumame)		
	190. INFORMANT'S NAME (Type/Print) Ethel A. Platt		1	96. MAILING 1906	E.	ss (Street a	ond Number or Rura	I Route Numb		on, Store, Zi		218
į	20s. MÉTHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 R 4 Donation 1 Other (Specify)	emoval from State		EAND DATES rematory or o			tie Min	7/2	20c. L	aldo.	4.4	own, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE					am C. Br	own C	ommun			W. North Av
	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSE	EQUENCE OF	ግ :	tting	ivound					Onset and Death
	PART II. Other significant condit	contributing to	deeth but not	resulting (n the u	inderlyin	g ceuse given i	n Part I.	24s. WAS AI PERFO 1 XYES	RMED?	246	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VYES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 Yes 2 No	HOSPITAL:	FR/Outpatient	3 🗆 004	OTHE	R:	ACE OF DEATH (C					
ŀ	77. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, I	INJURY	28b. TIM	E OF URY	26c. INJ	RK?	28d. DES	CRIBE HOW			
	2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE C building.	OF INJURY — At h	, , ,				28f. LOCA City (or Town, State	end Number	or Rural I	Route Number,
		YSICIAN: To the best of	my knowledge, d					e to the cau		nner as sta	ted.	reet o) end manner ee stated.
1	96. SIGNATURE AND TITLE OF CERTI	FIER					29c. LICENSE NU					(Month, Day, Year)
L	Monald 4,6	Unight M	D				O.C.M	.E.		▶ 07	26	1992
L	DONALD G. WRIG	HT, MO	11			reet	. Balti		Marvl.			
3	1. DATE FILED (Month, Day, Year)	992 Julie	Ar's SIGNATURE L'Auridson								1	
	- 4 ^	U		3	- 1							DHMH-16 Rev 1/8



YEAR

3. TIME OF DEATH

OHMH-18 Rev 1/89

REG. NO.

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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RIHA A. SOCIAL SECURITY NUMBER 215-40-9152 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Forei DAYS 1 💆 M 2 🗆 F 48 8-5-43 MI) use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH ROSSVILLE 9c. COUNTY OF DEATN Franklin Square Hospital DIRECTOR Baltimore County RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Rosedale MD Baltimore 1 - YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21237 10g. CITIZEN OF WHAT COUNTRY? 1212 64TH St. USA ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 — YES 2 🔼 NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married BY Specify: 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Po Elementary/Secondary (0-12) College (1-4 or 5+) Brewer detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Joseph Riha Sr. Genevieve Thomas 76 page 5 should be BE notified 19a. INFORMANT'S NAME (Type/Print)
Linda Riha 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 21237 1212 64th St. BALTO. MD pe 20e. METHOD OF DISPOSITION

1) Buriel 2 Cremation 3 Rer 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stats examiner must by the funeral director, removal. cometery, crematory or other place) Gardens of Faith 7–31–92 BAltimore, MD 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Poseda CVACHI medical the disa es, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, filled in by Approximete ck, or heart feliure. List only one cause on each line. interval Between 6 IMMEDIATE CAUSE (Final Onset and Death CARENOMA, Metostotik cremation, event, the disease or condition resulting in death) certificate has been signed by the attending physician and completely from Stare Dept. of Health and Mental Hygiene prior to burial, cremater WKS JeNA death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART if. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO any COMPLETION OF CAUSE 1 YES 2 NO SWOATS S 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem **EXAMINER?** OTHER: 1 YES 2 Inpatient 2 - ER/Outpetient 3 - DOA me 5 - Residence 8 - Other (Specify) 4 - Nurs 8 27. MANNER OF DEATH 28e. DATE OF INJURY 28c, INJURY AT WORK? this a 28b. TIME OF marked. 28d. DESCRIBE HOW INJURY OCCURED After 5 1 YES 2 NO BY 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28 is 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) Could not be DIRECTOR: Nous after of BE COMPLETED 4 Nomicide Item 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. = on, in my opinion, death occured at the time, date end place, and due to the cause(e) and m OF TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Moght 335 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr 9000 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE wha burdson pandale

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Remal Cell Experience Microria Fire Mindellandard on Desers Francisco TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

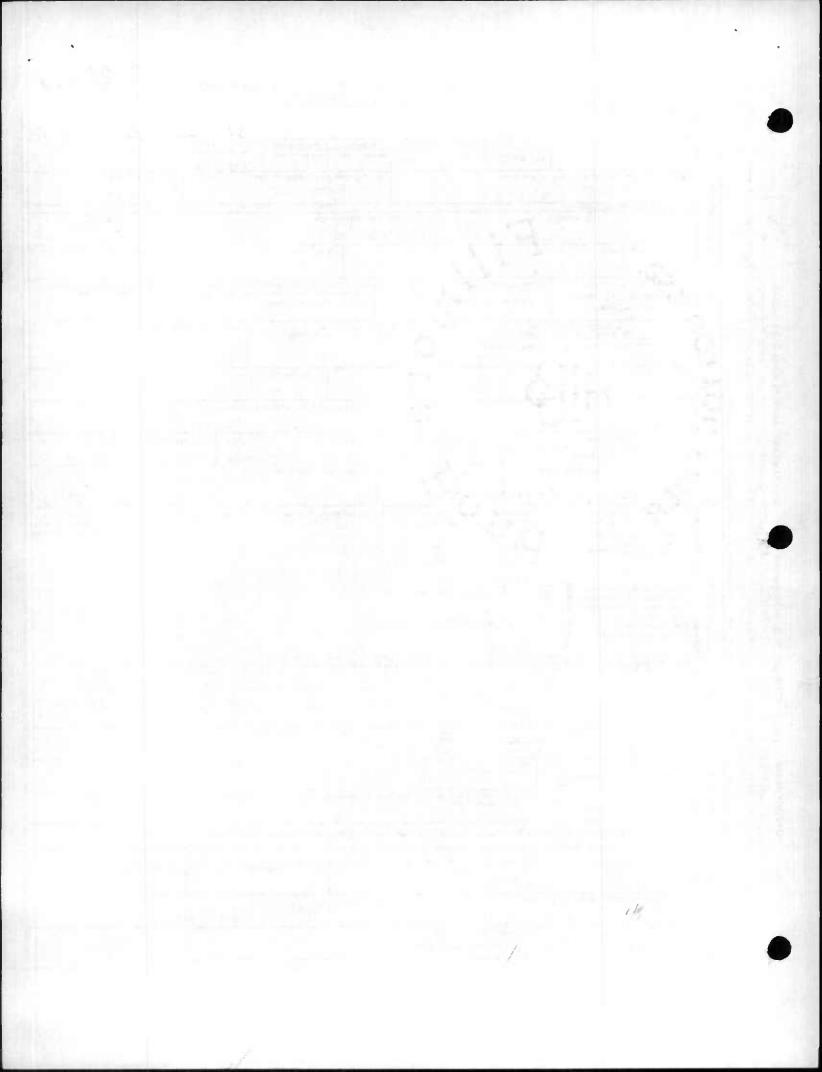
TO BE COMPLETED BY FUNERAL DIRECTOR TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR STATE REGISTRAR	STATE OF M	IARYLAN	D / DEPAR	RTMEN	T OF H	EALTH AND DEATH	MENT	AL HYGIEN		P box	(0)	· -
	DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF DEATH			3. TIME OF DEA	TH
		WALLACE						JU		мy 3. 19	YEAR	4:03	Δ M
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. lasi birthday)	MONTHS	DAYS	IF UNDER 24 HRS.	7. DAT	E OF BIRTH nth, Day, Year)		8. BIRTI	IPLACE (State or F	oreign
		1 M 2 D F	44	YRS.				7	/18/19	48		" PKI.	
	9a. FACILITY NAME (If not institution, give s THE JOHNS HOPK		гтат		9b. CITY		R LOCATION OF D			9c. COUP	TY OF	DEATH	
	RESIDENCE OF DECEDENT	IND HOSE	LIAL			DALI	'IMORE C	LTY					
	10a. STATE 10b. COUNTY	1		10c, CIT	Y, TOWN	OR LOCAT	ION					10d. INSIDE CIT	Y
1	Maryland	na		В	alti	more						LIMITS?	NO
	10e. STREET AND NUMBER				14	101	ZIP CODE			10g. CITI	ZEN OF	WHAT COUNTRY?	
	2215 Greenmount A		Shelte				21218				USA		
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES 2	□ NO	13.	WAS DEC	ENDENT OF HISPA	NIC ORIG	IN? (Specify Ye.	or No-	14. RACI Blac	E — American Ind k, White, atc.	ian,
	3 Widowed 4 Divorced	Vietna		3		1 TYES	2 NO Specia	fy:			Spec	"y: White	
	15. DECEDENT'S EDUC (Specify only highest grade	CATION	164	DECEDENT'S	USUAL O	CCUPATIO	IN .	16	b. KIND OF BU	SINESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Dry Wa	se retired.)	aunny mo	st or working		constr	ruction			
				Diy wa	irrer				CONSLI	uction	1		
	17. FATHER'S NAME (First, Middle, Last)						10. MOTHER'S NA	ME (First,	Middle, Meiden	Surname)			
	John Soborinko 19a. INFORMANT'S NAME (Type/Print)								ndexter				
							nd Number or Rural			n, Stata, Zip	Code)		
1	Lucy Kane 20s. METHOD OF DISPOSITION		200 01			_	timore, M				_		
3	1 Burlel 2 Cremation 3 Remarks Donation 5 Other (Specify)	oval from State	cemetery	CE AND DATE	ther plecel	Wote	Cemetery	DA		ings Mi			
1	21. SIGNATURE OF FUNERAL SERVICE LIC	-state			Lan		D ADDRESS OF FA		- Ow.	ugs m	.IIS,	III.G.	
	La de	Rona		de, Dir 7/27/92					State	Anat	omy	Board	
#	23. PART I. Enter the diseasee, pro	complications that				W CC	Baltim	ore	St, Ba	Ito,M	ID :	21201	
	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	List only one caus	se on each	line.	iot ontei	are mo	ze bi dying, soc	n ac ca	rulec or reep	iratory em	est,	Approximinterval B Onset an	etween
	resulting in death)	sep	U+1									14801	curs
	_	2/06/	OH AS A CON	NSEQUENCE OF	F):							it.	· now
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	NSEQUENCE OF	F):							PI	MAT.
	cause. Enter UNDERLYING												
	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CDI	NSEQUENCE OF	F):								
	resulting in death) LAST	1											
	PART II. Other significant condition	s contributing to r	death but n	ot resulting i	in the un	derivino	cause given in	Part I.	24a, WAS AN	ALITOPSY	245	WESE ALTOSEV E	INDING
ľ						, ,			PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
ı									1 YES 2	∐ NO		OF DEATH?	
												1 YES 2	NO
	25. WAS CASE REFERRED TO MEDICAL EXAMPLER?						ACE OF DEATH (Ch	eck only o	ine)				
ı	1 YES 2 NO	HOSPITAL:	ER/Outpatien	n 3 🗆 DOA	OTHER		5 Residence	e 🗆 Oth	er (Specify)				
I	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		28b. TIM	E OF URY	20c. INJU		28d. DE	SCRIBE HOW I	NJURY OCC	URED		
ł	1 Natural 5 Pending 2 Accident Investigation				М	1 🗌 Y	ES 2 NO						_
3 Suicide 8 Could not be detarmined detarmined City or Town, State) 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28b. LOCATION (Street and Number or Rural Re City or Town, State)								loute Number,					
-	AA COMUNICO												
	29a. CERTIFIER (Check only one)												
	2 MEDICAL EXAMINE		mination end	f/or investigatio	n, In my o	pinion, de	ath occured at the	time, dat	e and place, an	d dua to the	cause(e) end manner ee s	tated.
	296. SIGNATURE AND TITLE OF CENTIFIER	0 , M.	D.				29c. LICENSE NUI	/	(trubpe	29d. DATE	SIGNED 7/2	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH	hns f	Print) L	hs	Hoofa	1			1		
	31. DATE FILED: (Major 1999)	32, RECISTRAR	TO TAMONE OF	ES A	1		1						



BALTIMORE, MARYLAND 21215-0020	ICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, sace 5 should be detacted for use as the perturbation of the attending physician and completely filled in by the funeral director, sace 5 should be detacted for use as the perturbation.	ion, or removal. Ne medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. TO THE FUNERAL DIRECTOR: After this certificate has been stoned by the attending physician and completely figure.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal. IMPORTANT: If Item 28 is marked, or liem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.

1. DECEDENT'S NAME (Fir									2. DATE	OF DEATH	MY	YEAR	3. TIME OF DEAT
Katharine	May So	chell							GT		6	GZ_	9:15
4. SOCIAL SECURITY NUM	IBER	5. SEX	E (in yrs. lest birthday) IF UNDER 1 YE/			IF UNDER		7. DATE	OF BIRTH	8. BIF		THPLACE (State or Fo	
216-24-201		1 🗌 M 2 🔀 F	86	YRS.	MONTHS	DAYS	HOURS	MIN.			1906	Ma	ryland
Se. FACILITY NAME (If not	institution, give	street and number)					OR LOCATI				9c. COU		
Union Me	moria	l Hospita	1		Ba.	ltim	ore (City			Balt	imo	re City
RESIDENCE OF DE	CEDENT 10b. COUN												
					TY, TOWN		TION						10d. INSIDE CITY LIMITS?
Maryland		timore Ci	ty	Ва	1timo								1 🖾 YES 2 🗌
10e. STREET AND NUMBE			Maria.				. ZIP COD				10g. CITI		WHAT COUNTRY?
115 E. Mel	rose A						21212					US	SA
11. MARITAL STATUS 1 Never Married 2 3 Widowed 42 Ch			NT EVER IN U.: 1 YES 2 WAR OR DATE:	2 XNO		If yes, sp	ENDENT Code	n, Mexica	n, Puerto	N? (Specify Ye Rican, etc.)	e or No—		CE — American India ack, White, etc. acity: White
15. DE	CEOENT'S EC	DUCATION	16	a. DECEDENT'S	S USUAL O	CCUPATI	DN		168	b. KIND OF BU	SINESS/IND	DUSTRY	
Elementary/Secondary	nly highest gra (0-12)	de completed) College (1-4 or 5	i +)	(Give kind of life. Do NOT u	work done ise retired.)	during mo	ost of worldi	ng					
11th Grade				Clerk						Stewar	ts De	par	tment St
17. FATHER'S NAME (First,	Middle, Last)						18. MOT	HER'S NA		Middle, Malden		-	
J. Bennett	Roll:	ins					Gı	cace	Hous	se			
19e. INFORMANT'S NAME	(Type/Print)			19b. MAILING	G ADDRES	S (Street a				nber, C/ty or Tox	vn, State, Zip	Code)	
Mrs. Maril	yn Wat	kins								more,		2.12	211
20a. METHOD OF DISPOSE	TION	Cornel or remail	20b. PL	ACE AND DATE	OF DISPOS	SITION /N	ame of		OAT				Town, State
T DC Blassical 2 Commont	ion 3 \square Re	movel from State	cemeter	don Pa	other place)			7-	30-9				ity, MD
4 Donation 5 Oth	or (Specify)		_ LLou	don Par	rk Ge	emet	BLA					E 14	
		LICENSEE	_ Iron	don Pa	22.	NAME A	ND ADDRE	SS OF FA					
4 Donation 5 Other		LICENSEE	- Iron	don Pa	22. Lo	NAME A	Bye	ss of fa	Fune	ral Di	recto	rs,	Inc.
21. SIGNATURE OF FUNER 23. PART Enter the abock, or IMMEDIATE CAUSE (F disease or condition	diseases, or heart failure	r complications the	at ceused th	ne death. Do	Lo 87	NAME AI Orin 728 r the mo	By By Builder	ers l ety l	Fune:	ral Di Randa	recto	ors,	Inc.
21. SIGNATURE OF FUNER 23. PART Enter the abock, or IMMEDIATE CAUSE (F) disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events	diseases, or heart failure inel	r complications the ball of th	at coused the use on each or or or as a co	ne death. Do	not enter	NAME AI Orin 728 r the mo	By By Builder	ers l ety l	Fune:	ral Di Randa	recto	ors,	Inc. MD 2.11
23. PART / Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in CAUSE (Disease or	diseases, or heart failure inel	r complications the ball of th	at coused the use on each or or or as a co	one death, Do illine. ONSEQUENCE CO ONSEQUENCE CO	not enter	NAME AI Orin 728 r the mo	By By Builder	ers l ety l	Fune:	ral Di Randa	recto	ors,	Inc. MD 2.11
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacted		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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10	5	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	¥

92 20931 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 07 28 3. TIME OF DEATH L. YEAR Agatha
4. SOCIAL SECURITY NUMBER Smith 92 4:40 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

69 YRS. MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Morth, Day, Year) 06/17/1923 BIRTHPLACE (State or Foreign Country)

Maryland 1 M 2X F 217-26-5732

	9a. FACILITY NAME (If not institution, give street	et and number)		9b. CITY, TO	VN OR LOCATION OF D	EATH	9c. COUNTY	OF DEAT	1
DIRECTOR	Greater Baltimore	Medical Cente	r		Towson		F	Balti	more
JE (10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION			100	I. INSIDE CITY
	MD Balti	imore		Glen A	cm			1 [LIMITS?
AL	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	12116 Manor Road				21057		111	5.	4.
5	11. MARITAL STAYUS 1	2. WAS DECEDENT EVER IN U.S.	ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Speci	fy Yes or No— 14	. RACE —	Ameridan Indian
	1 Never Married 2 Married	FORCES? 1 YES 2	NO	If yes	y specify Cuben, Mexico YES 2 NO Speci	an, Puerto Rican, et	c.)	Specify:	rite, etc:
BY	3 Wildowed 4 Divorced							WH	LITE
E	15. DECEDENT'S EDUCAT (Specify only highest grade co.		Give kind of	USUAL OCCUP	ATION most of working	16b. KIND O	F BUSINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ho. Do NOT US	ne retired.)	TKER		_		
	17. FATHER'S NAME (First, Middle, Last)	LANCASTE	R		16. MOTHER'S NA	AME (First, Middle, M	eiden Sumeme)	NA	NION
BE	19e. INFORMANT'S NAME (Type/Print)			ADDRESS /Str	est and Number or Rural	Pouts Number City	The Case To Ca	7/7	120.1
5	FAMILY REC	CORDS	5,	me	AS	ABOV	E State, 20 Co	(NOTE)	
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)		EAND DATE	OF DISPOSITION	(Name of	7-30 (CLEN	or Town,	State Min.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE /	701	22. NAM	AND ADDRESS OF E	icitity /2		7/4/	1 1
	· Jeffen	7. gai	N	85	POO HAR	HAPE	ED PA	NEI RKV	nories
	23. PART I Enter the diseases, or con	nolications that caused the out only one cause on each lie	deeth. Do r	ot enter the	mode of dying, suc	ch as cardlec or	respiratory erres	t,	Approximate
	IMMEDIATE CAUSE (Final	n only one cause on each in	ie.						interval Between Onset and Death
	disease or condition resulting in death)	Sepsis						Ì	Das
	a.	OUE TO (OR AS A CONS	EQUENCE OF	F):					
Z	b	Adeno CA of	the	Colon					Mths
E	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONS							
2	CAUSE (Disease or injury								
E	thet initiated events resulting in death) LAST	DUE TO (OH AS A CONS	CONSEQUENCE OF):						
PHYSICIAN: MEDICAL CERTIFICATION	d								
7	PART II. Other algnificent conditions of	contributing to death but not	resulting	n the underi	ying cause given in		S AN AUTOPSY		RE AUTOPSY FINDINGS
Š						1 Y	RFORMEO?	COI	ILABLE PRIOR TO IPLETION OF CAUSE
JE I							A		DEATH?
7									7 165 2 110
M	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (Ch	reck only one)			
Sic	EXAMINER? 1 YES 2 YO 1	IPSPITAL:	3 DOA	OTHER:	tome 5 - Residence	8 Other (Specific	1		
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM		INJURY AT		OW INJURY OCCUR	IED	
ВУ Р	1 Netural 5 Pending Investigation	(Month, Day, Year)	INJ	M 1	WORK?				
	2 Sudelde	nome, ferm, s	treet, factory, o	ffice	28f. LOCATION (S	281. LOCATION (Street and Number or Rural Route Number,			
TEC	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
J'E	290. CERTIFIER CERTIFYING PHYSICIA	N: To the best of my knowledge, o	leath occurre	d at the time	late and place, and due	to the councies on	I manner on eleted		
COMPLETED		On the basis of examination and/o						euse(s) and	manner as stated.
BEC	29b. SIGNATURE 400 TITLE OF CERTIFIER	In P			29c. LICENSE NUI		29d, DATE SI	IGNEO (Moi	oth, Day, Year)
TO B	manic an	- 4			D. 34	521	> 7	1-28	1-92
	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (IT	EM 27) (Type,	Print)	W	21131			
ij	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE							

John Savidres Bando 80 DHMH-18 Rev 1/89 Lynn y told

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIFFERING AND THE PROPERTY After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

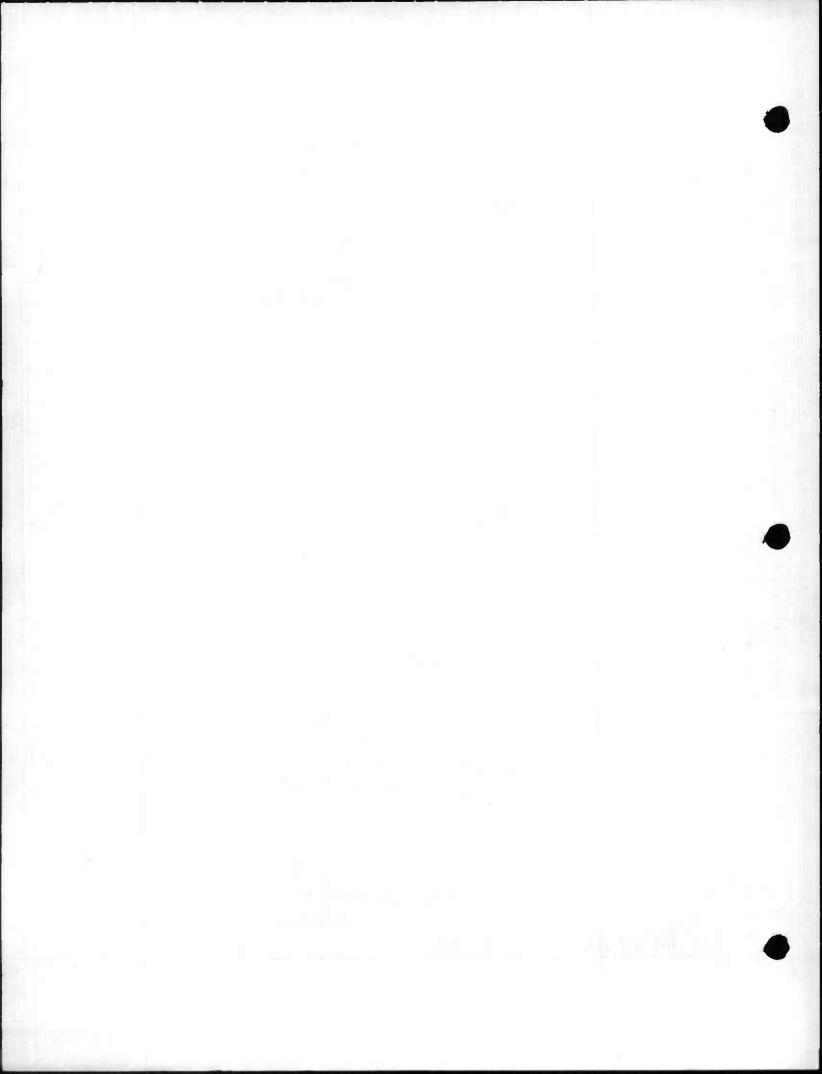
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

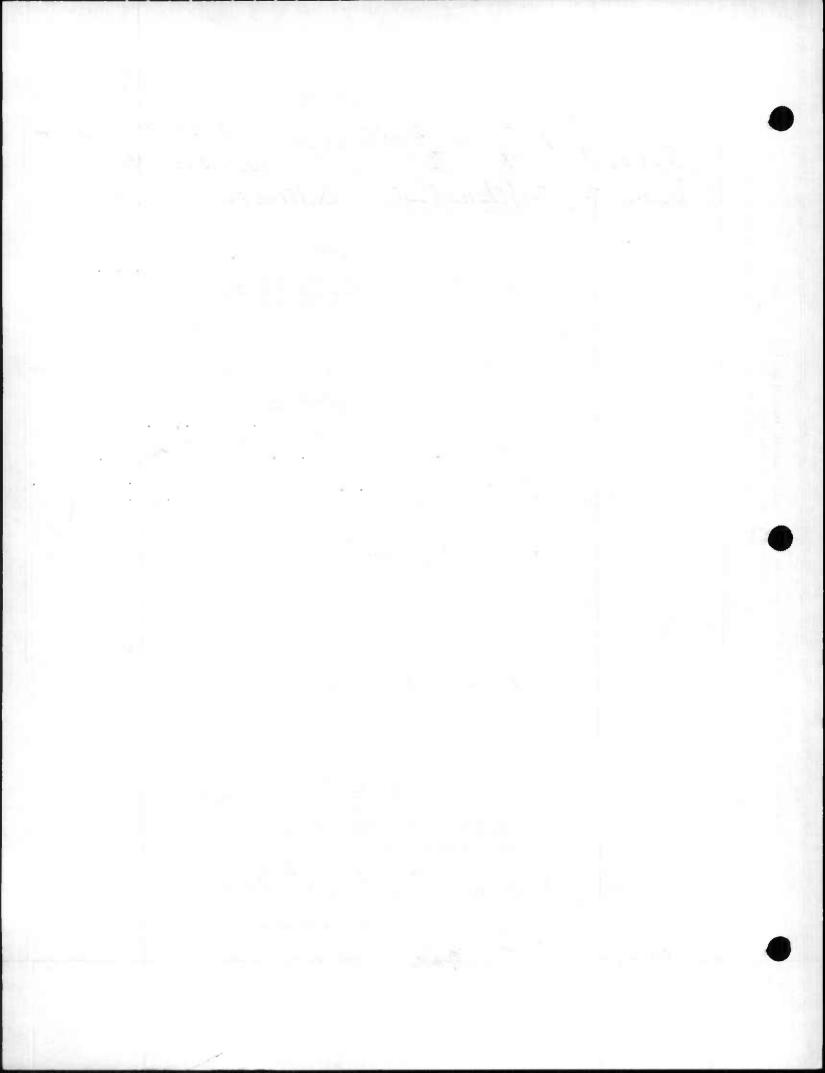
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH										3. TIME OF DEATH				
ľ			Clinton Elmer SMIT					July 2	7	1992	YEAR	12:00 A M		
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. las		1	R 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BI	RTN	1332	a. BIRTI	IPLACE (State or Foreign
	213-26-9253	$-26-9253$ 1 \bigcirc M $_2$ \bigcirc F 93 YRS. MONTHS DAYS HOURS MIN. JUNE 24,					399	Ha1	rford Co. Md					
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE		7, 1		NTY OF D	
S S	Franklin S	Square	Hospital	L		r	ossv	ille				Dal.	t imo	re County
5	RESIDENCE OF DEC	EDENT										Dal	LIIIO	
=	Maryland	106. COUNTY			10c. CIT	Y, TOWN	OR LOCA							10d. INSIDE CITY LIMITS?
2	10e. STREET AND NUMBER		Baltin	ore					aspel	ourg				1 X YES 2 NO
FUNERAL DIRECTOR	Control of the Contro	604 D	enton Hgt				10	f. ZIP COD		1007				WHAT COUNTRY?
2	11. MARITAL STATUS	004 DE	12. WAS DECEDEN		****	1.0				1206			S. A	
4	1 Never Married 2		FORCES? 1	YES 2 X	NO	13.	If yes, sp	ecify Cuba	ın, Mexice	IIC ORIGIN? (Spi n, Puerto Rican,	atc.)	or No-	Black	E — American Indian, k, White, atc.
ВУ	3 XXWidowed 4 Divo	rced	IF YES, GIVE W	IAN OH DATES			1 YES	2 💢 NO	Specify	/:			Speci	white
COMPLETED		EDENT'S EDUC		18e. Di	CEDENT'S	USUAL C	CCUPATI	ON		16b. KIND	OF BUS	INESS/IN	DUSTRY	
	Elementary/Secondary (0		College (1-4 or 5	9	ive kind of Do NOT u									
MP	12 yrs.		4 yrs.	Con	tract	tor .	- Se	lf er	nploy	/ed	Smit	th (Const	ruction
8	17. FATHER'S NAME (First, Mi	iddle, Last)						18. MOT	NER'S NA	ME (First, Middle,	Maiden :			
BE			Clinto			nith				ary Ber			llio	tt
2	19a. INFORMANT'S NAME (7)									Route Number, Cit				
	Mrs. Mary V								Balti	imore, I				
	20a, METHOD OF DISPOSITI		oval from State	206. PLACE cemetery, cre Dari	and DATE	OF DISPO	SITION	ame of					City or To	
	4 Donation 8 Other 21. SIGNATURE OF FUNERAL		ENGEE /	Darı	ingto			BTY ND ADDRE		-30-92	Dar	rling	iton,	Md.
	▶ E. J.			/		22.	. NAME A	NO ADDRE	SS OF FAI		.Las	sahr	Fur	neral Home
	23. PART I. Enter the di						1175	O Bel	lair	Rd. Ki	nasv	ille	Md.	
1	IMMEDIATE CAUSE (Fin disease or condition resulting in death)	el	. Metasta		stat		arci	noma						Interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
	PART II Other significe	nt condition	s contributing to	death but not	maultin-	In the su			-1 1	2-1-1-1-1				
H: MEDICAL	PERFORMED? 1 □ YES 2 NO									. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO	MEOICAL					26. P	LACE OF D	EATH (Che	eck only one)				
Sic.	1 YES 2 NO		HOSPITAL:	ER/Outpetlant 3	□ DOA	OTHE		10 5 🗆 Re	sidence	8 Other (Spec	c/fv)			
美	27. MANNER OF DEATH		28e. DATE OF (Month, D.		28b. TIM		28c. IN.	URY AT		28d. DESCRIBE		JURY OC	CURED	
BY		Pending rivestigation	(mornin, Di	ay, rour,	1111	M		YES 2] NO					
	3 Sulcide 6 6	street, fac	eet, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					Route Number,						
COMPLETED			CIAN: To the best of R: On the basis of a											e) end manner es stated.
	296. SIGNATURE AND TITLE	OF CERTIFIER	Ma	1 0/	7			29c. LICE	ENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF	PERSON WILL	1/law	hall	MX	2				N/A	A	1	7/2	7/92
	Delphia Ma	rshall		000 Frai			are	Driv	e Ba	ltimore	e, M	lary	land	21237
4	JUL 2 9 19		32. REGISTRA	H'S SIGNATURE	2									



BALTIMORE, MARYLAND 21215-0020	INSICIAN; The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician. Is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical expensions mired by according to according
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO PERSONAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de in the form this certificate has been signed by the attending physician and completely filled in by the fiber the filed in the filed in by the fiber in 72 hours after death with the State Degt, of Health and Mental Hygiene prior to burlal, cremation, or removal.	MDOGTANT: It item 22 is marked or item 23 shows any injury or other fraumatic event the medical avantages must be notified at annu
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC				GIENE G. NO.	2 20933
	1. DECEDENT'S NAME (First, Middle, Last)	VF	Smit	+6		2. DATE OF DE.		SAR 3. TIME OF DEATH
	1100 11 75	. SEX 6. AGE (I		UNDER 1 YEAR NTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day,	TH (6er) 16	BIRTNPLACE (State or Foreign Country)
OR	9e, FACILITY NAME (If not institution, give atree	al & Medic	al Center	CITY, TOWN O	BOLTIN	MOSC	9c. COUNTY	OF DEM'H
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY			10c. CITY, TOWN OR LOCATION Baltimore City				10d. INSIDE CITY LIMITS? LIC YES 2 NO
ERAL	10a. STREET AND NUMBER 3702 Parkfield	l Road			ZIP CODE 21208			N OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2. NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify You fi yee, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:			cify Yes or No — 14	. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		(Give kind of work done during most of working					TRY
	17. FATHER'S NAME (First, Middle, Lest) Willie Jackson		110430	WILE		ME (First, Middle, I nda Wai		
TO BE	190. INFORMANT'S NAME (Type/Print) Gerald Smith			Parkf	nd Number or Rural	Route Number, City	or Town, State, Zip Co	21208
100	20e. METHOD OF DISPOSITION 15 Burlal 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I from State 20b.	PLACE AND DATE OF D	ISPOSITION (Na	me of	DATE 2	Laurel	y or Town, Steta
CAGNILLE	21. SIGNATURE OF FUNERAL SERVICE LICENS Clinabeth	L. Phil	lips		hillip:	e E/H		N.Monroe ST. D. 21217
	23. PART I. Enter the diseases, or com- shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Metasta	sch ilne.	,	de of dying, suc	h as cardiac or	respiratory arrest	t, Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially flat conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):							
	PART II. Other significant conditions of	ontributing to death bu	at not resulting in the	ne underlvino	cause given in	Part i. 24a W	AS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL	fariful and	, gang	10.40			PERFORMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		THER:	ACE OF DEATH (Ch			
	1 VES 2000 27. MANNEB OF DEATN 1 Netural 5 Pending	Repetient 2 ER/Outpi 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	RK?		Other (Specify) Bd. DESCRIBE HOW INJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26s PLACE OF INJURY — At home form street feetons office						Rural Route Number,
COMPLET		N: To the best of my knowle						ause(a) and manner as stated.
BE	206. SIGNATURE AND TITLE OF CERPTIFIED	New	nc	Ž	29c. LICENSE NUI	7458	29d, DATE S	IGNIFO (Month, Day, Year)
-	30. NAME AND ADDRESS OF CERSION WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							



Pages 1, 2, 3 should

permit.

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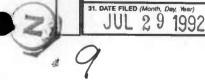
use as the

n by the funeral director, page 5 should be detached for removal.

8	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after (TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NG	fter	eath
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 12:59 RUTH E. 07 STEWART 92 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 DF 403-30-7971 11-5-1928 VIRGINIA Sa. FACILITY NAME (if not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR HARBOR HOSPITA BALTIMORE CITY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND 1 | YES 2 | NO BALTIMORE **EDGEMERE** FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7307 WAIDMAN AVENUE 21219 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES ON NO 1 Never Married 1 Married 1 WES Y NO Specify: B Specify: 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade College (1-4 or 5+) Elementary/Secondary (0-12) 12TH GRADE HOME MAKER HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) 10 TURNER MILLITHS BE ELLA STURGILL notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CHESTER STEWART 7307 WALDMAN AVENUE BALTIMORE, MARYLAND 21219 must be 20a, METHOD OF DISPOSITION
1 □ Burlat 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE 4 Donation 5 Other (Specify) DOWRIDGE MEMORIAL 7-27-92 DORSEY, MARYLAND examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 21222 medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heert feiture. List only one ceuse on each line. **Approximate** interval Between APPOX 12 YO **IMMEDIATE CAUSE (Final** the disease or condition resulting in death) 1978 124rg Chronic OBSTructive Pulm. Disease event, DUE TO (OR AS A CONSEQUENCE OF): EmphysemA APPOX 12415 other traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OFif any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 injury, PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS shows any AVAILABLE PRIOR TO Clostridian Difficile ENTEROCOLITIS COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO ANOTEXIA 1 - YES 2 1 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL item 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA OTHER: 1 TYES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28b. TIME OF INJURY 28a. DATE OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural NA M NA 1 YES 2 NO BY 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28 1s 1 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be determined NA 4 Homicide Hem 29s. CERTIFIER
1 🔀 CERTIFYING PHYSICIAN: To this best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If It 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d, DATE SIGNEO (Month, Day, Year) Macus, MD. 7/24/92 2

30015 HANOVER ST. BALTIMORE

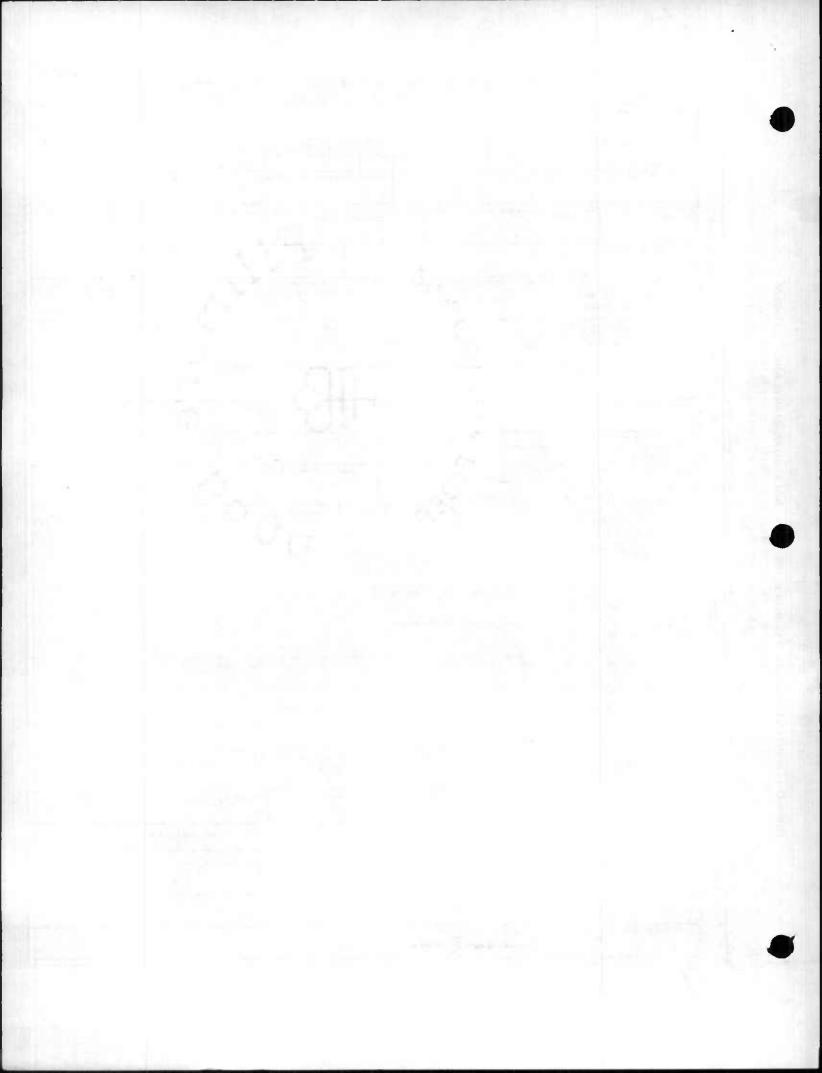


30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MACIAS

M.D

32. REGISTRAR'S SIGNATURE

Charles



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	L CHECTOR Ame this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1;		
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LONG THE RESIDENCE THE BAY POPULES THAT THE GOSTIT CONTINUES DE EXECUTED WITHIN 24 HOURS AREN GOSTIN. PAGE 5 May be retained by the hospital or attending physician	を佐	長瀬	Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL OR ATTENDING PHYSICIAN:

FUNERAL I MPORTANT: If

2, 3 should

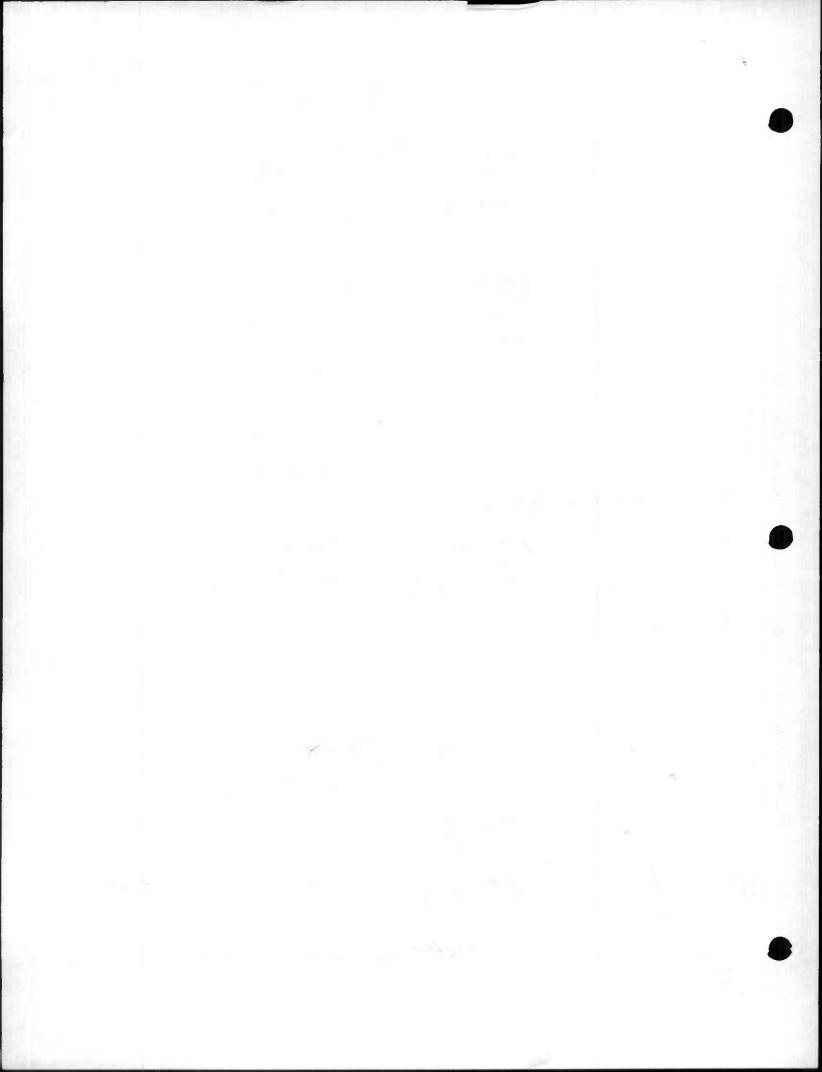
REG. NO. 1. DECEDENT'S NAME (First, Middle Last) 2. DATE OF DEATH 3. TIME OF DEATH 7-26-1992 DORIS SMITH 1:10 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 7-18-1917 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 215-10-2775 1 M 2 X F 75 Maryland Se. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 3822 Glenarm DIRECTOR Ave. Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3822 Glenarm Ave. 21206 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 X Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) ge (1-4 or 5+) Bookkeeper 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Edwin Dove Alice Wise BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 9109 Sandra Park Dr., Perry Hall, Md. 21128 Joan S. Fountain 20e, METHOD OF DISPOSITION
1 | Burlel 2 | Cremetton 3 | Removal from State
4 | Donatton 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Parkwood Cemetery 7-29+92 Balto. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Roy H. Cather

Leonard J. Ruck, Inc., 5305 Harford Rd.,

23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 Interval Between Onset and Death **IMMEDIATE CAUSE (Finel** disease or condition resulting in death) METASTATIC CANCER IN LIVER
DUE TO (OR AS A CONSEQUENCE OF): 18 MONK METASTATIC LUNG CANCER PRIMARY INCHINE
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: 1 YES 2- NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home Residence & Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigat BY 1 YES 2 ND 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATIDN (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due 296. SIGNATURE AND TITLE OF CERTIFIED 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, gay, Year)

7/27/92 BE a 020291 0 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ross Abrams, M.D., 600 N. Wolfe St., Balto., Md. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUL 29 1992 hie Davidson-Randalle



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNENAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAI CERTIF	RIMENT OF	HEALTH A	AND ME	NTAL HYGIEN		40000
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH		3. TIME OF DEATH
	Florence Nighte	ngale SPRA	ngale SPRATLEY						92 1:27P M
	577-46-0298	1 x M 2 □ F 6	XM 2 F 62 YRS. MONTHS DAYS HOURS MIN.				DATE OF BIRTH (Month, Day, Year) /2/29		BIRTHPLACE (State or Foreign Country) DC
~	9a. FACILITY NAME (If not institution, give street		•	9b. CITY, TOWN		N OF DEATH		9c. COUNT	Y OF DEATH
[[Doctors Communi	ty Hospital		Lanha	n			Prince	e George 's
DIRECTOR	10a. STATE 10b. COUNTY	PG		ry, town on Locandover	ATION				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			- Es	of, ZIP CODE			10a CITIZE	1 YES 2 NO
FUNERAL	7004 E Ridge Dr	ive			2078	84			USA
5	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		CENDENT OF	F HISPANIC	ORIGIN? (Specify Yes	or No — 14	I. RACE — American Indian, Black, White, atc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			pecify Cuban S 2 🙀 NO		Puerto Rican, etc.)		
	15. DECEDENT'S EDUCA	704	I British and the second						Black
COMPLETED	(Specify only highest grade co	mpleted)	(Give kind of	Work done during n	ION lost of worlding	7	16b. KIND OF BU	SINESS/INDUS	TRY
7		College (1-4 or 5+) Yrs		Govern					
OM	17. FATHER'S NAME (First, Middle, Last)	115	redetal	Govern		ER'S NAME	(First, Middle, Maiden	Sumamal	
BE C	Charles Nightengal	۵				ha Sv		00.1107	
TO B	19a. INFORMANT'S NAME (Type/Print)				and Number o	or Rural Rout	e Number, City or Tow	n, State, Zip Co	ocle)
F	Michel A Spratle	У	Same	as 10a	,b,c,	d,e,&	f		
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove	al from State	b. PLACE AND DATE		leme of		DATE 20c. LO	CATION CIE	y or Town, Stata
	4 Donation 6 Other (Specify)	I	Harmomy M	emorial				indove	r, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE .			ND ADDRESS		JOHN		nes Co., Inc.
	· Luan	mill		3	030 12	2th S	t NE, DC	20017	
11	23. PART I Enter the diseases, or con ahock, or heart failure. Lis	mplications that couse	ed the death. Do	not enter the m	ode of dyin	ng, auch a	a cardiac or reapi	ratory arres	
	IMMEDIATE CAUSE (Final	or only blie cause on	each line,						interval Batween Onset end Death
	disease or condition resulting in death)	A CUTE DUE TO (OR AS	RESPIRATI	DRX FA	ILUR	E			
							.40.100	00-	10-
CERTIFICATION	Sequentially list conditions, b.		A CONSEQUENCE O		UGIVE	MU	MONARY	USTA	36
AT	if any, leading to immediate cause. Enter UNDERLYING	(311113		. ,.					
F	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):					
ERI	resulting in death) LAST								
AL C	PART ii. Other aignificant conditions	contributing to death	but not resulting	in the underivi	o cause ol	ven in Per	t i. 24a. WAS AN	ALTTOREY	24b. WERE AUTOPSY FINDINGS
2	Escential R	u Dersten Sien		the anacryn	.g cadao gi	voil iii r ai	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	HUDOTRUBANA	1 /20					1 TYES 2	No	OF DEATH?
	HI DOOR ART	Rupordido	h				-		1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	[-4 /a] (coes)		28. F	LACE OF DE	ATH (Check of	only one)		
SIC		IOSPITAL:	tpetlant 3 DOA	OTHER: 4 Nursing Ho	ne 5 🗆 Rasi	idence 6	Other (Specify)		
E	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIM	E OF 28c. IN	JURY AT		d. DESCRIBE HOW II	NJURY OCCUR	RED
ВУ	1 Natural 5 Pending 2 Accident Investigation	[A Company of the Comp	YES 2	NO			
	3 Suicide 6 Could not be	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term, scily)	street, factory, offi	ca .	28	LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
E	4 Homicide detarmined								
COMPLETED		N: To the best of my know							euse(a) and manner as stated,
ECC	29b. SIGNATURE AND TITLE OF CERTIFIER	Can	A MA	2		ISE NUMBER			IGNED (Mogth, Day, Year)
0	SANTIA	TGO D. IN	GRAO 1	6 M.D.	n.	200	27	► 7/	23/00-
2	30. NAME AND ADDRESS OF PERSON WHO CO	D. MARA	EATH (ITEM 27) (Type		COM	M AM	SPITAL, L	ANTHA	M MD
	31. DATE FILED (Month, Day, Year) JUL 29 1992	32. BEGISTRAR'S SIGN	NATURE				or it/) U, C	N 17///	W1, WVV *

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NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	fler this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Panes 1, 2, 3 should	act with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR TETTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR After this certificate has be	be filed within 72 hours after death with the State Dept.	IMPORTANT: It item 28 is marked, or item 23 s	

	1 - FOR STATE REGISTRAR	OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AI					
1		WOOD SON			YEAT 92			
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 1 M 2	36	-11	(Month, Day, Year) 5-26-5	Con	THPLACE (State or Foreign untry) N.Y.		
TOR	98. FACILITY NAME (If not institution, give street and num ST. ACWES HOS PIT RESIDENCE OF DECEDENT		BALTI MOR		BALT	MORE		
DIRECTOR	MARYLAND 106 COUNTY BALTIN		Y, TOWN OR LOCATION ALTIMORE			10d. INSIDE CITY LIMITS? 1 TO ES 2 NO		
FUNERAL	10. STREET AND NUMBER		101. ZIP CODE			F WHAT COUNTRY?		
UNE	706 GLENWOOD AVENU	CEDENT EVER IN U.S. ARMED	2121: 13. WAS DECENDENT OF H	2 IISPANIC ORIGIN? (Specify Ye	U.S.A	• ACE American Indian,		
ВУ	1 Naver Married 2 Married FORCES	S? 1 ☐ YES ② NO GIVE WAR OR DATES		laxican, Puerto Rican, etc.)	Bi	BLACK		
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind of s	USUAL OCCUPATION work done during most of working	16b. KIND OF BU	SINESS/INDUSTRY			
PLE	Elementary/Secondary (0-12) College (1-	4 or 5+)	o rection,					
E COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER	'S NAME (First, Middle, Maiden	Surname)			
TO BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADORESS (Street and Number or I	Rural Route Number, City or Tox	m, State, Zip Code)			
	JANINE LITTLE		WOODBROOK					
	1 Burial 2 Cremation 3 Removal from St	ate cemetery, crematory or or			CATION — City or			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	LVOSHELL	MEMORIAL GA 22. NAME AND ADDRESS OF		NDALK,	MD		
	Signette K.	Janes	WM.C.MARCI	H F.H./110	1 E. NO	ORTH AVE.		
	23. PART I. Enter the diseases, or complication shock, or heart failure. List only or	ns that caused the death. Do r	ot enter the mode of dying,	such as cardiec or reep	iratory arreat,	Approximeta Interval Between		
	resulting in death) a	ARDIAC AR				Onset and Death		
_	_ <	DUE TO (OR AS A CONSEQUENCE OF): SEPTIC SHOCK						
5	Sequentially list conditions, DUE TO (OR AS A CONSCOUENCE OF):							
S	Chose (bisease of fillury	TRAABDOMI	NAL SEP	1513	·	DAYS		
CERTIFICATION	that initiated events resulting in desth) LAST	SEUDO MEMB	RANOWS	COLITIS		DAYS.		
AL	PART II. Other significent conditions contribut			n in Part I. 24s. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDIC	CHRONIC RENA		E	1 🗆 YES :	DING	COMPLETION OF CAUSE OF DEATH?		
	HIO WCLUKO	PAINT				1 Tes 2 No		
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	V:	26. PLACE OF OEATI	H (Check only one)				
IYSI	1 YES 2 NO 1 Impatte	nt 2 - ER/Outpatient 3 - DOA	OTHER: 4 □ Nursing Home 5 □ Reside		1	tome		
4	1 Natural 5 Pending	ATE OF INJURY lonth, Day, Year) 28b, TIM	E OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW I	NJURY OCCUREO			
	3 Suicide 28e. Pl	ACE OF INJURY — At home, farm, a sliding, atc. (Specify)	treet, factory, office	28f. LOCATION (Street City or Town, State)		al Route Number,		
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the	best of my knowledge, death occurre	d at the time, data and place, and	d due to the cause(a) and ma	nner as stated.			
SOM	one) 2 MEDICAL EXAMINER: On the bad	ale of examination and/or investigation	n, in my opinion, death occured a	it the time, date and place, ar	d due to the caus	e(a) and manner ea stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ICAL RESIDE	29c. LICENSE	NUMBER	29d. DATE SIGN	ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	O CAUSE OF DEATH (ITEM 27) (Type,	Print)					
	TIN OO MAUNG		WES HOSPI	TAL.				
		SISTRAR'S SIGNATURE						
- 41	LUUI WI JUUL JUUN	- Market - Alailandor						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR			STATE OF I	MARYL		DEPAR ERTIF
	1. DECEDENT'S NAME (First		t)	DONNA		EEN	W
	4. SOCIAL SECURITY NUM	BER		5. SEX			st birthday)
	313 22 0423	3		1 □ M 2 🖾 F		65	YRS.
	9a. FACILITY NAME (If not is	_					
	8513 Flower			ie			
	10a. STATE	10b. COUN	_				10c. CIT
	Maryland	Mon	t	gomery C	ount	У	
	10e. STREET AND NUMBER						
	8513 Flowe	r Ave	n				
	11. MARITAL STATUS 1 Never Married 2	Married		12. WAS DECEDEN FORCES? 1	T EVER	N U.S. AF	MED NO
	3 ₩ Widowed 4 □ Dive			IF YES, GIVE V	WAR OR D	ATES	
	15. DEC (Specify on	CEDENT'S EC	de de	CATION completed)	(G	CEDENT'S	
	Elementary/Secondary (0-12)		College (1-4 or 5+)			. Do NOT u
	17. FATHER'S NAME (First, A	fiddle, Lest)					
	Cecil Ler	oy Da	V:	is			
	19a. INFORMANT'S NAME (b. MAJLING
	Gloria Sad						8513
	20a. METHOD OF DISPOSIT 1 Burial 2 Crematic 4 Donation 5 Other	on 3 Be	mo	oval from State			AND DATE
	21. SIGNATURE OF FUNERA	L SERVICE	2	Rona	Low	-	Dir
4	190ch	40	2	and	200	2000	
	23. PART i. Enter the d shock, pr h	eert fallur	ı, l	ist only one ceu	t csused ise on e	och line	esth. Do a
	iMMEDIATE CAUSE (File disease or condition	nal			0	0~ 0	0
	resulting in death)	→	8	n			OUENCE O
		٠,					
	cause. Enter UNDERLYING					CONSE	QUENCE O
	CAUSE (Disease or inju- that initiated events resulting in death) LAS			DUE TO	(OR AS A	CONSE	QUENCE O
	PART II. Other aignifica	ont condition	one	contributing to		out not r	resulting
			. 4	0000	4-6-		-

92	2 () 9	3	8
-v2.2	3. TIME OF	DEATH		

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
200	1. DECEDENT'S NAME (First, Middle, Last)	DONNA EILE		N	~	2. DATE OF DEATH	DAY 7-26-		F DEATH
	4. SOCIAL SECURITY NUMBER 313 22 0423	1 □ M 2 🖾 F		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-25-192	8.	BIRTHPLACE (Size Country) Indiana	
TOR	9a. FACILITY NAME (If not institution, give a 8513 Flower Aven RESIDENCE OF DECEDENT				Spring	ATH		gomery	County
DIRECTOR		y gomery County		Silve	rSpring			10d. INSIE LIMIT 1 TYES	
FUNERAL	10e. STREET AND NUMBER 8513 Flower Aven					0912		USA.	
B	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, spe		IC ORIGIN? (Specify 1 n, Puerto Rican, etc.)	tes or No 14	Black, White, atc Specify:	en Indian, c. hite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use i	BUAL OCCUPATION to done during most optimal.)	N st of working	Waitre	USINESS/INDUS	STRY	
8	17. FATHER'S NAME (First, Middle, Last)		<u> </u>		18. MOTHER'S NAI	ME (First, Middle, Mald	on Surname)		
BE	Cecil Leroy Dav	is				K. Shackl	4		
2	19a. INFORMANT'S NAME (Type/Print) Gloria Sadler					loute Number, City or Ti ilverSpri		20912	
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	sound from State	PLACE AND DATE OF tery, cremetory or othe	DISPOSITION (Na				y or Yown, State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Ronald Wa	de Dir 7/28/92		Baltimo	State		ny Board 21201	
	23. PART i. Enter the diseases, or shock, pr heert failure. iMMEDIATE CAUSE (Final disease or condition resulting in death)	a	on line.			as cerdisc or res		inta	roximata rvai Between et and Death
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
BY PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.				PERF	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		OPSY FINDINGS PRIOR TO ON OF CAUSE 2 NO	
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Che				
Y PHYS	27. MANNER OF DEATH 1 Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (Y WOI	JRY AT	5 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUP	RED	
	2 Accident Investigation 3 Suicide 6 Could not be detarmined 2ee. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 2et. LOCATION (Street and Number or Rural Route Number, City or Town, State)							v,	
COMPLETED		ICIAN: To the best of my knowled							er ea stated.
TO BE C	29b. SIGNATUPE AND TITLE OF CERTIFIE	a de	4		29c. LICENSE NUM	BER TY6	29d. DATE S	IGNED (Month, De)	(Year)
-	30. NAME AND ADDRESS OF PERSON WH	15 Col 5 11	r to	-2	Ether &	Der	Sev.		
	31 DATE FILED (MONING 9721601)	A PENSTRAPASION	a						



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RECORDS, P.O. BOX 68760,	
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DIVISION	
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			MENTAL HYGIENI REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last) Kathryn	Isab	ell V	Vues	+	2. DATE OF DEATH MONTH	7 9	2 3. TIME OF DEATH 2 755 m M		
	218-22-4559	□ M 2 F 6. AGE (III	9 YRS. M	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	IOV .	02	BIRTHPLACE (State or Foreign Country) aryland		
TOR	FallSton Ger RESIDENCE OF DECEDENT	1 Hospita	ار ا	Fall	S On	MD	9c. COUNTY	ARCORD		
DIRECTOR	Maryland Balti	more County	-	dle Riv				10d, INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 6800 Gunder Avenu	e		101. ZIP CODE 21220				N OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		CEDENT EVER IN U.S. ARMED 7 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Cuban, Maxican, Puerto Rican, et				or No- 14	RACE — American Indian, Black, White, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)		18e. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mos	N st of working	Bendix (
BE COM	17. FATHER'S NAME (First, Middle, Last) Ulysses S. Knorr				18. MOTHER'S NA unk	3 NAME (First, Middle, Melden Surname)				
TO E	19a. INFORMANT'S NAME (Type/Print) Gary Wuest 19b. MAILING ADDRESS (Street and Number or Rural Route Number, Co. 6802 Gunder Avenue, Baltim									
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremetton 3 Remove 4 Donation 5 Other (Specify)	from State ceme	PLACE AND DATE OF tery, crematory or other	place)	me of	DATE 20c. LOC	ATION — City	y or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Ronald Was	de, Dir 7/29/92	22. NAME AN	.Baltimo	ore St,Balt				
CERTIFICATION	23. PART I. Enter the disesses, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	the deeth. Do not chiline. CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):	rest		th se cerdiec or respir	atory srres	t, Approximata Interval Between Onset and Death		
MEDICAL	PART II. Other significant conditions of	ontributing to death bu	t not resulting in t	the underlying	ı Csuse given in	Part I. 24a. WAS AN A PERFORE 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OSPITAL:		THER:	ACE OF DEATH (Ch	6 Other (Specify)				
ву РНУ	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	JRY AT	28d. DESCRIBE HOW IN	JURY OCCUP	RED		
	3 Suicide 6 Could not be determined	2 Accident 11 12 13 14 15 15 15 15 15 15 15								
COMPLETED		N: To the best of my knowled						ause(a) and manner as stated.		
8	296. SIGNATURE AND TITLE OF CENTURES	2			29c. LICENSE NUI	MBER S	29d. DATE S	GNED (Marith, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO C	SMPLETED CAUSE OF DEAT	TH (ITEM 27 (Type, Pri	heel	100	ef Bel A.	r, M	021015		
	31. DATE SUED (MOZIT 9 1992	22. REGISTRAR'S SIGNAL	URE							

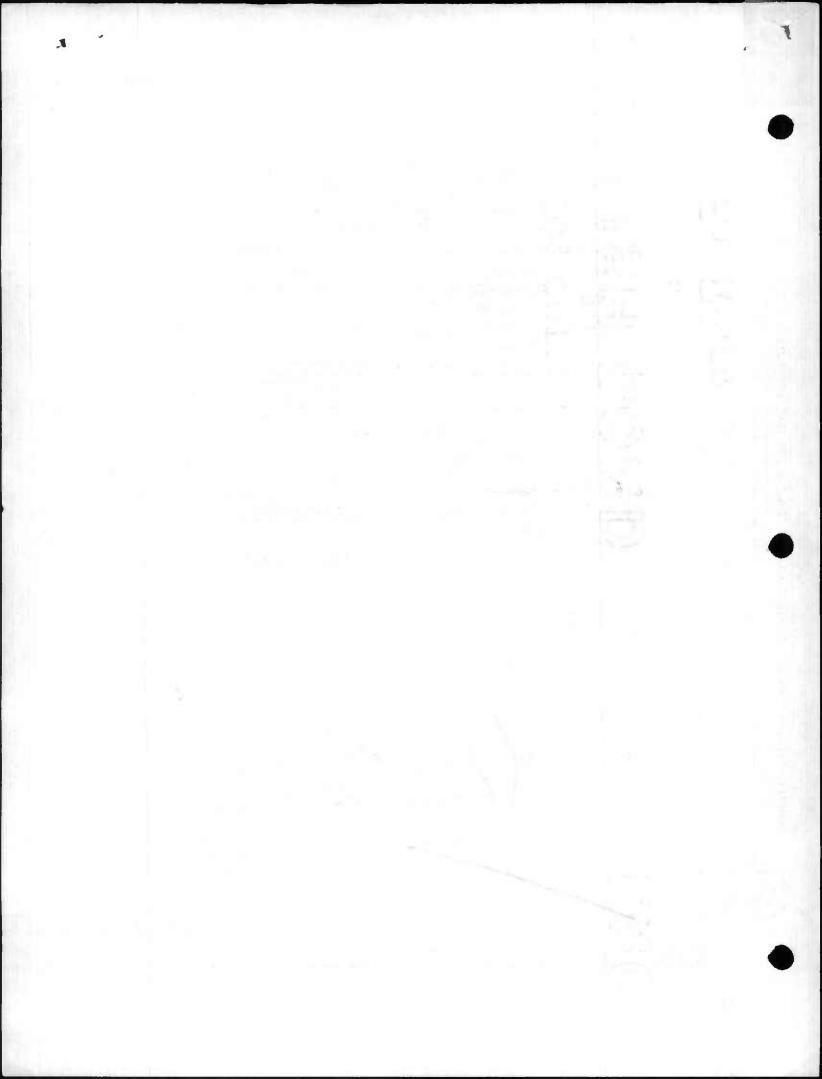
and the later of t

permit. Pages 1, 2, 3 should

THE MENTILL OF STEEDING PHYSICIAN: The law requires that the death certhicate be executed within 24 hours after death. Page 6 may be retained by the hospital of afterding physician.	TOTHE MACHAIL CHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
I: The law requir	cate has been state Dept. of H	item 23 show
DING PHYSICIAL	After this certifi	marked, or
IL OR ATTEN	L DIRECTOR	1 Item 28 Is
HE HESPITA	HE AMERA	DRITANT: II
Ē	63	MP

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - STATE OF N		MENT OF HEALTH AND	MENTAL HYGIEN		2 20940		
	1. DECEDENT'S NAME (First, Middle, Last) Frances Moore Gale Woo	dside		2. DATE OF DEATH MONTH July 26	199	3. TIME OF DEATH		
	4. SOCIAL SÉCURITY NUMBER 436-60-9022 5. SEX 1 M 2 X T	83 YRS. MC	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.		eb. 28, 1909 Missouri			
TOR	98. FACILITY NAME (If not Institution, give street and number) Stella Maris Hospice RESIDENCE OF DECEDENT		Towson	DEATH	9c. COUNTY Balti			
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore	10c. CITY, T	OWN OR LOCATION SOIL			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2300 Dulaney Valley Roa	d	101. ZIP CODE 21204		10g. CITIZEN	OF WHAT COUNTRY?		
B₹	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. ARMED YES 2 XX40 WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Special	en, Puerto Ricen, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 - 4 year	+) life. Do NOT use n	done during most of working	Educa		'RY		
	17. FATHER'S NAME (First, Middle, Last) Edwin R. Moore			AME (First, Middle, Melder Frankie Go				
TO BE	196. INFORMANT'S NAME (Type/Print) Barbara G. Oehler		ORESS (Street and Number or Rural	Route Number, City or Tov	vn, State, Zip Coo			
	20a. METHOD QE DISPOSITION 1	20b. PLACE AND DATE Of cemetary, crematory or Metro Crema	F DISPOSITION (Name	DATE 20c. LC	CATION — City			
	21. SIGNAPOR OF FUNERAL SEPTICE LUTENSEE Martin D. Lawson	TICCIO VICINI	22. NAME AND ADDRESS OF FACILITY Lemmon-Mitchell-Wiedefeld, Inc. 10 W. Padonia Road, Timonium, MD 21093					
	23. PART I. Entar tha diseases, or complications the ehock, or heart failure. List only one cat IMMEDIATE CAUSE (Finel disease or condition resulting in death)			ch as cardiac or reep	iratory arreat	Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, laeding to immediata cause. Enter UNDERLYING	O (OR AS A CONSEQUENCE OF):						
ERT	resulting in death) LAST							
BY PHYSICIAN: MEDICAL (PART II. Other algnificant conditions contributing to	death but not resulting In	tha underlying cause given in	PERFO	. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C					
HYS	27. MANNER OF DEATH 28s. DATE OF	P BUUHY 28b. TIME (Nursing Home 5 - Residence OF 28c, INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED		
ВУ Р	1 Natural 8 Pending 2 Accident Investigation		M 1 YES 2 NO					
	3 Suicide 6 Could not be detarmined	OF INJURY — At home, farm, stre , em. (Specify)	et, factory, office	281. LOCATION (Street City or Town, State	and Number or .)	Rurel Route Number,		
COMPLETED	(Check only a MEDICAL EXAMINER: On the best of					suse(s) and manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER		29c. LICENSE NO	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Da				
0	30. NAME AND ADDRESS OF FERSON WHO COMPLETED CAU			V 80	D TOWSON, MD			
	31. DATE FILED (Morth, Day, Year) 32. REGISTR	AR'S SIGNATURE	A I I - C		10000	,		

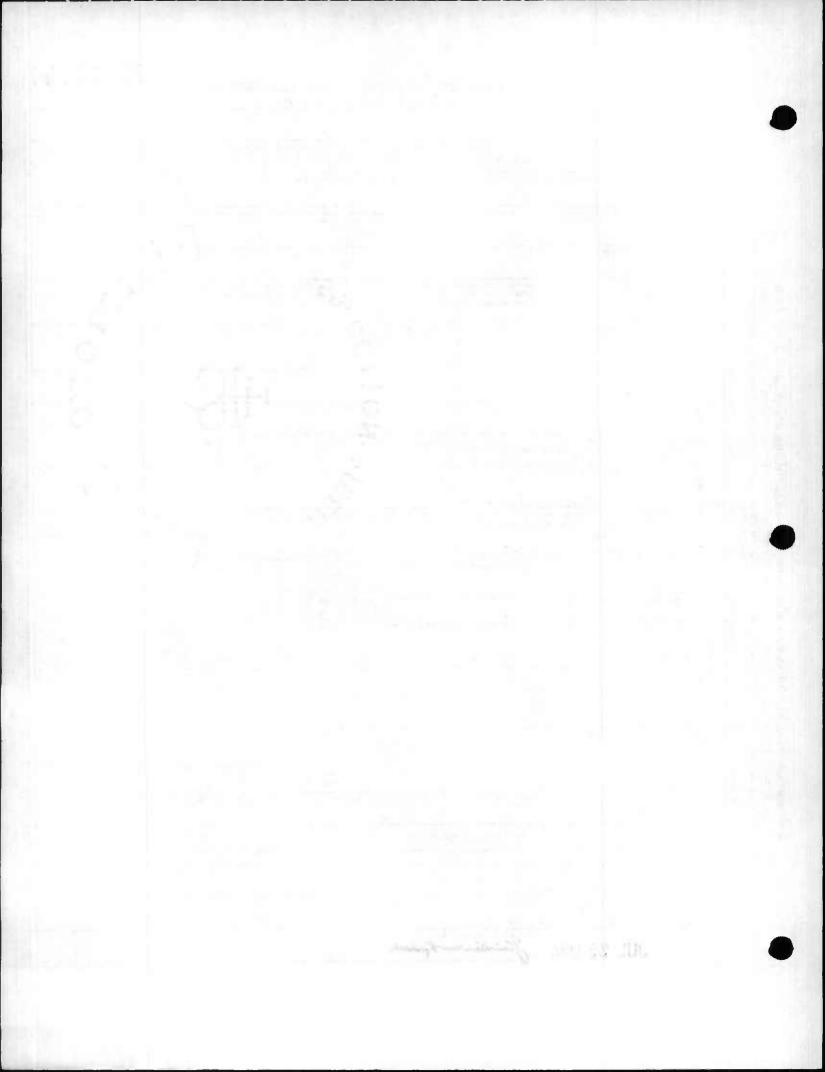


BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	•	FOR STATE REGISTRAR	
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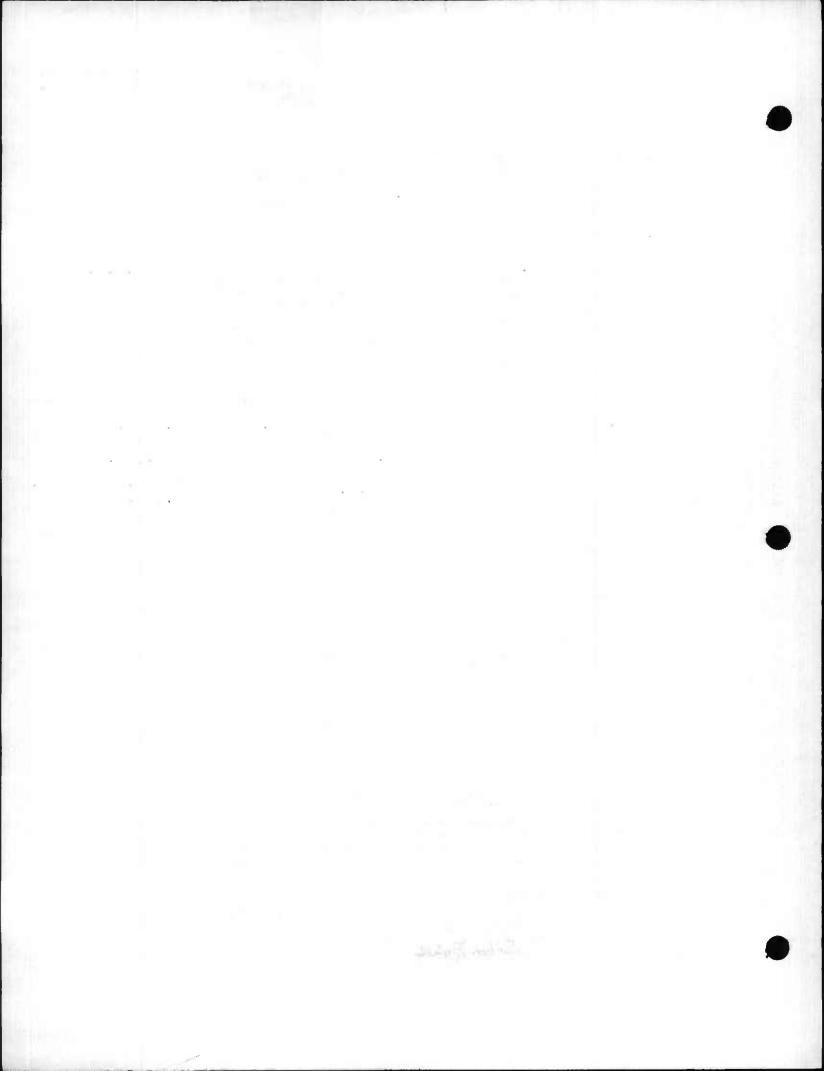
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CEI								
1. DECEDENT'S NAME (First, Middle, Last)					-		2. DATE OF			3. TIME OF DEATH
WILLIAM.	RUSSELL			W	ELLS	SR	0.7	2.2	1992	10:25 A
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	NGE (In yrs. lest b		IF UNDER 1 YEAR	IF UNDER		7. DATE OF	BIRTH		
229-50-7568	1 □ M 2 □ F	49	YRS.	MONTHS DAYS	HOURS	MIN.	10/3	742	St	THPLACE (Steps or Foreign The Property of The
99. FACILITY NAME (If not institution, give s PRINCE GEORGES HO			96. CITY, TOWN CHEVE		ON OF DI	EATH		COUNTY OF	DEATH GEORGES	
RESIDENCE OF DECEDENT										
10e. STATE 10b. COUNT			10c. CITY,	TOWN OR LOC	ATION			4000		10d. INSIDE CITY
Md	PG		r	Cakoma	Park					1X YES 2 NO
710 Ludlow St				,	ot. ZIP CODI	0912	2	10g.	CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	YES 2 NO		If yes, a	CENDENT C	F HISPAI	NIC ORIGIN? (:	Specify Yes or No an, etc.)	- 14. RAC Bia	CE — American Indian, ck, White, atc.
15, DECEDENT'S EDU	CATION	16a, DECE	DENT'S U	SUAL OCCUPAT	TON		Tan M	ND OF BUSINESS	(INDUIATE)	
(Specify only highest grade Elementary/Secondary (0-12) L2 Yrs	College (1-4 or 5+) None	(Give	kind of wo to NOT use	ork done during in retired.)	nost of workin		100. K	NO OF BUSINES:	MOUSTRY	
17. FATHER'S NAME (First, Middle, Last)			1		-		ME /Elmt Mick	dle, Maiden Surnar		
Earl William J	ames Welle						ilia Ro		(10)	
19e. INFORMANT'S NAME (Type/Print)	GINED METTS	104	MAIL PAGE 4	DDBESS (Owner)						
Frances Wells		190.	MAJUNG A					City or Town, State	n, Zip Code)	
20a. METHOD OF DISPOSITION						a,D,	c,d,e			
1 XBuriel 2 Cremation 3 Rem 4 Donetion 5 Other (Specify)	loval from State		Gate of Heavens 7/28/92 S:					ilver Spring, Md.		
21. SIGNATURE OF FUNERAL SERVICE LIK	CENSEE	1		22. NAME /	AND ADDRES	S OF FA	Lohn	T Rhin	es Co	Inc
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause of	on each line.	,	ot anter the m	ode of dyl	ng, suc	St NE	DC 200	017	Approximata interval Betw
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final	complications that cau List only one cause of a. W T PUS DUE TO (OR A	on each line.	,	ot anter the m	ode of dyl	ng, suc	St NE	DC 200	017	
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. We to gon A	on each line.) (NOT	st enter the m	ode of dyl	ng, suc	St NE	DC 200	017	Approximata interval Betw
23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	AS A CONSEQUE	ENCE OF):	S WITE	ode of dyl	ng, suc	St NE	DC 200	017	Approximata interval Betw
23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR A	AS A CONSEQUE	ENCE OF):	st antar tha m	COM	1 PL	St NE h aa cardiad	, DC 200	017 varreat,	Approximata interval Betwonset and Di
23. PART i. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or in jury that initiated events	b. DUE TO (OR A	AS A CONSEQUE	ENCE OF):	st antar tha m	COM	1 PL	St NE h ea cardiac	DC 200	017 v arreat,	Approximata interval Betw Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di Onset and Di
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	b. DUE TO (OR A	AS A CONSEQUE	ENCE OF):	the underlying	COM	ng, suc	St NE h ea cardiad	DC 201 c or respiratory	017 v arreat,	Approximata interval Betw Onset and Dr. Onse
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE The but not ree	ENCE OF):	the underlying	COM	I P ()	Part i. 24	DC 201 c or respiratory	017 v arreat,	Approximata interval Betw Onset and Dr. Onse
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A	AS A CONSEQUE AS A CONSEQUE AS A CONSEQUE The but not ree	ENCE OF):	the underlying the Nursing House Hou	COM	I P ()	Part i. 24	a. WAS AN AUTOI PERFORMED?	017 varreat,	Approximata interval Betw Onset and D. Onset
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	BUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A C. DUE TO (OR A d. HOSPITAL: 1 X inpatient 2 = ER/C 28e. DATE OF INJUI (Month, Day, Yea	AS A CONSEQUE AS A CONSEQUE The but not real Outpetlent 3 Prince of the consequence	ENCE OF):	the underlying 28. F OTHER: B Nursing Hor	COM COM GRACE OF DI TO STATE OF AT ORK?	Ilven in	Part i. 24	DC 201 c or respiratory	017 varreat,	Approximata interval Betw Oneet and D Oneet and D Oneet and D Oneet and D Oneet and D Oneet and D Oneet and D Oneet and D Oneet and D Oneet D Oneet D Oneet D Oneet D Oneet D Oneet D Oneet D Oneet D Oneet D Oneet D Oneet D
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YYES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be	B. DUE TO (OR A DUE TO (OR A	AS A CONSEQUE AS A C	ENCE OF): ENCE OF): Ulting in DOA 4	the underlying the un	PLACE OF DI	Ilven in	Part I. 24 cock only one) B Other (S) 28d. DESCR	DC 201 c or respiratory A. WAS AN AUTO PERFORMED? VES 2 NO	O17 varreat, PSY 24 OCCURED JCK /C	Approximata interval Betw Onest and D
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HUSPITAL DH ALLENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	UNE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach within 72 hours after death with the State Dent of Health and Mental Hanison prior to hardal companion, or removal	RPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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_	REGISTRAR	CENI	ILICA	IL OF	DEATH	H	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last). Sarah Walla	Ce				2. DATE OF	DEATH DAY	0.3	YEAR 3. TI	IME OF DEATH
						7.	- 20	- 72	- 3	Dan B
	4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthd	MONT	HE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	13 1	897	Country)	E (State or Foreign 71and
	9a. FACILITY NAME (If not institution, give street and number)	1	9b.	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
٣ ا	Baltimore County Gener	al Hosp						Ra	ltimo	ro
DIRECTOR	RESIDENCE OF DECEDENT		•					Da.	LCTIIC	, Le
Ä	10a. STATE 10b. COUNTY	10c.	CITY, TO	WN OR LOCAT	ION					INSIDE CITY
ā	MD.		Ba	ltimo	re City	V			10%	LIMITS? YES 2 NO
	10e. STREET AND NUMBER			101	. ZIP CODE			10a. CITIZE	N OF WHAT	
FUNERAL	5 Charleswood CT.				21207				U.S.A	
Ξ	11. MARITAL STATUS 12. WAS DECEDENT E	VER IN U.S. ARMED		13 WAS DEC	ENDENT OF HISPAI	AIC OBIGINS (6)	nacity Van			nericen Indian.
BY FL	1 Never Married 2 Married FORCES? 1 IF YES, GIVE WAR	YES 27 THO	ŀ	If yes, sp	ecity Cuban, Maxica 2 NO Specif	in, Puerto Ricer	i, etc.)	or 140-	Black, Whi	te, atc.
	X									Black
回	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDEN (Give kind	of work d	L OCCUPATION OF COLUMN IN	DN st of working	16b. KIN	D OF BUSI	NESS/INOUS	TRY	
<u>"</u>	Elementary/Secondary (0-12) College (1-4 or 5+)	-								
MP		Re	tire	edx			Do	mesti	ĹC	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middl	e, Maiden S	umame)		
BE (Walter Scott Wall	ace			Car	rie I	Brom	el		
	19a. INFORMANT'S NAME (Type/Print)	19b. MAIL	JNG ADDI	RESS (Street a	nd Number or Rural	Route Number, C	ity or Town,	State, Zip Co	ode)	
임	Sarah E. Bell				ood CT.					1207
	20s METHOD OF DISPOSITION 1 Disposition 3 Removel from State	20b. PLACE AND DA		_		DATE			y or Town, Si	
	1 Buriel 2 Cremation 3 Removel from State 4 Donation 6 Other (Specify)	King M	or other pla	Park	7/2//	1		lto.		term
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Killig III	T	22 NAME A	0 40000000 05 54	00.004				
	· Elizabeth L. Phi	llind	E.L.Phillips F/HBalto.,MD. 21217					roe ST.		
	23. PART I. Enter the diseases, or complications that or	sused the deeth. D	o not er	ter the mo	de of dulag aug	b as soudies		1111 و ، د) · Z I	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximate interval Between									
	IMMEDIATE CAUSE (Final disease or condition									
	reaulting in death)	er of	uni	9.						
	DUE TO (OF	AS A CONSEQUENCE	E OF): 🛰	/						
Z	Sequentially list conditions, b									
Ĕ	If any, leading to immediate									
CERTIFICATION	CAUSE (Disease or Injury									
쁘	that initiated events resulting in death) LAST	AS A CONSEQUENCE	E OF):							
E	d									
- 11	PART II. Other significent conditions contributing to de	eth hut met maudele	and the			p. a. I			1	
록∥	The state of the control of the cont	ath out not resortin	ng in the	ungeriyin	ceuse given in	Part I. 24a	. WAS AN A PERFORM		AMIL	E AUTOPSY FINDINGS ABLE PRIOR TO
EDICAL						10	YES 2	NO	OF D	PLETION OF CAUSE EATH?
٣									10	YES 2 NO
ä										- 3
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)				
S	EXAMINER? 1 YES 2 TO 1 Topatiant 2 TE	VOutpatient 3 DO		IER:	e 5 🗆 Residence	6 [] Other (Co.				
≟ ∥	27. MANNER OF DEATH 26s. DATE OF INJ	URY 26h	TIME OF	28c. INJ		28d. DESCRIE		ILIBY OCCUR	950	
- 4	1 Natural 6 Pending (Month, Day,	(bar)	INJURY	WO	RK? 'ES 2 NO		,	JOIN 00001	120	
8	2 Accident Investigation 28e PLACE DE IN	(JURY — At home, tan	m elmat							
COMPLETED	3 Suicide 8 Could not be determined 288. PLACE OF IN building, etc.	(Specify)	m, street,	tactory, orne		28t. LOCATIO City or To	M (Street an wri, State)	d Number or	Hurai Houte h	Number,
	And Committee									
4	29e. CERTIFIER (Check only one) PHYSICIAN: To the beat of my									
6	one) 2 MEDICAL EXAMINER: On the beale of exam	Ination and/or inveatig	etion, in r	my opinion, d	eath occured at the	time, date and	placa, and	due to the c	euse(a) and	manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	,			29c. LICENSE NUI	MBER		29d. DATE S	IGNEO (Mont	h. Day. Year)
∞ ∥	Silli Okumo Hor	esephyc	-		DOLL	16		. 2/	20 12	
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE (OF DEATH (ITEM 27) (1	vpe, Print		V307	1)
	Sickiem Ong and Baltin	noveCount	-	eneal	Hogator	Rans	datist	m. K	102	1133
	31. DATE FILED (Month, Day, Year) / 32. REGISTRAR'S	SIGNATURE	7							



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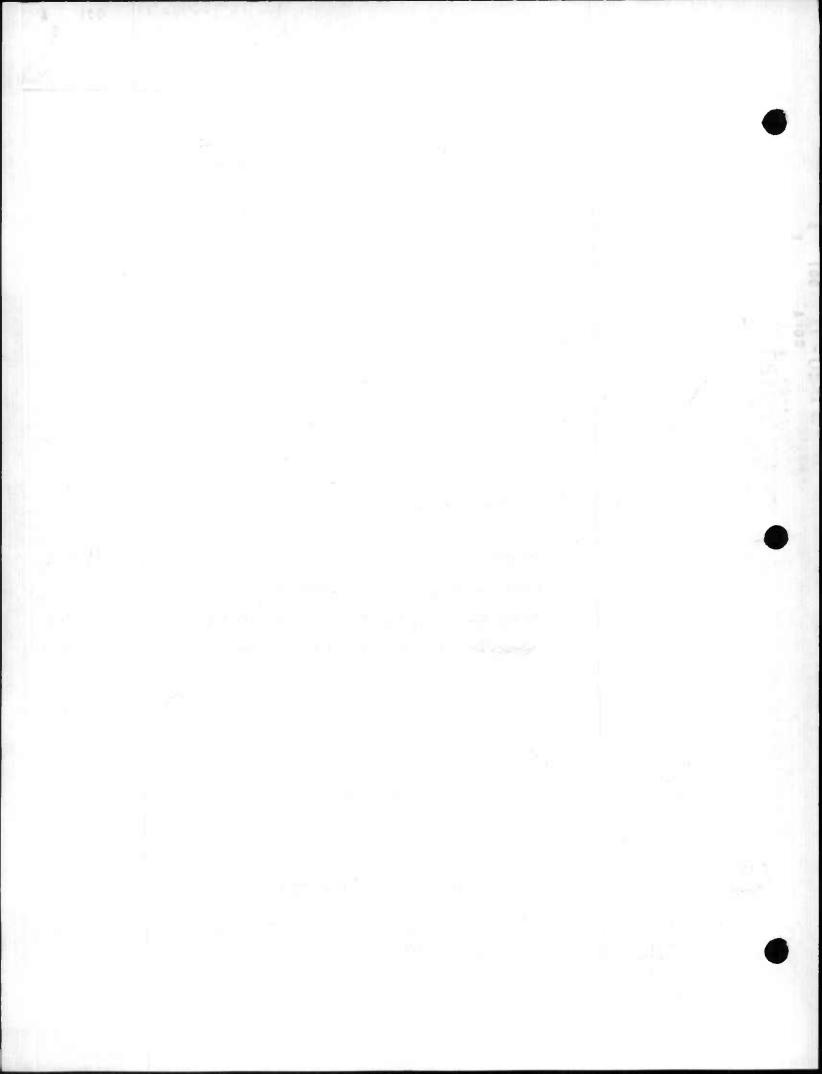
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

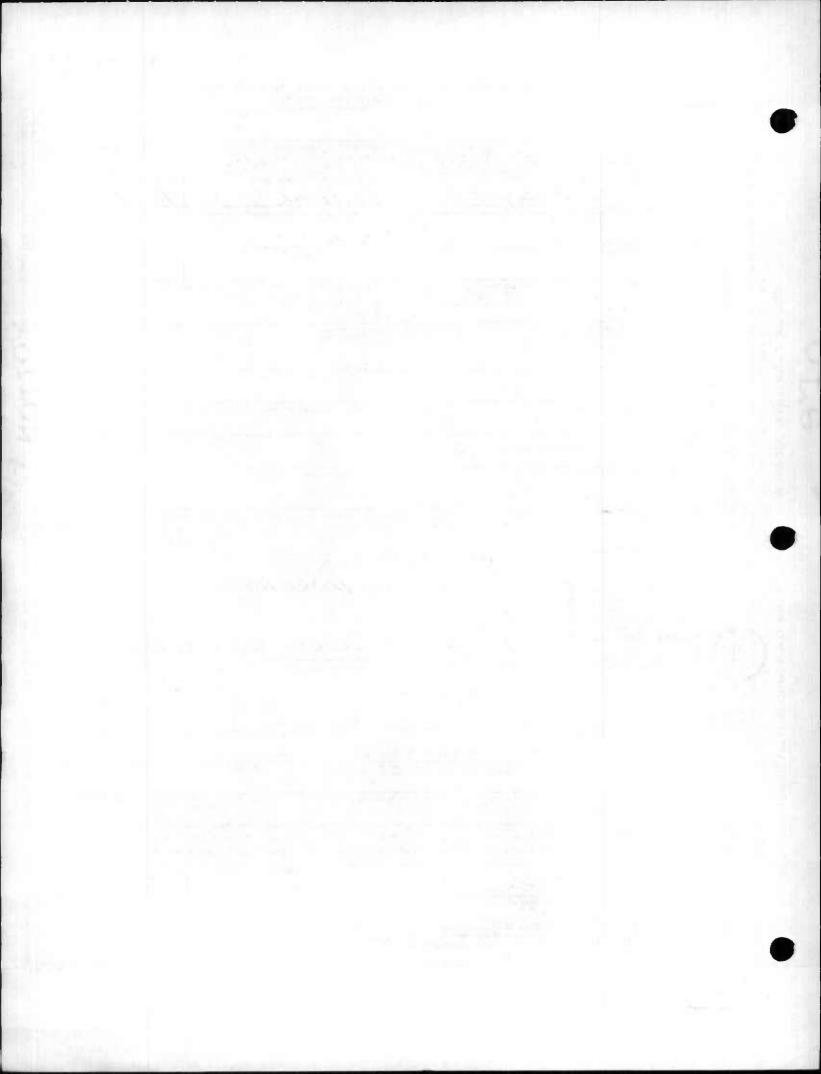
	REGISTRAR		CERTIF	ICATE O	PUEATH	REG. NO.			
	DECEOENT'S NAME (First, Middle, Last) CORA	ESTHER	Unit	יזיים		2. DATE OF DEATH DATE	AY YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		WHI			07 24	1992	7:30 P M	
	214-22-4529	5. SEX 6. AGI	82 YRS.	MONTHS DAYS		8-16-1999	a. BIR	THPLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give		9b. CITY, TOWN	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					
DIRECTOR	and an artist of the state of t	THE JOHNS HOPKINS HOSPITAL					BALTIM	ORE	
<u> </u>	10a. STATE 10b. COUNT	Υ	10c. CIT	Y, TOWN OR LOC	ATION			10d, INSIDE CITY	
	MARY LAND B			EDGEMERI	<u> </u>		1 YES 2 NO		
FUNERAL	2925 WELLS AVENU			21219			S.A.		
5	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMEO	13. WAS D	CENDENT OF HISPAN	IC ORIGIN? (Specify Yea	or No — 14. RA	CE — American Indian,	
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 N	specify Cuban, Maxican S 2/1/NO Specify	i, Puerto Rican, atc.)		eck, White, etc.	
TED	15. OECEDENT'S EOU (Specify only highest grade	JCATION e completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPATION OF PARTIES PROTECTION OF PARTIES PROTECTION OF PARTIES OF PA	TION nost of working	16b. KIND OF BUS	SINESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12) 12TH GRADE	College (1-4 or 5+)		e retired.) HIPPING		S	IGNODE		
Š	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	RE (First, Middle, Malden	Surname)		
BE (WILLIAM J. ARMST 198. INFORMANT'S NAME (Type/Print)	RONG				ESTELLE MA			
2	EVELYN SAUERWALD		2925 (VELLS A	VENUE BA	LTIMORE, M	n, Stata, Zip Code) ARYLAND	21219	
	20s, METHOD OF DISPOSITION 1 Auriat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	b. PLACE AND DATE		Varne of 7 – 28 -	1992 BA	CATION — City or	Town, State MARVIAND	
	21 SIGNATURE OF BUNEFAL BERVICE LICENSEE O'ARY' CAWAY CHEMETERY 7-28-1992 BALTIMORE, MARYLAND D'UNA-ROCK FUNERAL HOME OF DUNDALK INC.								
Ш	· (hor h	1 , tel	el	7922	WISE AVEN	NUE DUND	ALK MD	21222	
	23. PART i. Enter the disease, or complications that caused the death. Do not enter the mode of dying, auch as cerdiec or respiratory erreat, abock, or heert feilure. List only one cause on each line.								
	IMMEDIATE CAUSE (Finel								
	disease or condition reaulting in death)	. sepsis						Et days	
z	sequentially list conditione, b. PECYCTUS (OR AS A CONSEQUENCE OF): Sequentially list conditione, If any, leading to immediate Due to (OR AS A CONSEQUENCE OF):								
ATIO	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	7:	Monterd			12 cray	
IFIC.	CAUSE (Disease or injury that Initiated events	a thrombas	A CONSEQUENCE Q	NSEOUNICE OF STATE OF THE MILEY					
CERTIFICATION	reaulting in death) LAST	d	pdycyth	consecutive of them with 12 days dycythemia ribravera 5 years					
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY FINDINGS								
EDICAL					PERFORM 1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
Σ						_		1 - YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			28.1	PLACE OF DEATH (Che	ck only one)			
Sic	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ☐ ER/Out	Ipetient 3 00A	OTHER:	me 5 Residence 8				
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN	JURY AT	28d. DESCRIBE HOW IN	NJURY OCCURED		
D BY	Accident investigation 3 Suicida 8 Could not be	28a. PLACE OF INJUR building, atc. (Spi	Y — At home, term, s		YES 2 NO	28t. LOCATION (Street a. City or Town, State)	nd Number or Rura	! Route Number,	
ETE	4 Homicide datermined								
COMPLETED	Check only The CEHTIFTING PHYS	ICIAN: To the best of my known in the basis of examination	wiedge, death occurre on and/or investigatio	n, in my opinion,	a and place, and due t death occured at the t	to the cause(s) and man lime, data and place, and	ner as stated. I due to the cause	r(a) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIES	my MI	1 0-	e office	29c. LICENSE NUM		29d, DATE SIGNE	(Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE OF D	EATH (ITEM 27) (Type,	Print) 21231	D	- Stephen	Barr	nes	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG							
	JUL 2 9 1992	frina bavidson	-Aandell						



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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	he	100	9	8
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that in the property of a property of the property of	TO THE FUNERAL DIRECTOR: After this certificate has been signed with memory invisician and completely filled in by the fi	be filed within 72 hours after death with the State Dept. of Health and Merry Hyperse prior to burial, cremation, or removal.	IMPORTANT: If them 28 is marked or them 23 shows and interpret after traumatic event the medical ex
	2	2	8	3
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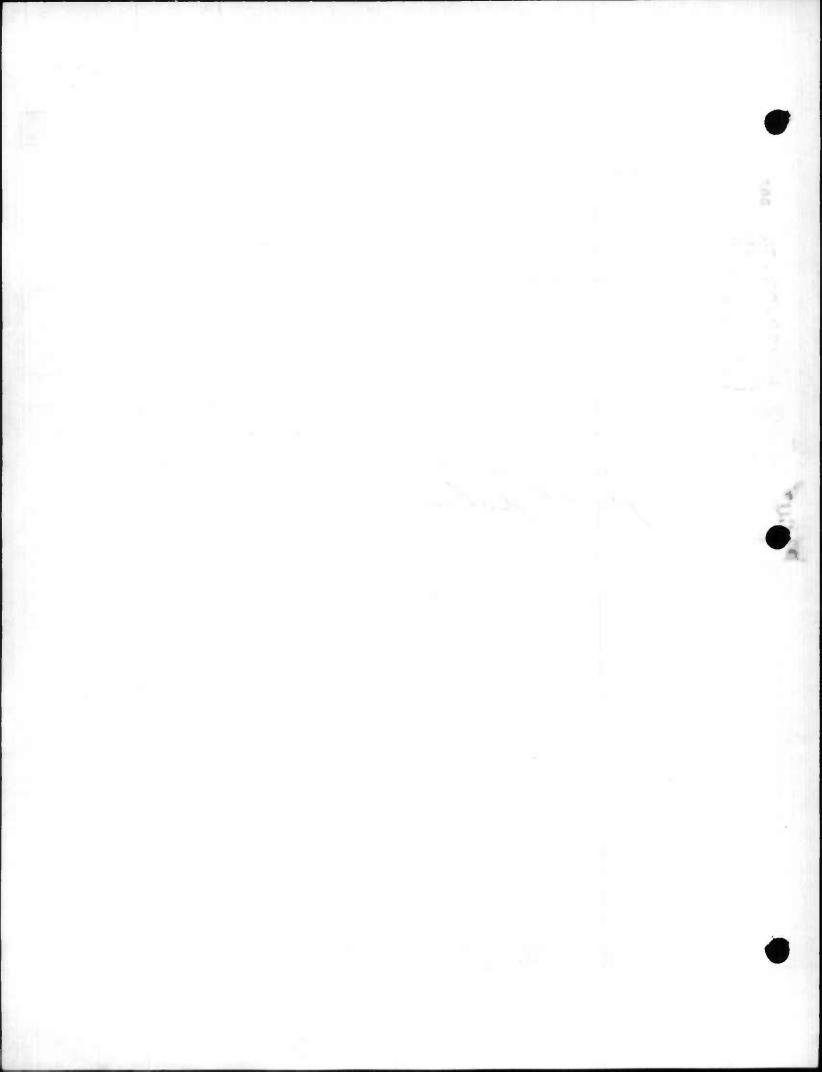
	1 - STATE REGISTRAR	STATE OF MARYI		RTMENT OF FICATE OI		MENT/	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	B 4	lexan	,		2. DAT	E OF DEATN	96	3. TIME OF DEATH A.
8	4. SOCIAL SECURITY NUMBER 263 44-087/	5. SEX 8. AGE	(In yrs. last birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS		E OF BIRTN oth, Day, Year) -/3-3	8. 8	BIRTHPLACE (State or Foreign Country) ORIDA
NG.	98. FACILITY NAME (If not institution, give street and number) 96. CITY TOWN OR LOCATION OF DEATH Baltimere VA Hospital Baltimere							COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT			1001	1 mest			an	Finose
рувестов	ARYLAND PRINC			TY, TOWN OR LOC	RLHORO	, MAR	YLAND	1	10d. INSIDE CITY LIMITS? 1 VES 2 NO
FUNERAL	9401 WESTPHA	ALIA RD.			20772			CITIZEN	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Torvorced	erried 2 Merried FORCES? 1 SES 2 NO			CENDENT OF NIS	ican, Puerto	IN? (Specify Yes or N Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
TED	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of	B USUAL OCCUPAT	ION nost of working	16	b. KIND OF BUSINES	S/INDUST	RY
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	BARBE	ise retired.)			HAIR		
E COMPLET	17. FATHER'S NAME (First, Middle, Last) WILLIE ALEXANI	ER SR			18. MOTHER'S INEZ		Middle, Malden Surna	ime)	
TO BE	190. INFORMANT'S NAME (Type/Print) ROBERT AAEXANI	DER		BOX 57		IAM, N	nber, City or Town, Sta ID 20706		6)
	20e. METNOD OF DISPOSITION 1								
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE					FUNERAL REET N.V	S SV	
FICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	s. Due rolor as b. Due to (on as c. Nec	A CONSEQUENCE C	emia Pri: Iñs /	s fec		rdiec or respirato	ry errest,	Approximate Interval Batween Onset and Death
Na.	that initiated events resulting in death) LAST	· Phar	yngea		ncer	WI	thuide	me	tostars
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 PER 2 6 .0 24b. WERE AUTO OF DEATH?							24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 PYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	носреми			PLACE OF DEATH	Check only	one)		
YSI	1 TYES 2 TAND	HOSPITAL:			me 5 🗆 Residend	8 🗆 Oth	er (Specify)		
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 280. DATE OF INJURY (Month, Day, Year) 280. DATE OF INJURY AT WORK? M 1 YES 2 NO 280. DATE OF INJURY AT WORK?							:D	
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								
COMPLET		ICIAN: To the best of my know ER: On the basis of examination							use(e) and manner ee stated.
86	296. SPORATURE AND TITLE OF CERTIFIE	Keran	MA		29c. LICENSE N	TOP:		DATE SIG	NED (Month, Day, Year)
2	MO. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type	a, Print)		112			
	31. DATE FILED (Month, Day, Ypar)	32. REGISTRAR'S SIG	PATURE ROY	dell					





NE D.	92	2	0945	
DAY	199	2	3. TIME OF DEATH 11:50	_
			IPLACE (State or Fore	K

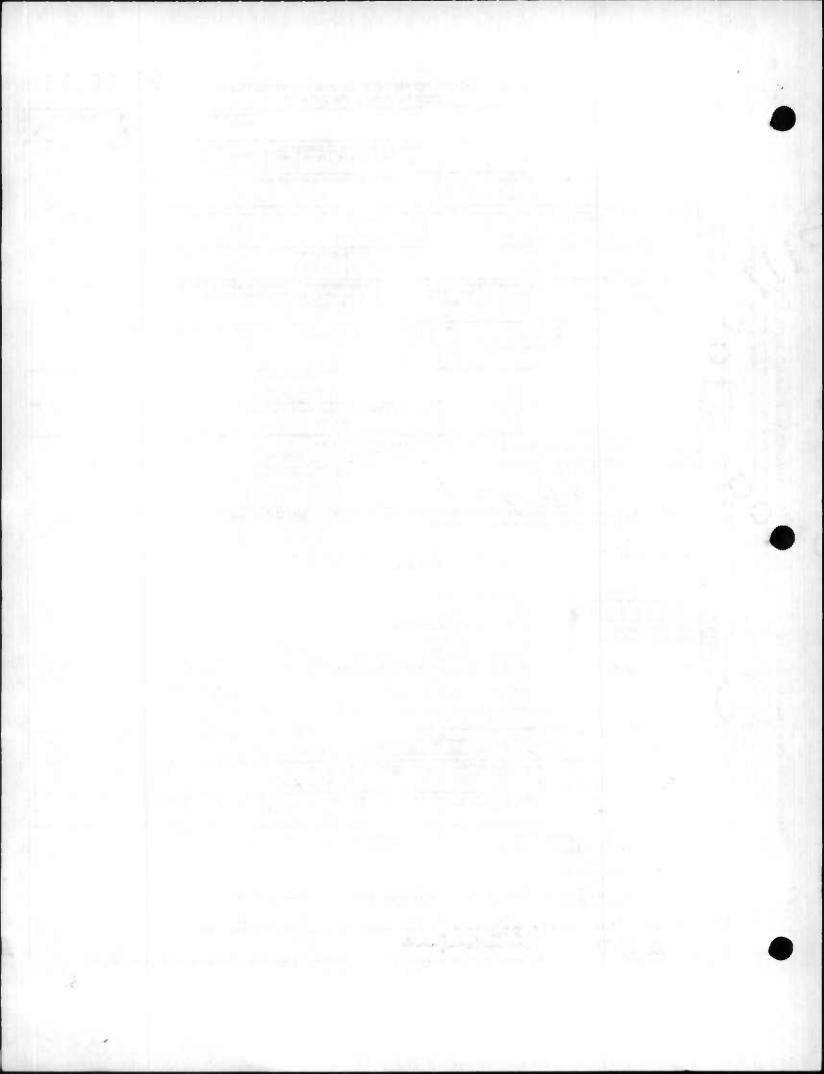
		1. DECEDENT'S NAME (Firs	I, Middle, Last)		Ca	milli	a Najw	a Abd	u11ah	2. DATE	OF DEATH			3. TIME OF DEATH
		CAMII	ABDU	ULLAH					07 03 1992 11:5				11:50 A M	
		4. SOCIAL SECURITY NUMBER		5. SEX	last birthday) IF UNDER t YEAR MONTHS DAYS				7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHP Country)		IPLACE (State or Foreign	
9 ·		None		1 M 2 T	1	YRS.				Nov	Nov. 04,		1990 Washington,	
602 2 3 should	OB	9a. FACILITY NAME (II not I	S HOPK	ITAL	9b. CITY, TOWN OR LOCATION OF DEATH BALITMORE CITY					9c. COUNTY OF DEATH BALITMORE				
28	5	RESIDENCE OF DE	10b. COUNT	ν		T 400 CIT	ry, town or L] 5111		
0020 g physician. e burial-transit perimit. Pages [1, 2,	DIRECTOR					100, 01			n. D.	С.				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
1	IAL	104. STREET AND NUMBER			Washington, D.C.						VHAT COUNTRY?			
ransit	FÜNERAL	715 Princ	eton P			20010						S.A.		
physici burial-i	5	11. MARITAL STATUS 1 X Never Merried 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	2 NO If yes, specify Cuban, Mexican, Pu					I? (Specify Ye Rican, etc.)	— American Indian, t, White, etc.		
ending as the	D BY	3 Widowed 4 Div	orced	11 123, 3172 1	AN ON DATES		_ ''	YES 2 K) N	IO Specif	y:			Speci	Black
use a use	1.111	(Specify on	CEDENT'S EDU ly highest grade	CATION completed)	18a,	(Give kind of	Work done during	PATION g most of wo	rking	16b	KIND OF BU	SINESS/INC	DUSTRY	
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-tran notified at barce.	IPLETI	Elementery/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT use retired.)					N/A			
YLAND by the hospita be detached at bnote.	COM	17. FATHER'S NAME (First, A	fiddle, Last)				-	18. Mc	OTHER'S NA	ME (First, I	Middle, Maiden		,	
RYL ed by st	BE	William M									ullah			
MAR retained to 5 should notified	2	19a. INFORMANT'S NAME (ADDRESS (Str							0.0010
	. 3	Najwa Abdu 20a, METHOD OF DISPOSIT	FANDOATE	Princeton Pl., N.W. Washington, D.C. 20010										
ALTIMORE, death. Page 6 may be tuneral director, page examiner must be	-	2 Cremation 3 Removal from State 200. Floration - City or Town, State												
h. Page eral dire		21. SIGNATURE OF FUNGEL	L SERVICE LIC	CENSEE	/				RESS OF FA	CILITY				ins, Inc.
0 0 0		· (M	1/	2/1	h	_	71.	6 Ken	nedy	Stre	et. N.	W.	WDC	20011
ours after d in by the or removal		23. PART L Enter the d shock, or h	isaases, or d	complications that List only one cau	t caused the	daath. Do i	not anter tha	moda of o	dying, suc	h as card	liac or resp	Iratory sri	reat,	Approximata interval Batween
y filled tion, o		IMMEDIATE CAUSE (Fig. disease or condition	nei	1	weli.	,	A	105	1					Onset and Death
E 70 20 a		reauiting in death)	→		Valu		Pi A	CSI	thn		,			Ihr
	Z	Sequantially list condit		a Cla	r di a	cc	ArV	hyy	hn	u	\sim			1/61
OX 68 OX 68 e be execut sician and c nor to buni traumatic	ATIO	if any, leading to imme cause. Enter UNDERLY	diata	DUE TO	(OR AS A CONS	EOUENCE O	र्मः							
tificate physical price	IFIC	CAUSE (Disease or Injuthat initiated eventa		cOUE TO	(OR AS A CONS	SEQUENCE O	F):							
Hygin Hygin	CERTIFICATION	resulting in death) LAS	T L	d										
That the do	CAL C	PART ii. Other significa	int condition	s contributing to	daath but no	t rasuiting	in tha underl	ying cause	given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY FINDINGS
5 2 0 1	DIC	Bronchop	4500,	reactive airway						ERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
How a work	ME	disease	-, (0)	Wiac 1	west	6/10/	12/1	Ulyn	yoch	mis		7-		OF DEATH?
law law bept.	AN	25. WAS CASE REFERRED T	DARRION					1	/					
N: The N:	SICIAN:	EXAMINER?	O WEDICAL	HOSPITAL:	ER/Outpetient	2 🗆 🖂	OTHER:		DEATH (Che					
HYSICIA his certif with the	РНУ	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	4 Nursing l	INJURY AT	Reeldenca		(Specify)	NJURY OCC	CURED	
DING PHYS After this of death with	ВУР		Pending Investigation	(Month, D	ey, rear)	IN.	M 1	WORK? YES 2	□ NO					
TTENDI TTOR: A after d	9		Could not be determined	26a. PLACE O building,	F INJURY — At atc. (Specify)	home, ferm,	street, factory, o	office		281. LOCA City o	ATION (Street of Town, State)	and Number	or Rural R	oute Number,
로 기가 두	IPLET			CIAN: To the best of										
HOSPITAL FUNERAL Within 72	COMPL				tamination end/o	or investigation	n, in my opinio	n, death occ	tured at the	time, date	and place, en	d due to th	e cause(s)	and manner as stated.
TO THE HOSPIT TO THE FUNERA be filed within 7 IMPORTANT: I	BE	29b. SIGNATURE AND TITLE	OF CERTIFIER	ted					CENSE NUM					(Month, Day, Year)
	5	30. NAME AND ADDRESS OF	PERSON WHO	M/)	SE OF DEATH (IT	EM 27) (Type	Print)	534	e+	Bul	14 N	11) 7	1)	05
		31. DATE FILED (Month, Day,	Year)	32. REGISTRA	R'S SIGNATURE		0 100				/ / /		10	3
		T > 1	[14	1992	Julia Dav	idson-1	pandelle					_		
		-		U										OHIAN IS Developed



FOR STATE REGISTRAR

	1. DECEOENT'S NAME (First, Middle, Lest) EDWARD Omer ALESHIRE									2. DAT MON	e of DEATH	3. TIME OF DEATH 2:37 p.m			
4.	SOCIAL SECURITY NUMB		5. SEX 6. AGE (In yrs. last		lest birthday) IF UNDER 1 YEA			EAR IF UNDER 24 HRS.			7. DATE OF BIRTH			8. BIRTHPLACE (State of Foreign	
	213-42-8792 1₺₺ 2□ 5				55 YRS.		HE DAYS HOURS MIN.				sept. 27, 1936			Maryland	
	9a. FACILITY NAME (If not institution, give street and number) 5043 BRANCHVILLE RD						9b. CITY, TOWN OR LOCATION OF OEATH 9c. COUNTY OF COLLEGE PARK PRINCE.								
	RESIDENCE OF DECEDENT							PAR	ar.			PRIV	ICE G	EORGES	
10	a. STATE	10b. COUNT				Y, TOWN								10d. INSIDE CITY LIMITS?	
	Maryland Prince Georges					olle		Par						XX YES 2 NO	
FUNERAL DIRECTOR	10s. STREET AND NUMBER						101	. ZIP COD						WHAT COUNTRY?	
¥ -	9811 52n	a. P1		NT EVER IN U.S. A		La		207						States	
3	1 Never Married 2 Married FORCES? 1 YES, GIVE WAR OR				₩O.		Il yes, sp	S DECENDENT OF HISPANIC OR es, specify Cuban, Maxican, Pue YES X NO Specify:			uerto Rican, etc.) Bi			E American Indian, k, White, etc.	
COMPLE ED		EDENT'S EDU highest grade		16a. O	ECEDENT'S Give kind of	USUAL O	CCUPATIO	ON net of world	an a	16	b. KIND OF BU	SINESS/IN	DUSTRY		
	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	e. Do NOT u	ee retired.)						_			
È	10 years FATHER'S NAME (First, M)			Me	Meter Repairman						D.C.		ernn	nent	
											Middle, Meiden	Sumame)			
10,	Omer Ale	shire	2	46	MAH INC	ADDOCO	0.700				fer				
2 "			,						or Hural	Houte Nun	nber, City or Tow	n, Stata, Zij	D Code)		
20.	20s. METHOD OF DISPOSITION 20s. PLACE AND DATE OF DISPOSITION									DA	TE 200 LO	CATION -	City or Tr	Tenn State	
X	XX Burlai 2 Cremation 3 Removal from State and Donation 6 Other (Specify) George Washington Cemetery 7/10/92 Ade.									Adelr	ohi.	Maryland			
21.	21. SHANDER OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Donald V. Borgwardt Funeral 4400 Powder Mill Rd. Beltsvil														
	3. PART I. Enter the di	0 8				44	100	Pow	der	Mil	ll Rd.	Be.	lts	ville,MD.	
Si if ca	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST LEATERUS IVE ARTERUS CURROTIC CARDOVASCULAR. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
	d.														
MEDICAL PROPERTY.	PART II. Other significant conditions contributing to death but not ree						ulting in the underlying ceuse given in Part					AUTOPSY IMEO?	24b	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25.	WAS CASE REFERRED TO EXAMINER?	MEOICAL						ACE OF O	EATH (Ch	eck only o	ne)				
5	1 X YES 2 NO		HOSPITAL:	ER/Outpatient 3	DOA	4 Nur		• 5√ Re	sidence	a 🗆 Oth	er (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending 28e. OATE OF INJURY (Month, Day, Year)					E OF URY M		PK?	/40	28d. DE	SCRIBE HOW !	INJURY OCCURED			
	2 Accident investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — Al home, building, etc. (Specify)						1 123 2 2 100				281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
290			CIAN: To the best of a											i) and manner as stated,	
7	SONATURE AND TITLE	0 (0	. 1		29c. LICI	NSE NUN	ABER		29d. DAT	E SIGNED	(Month, Day, Year)			
	11/1	10 V		M		0.0	M.E	the state of the s							
1/1	WARID F	GOL	PrtR	MANO			IN ST	'REET	BA	LTI	MORE, 1	1ARYI	AND	21201	
31.	JIII 10 10	2	grove de	AS SIGNATURE	dell										

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should DIRECTOR Fox Chase Rehabilitation & Nursing Center Silver Spring RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION District of Columbia Washington permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE the funeral director, page 5 should be detached for use as the burial-transit Kansas Avenue, N.W.; Apt. 20011 ours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☒ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuber, Mexican, Puarto Rican, etc.)
1 YES 2 X NO Specify: 1XX Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Purchasing Agent once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname 7 Ernest Ewina Ophelia BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Purvis C. Barringer (nephew) 4325 Kansas Avenue, N.W.; Apt. 3; Washington, D.C. 2001 Pe 20a. METHOD OF DISPOSITION

VXSurial 2 Cremelion 3 Re
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE must Thomasville Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY John M. Latury Fren medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, filled in by shock, or heert fellure. List only one cause on each line. 6 IMMEDIATE CAUSE (Finel attending physician and completely fille
 Mental Hygiene prior to burial, cremation, the disease or condition reaulting in death) that the death certificate be executed within traumatic event. CONSEQUENCE OF Can CERTIFICATION Sequentielly list conditions, Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST injury. PART II. Other significent conditions contributing to deeth but not recuiting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL A pure M ě À 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) After this certificated death with the State marked, or lien HOSPITAL: 1 YES 2 THO 1 | Inpetient 2 | ER/Outpetient 3 | DOA me 5 Residence 6 Other (Specify) DR ATTENDING PHYSICIAIN 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? this c 1 Netural 8 Pending 1 YES 2 NO BY After t Investigation 70 THE HUSPITAL UN AN AUTO TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, alc. (Specify) 3 Sulcide 8 Could not be determined COMPLETED 4 | Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) N.D. 2015 East West Highway, Silver Spring, Maryland 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1992 6

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR DAYE

9b. CITY. TOWN OR LOCATION OF DEATH

Sophronia Draka Barringer

8. AGE (In yrs. last birthday)

2. DATE OF DEATH DAY 3. TIME OF DEATH July 10 1119AU. 992 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year) July 13,1948 North Carolina 9c. COUNTY OF DEATH Montgomery 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, atc. Specify: Black 16b. KIND OF BUSINESS/INDUSTRY U.S. Department of Navy Naval Research Laboratory Maxine Barringer 20c. LOCATION - City or Town, Blate North Mount Gilead, Carolina Latney's Funeral Home 3831 Georgia Avenue, N.W.; Washington, D.C. Approximate Onset and Death 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 284 DESCRIBE HOW INJURY OCCURED 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d, DATE SIGNED (Month, Day, Year)



FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

237-86-1672

DECEDENT'S NAME (First, Middle, Last)

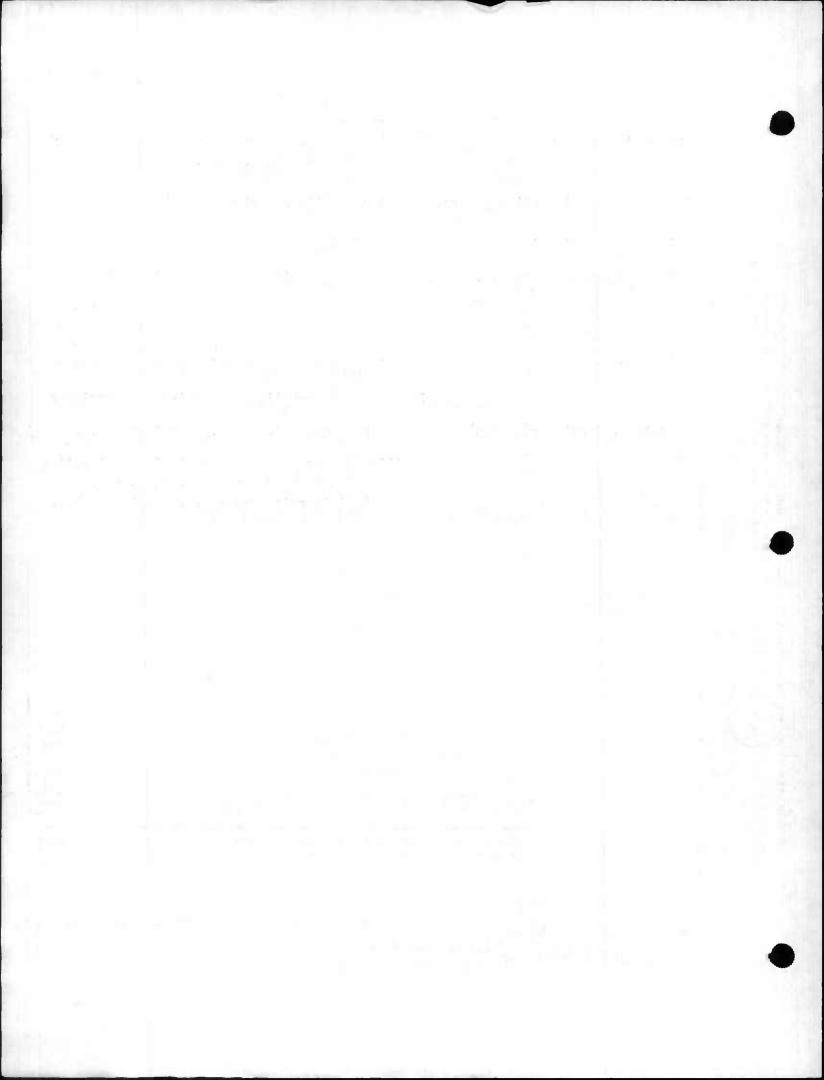
SOPHRANIA

9a. FACILITY NAME (If not institution, give street and number)

S. SEX

1 - M 2 X F

1 -

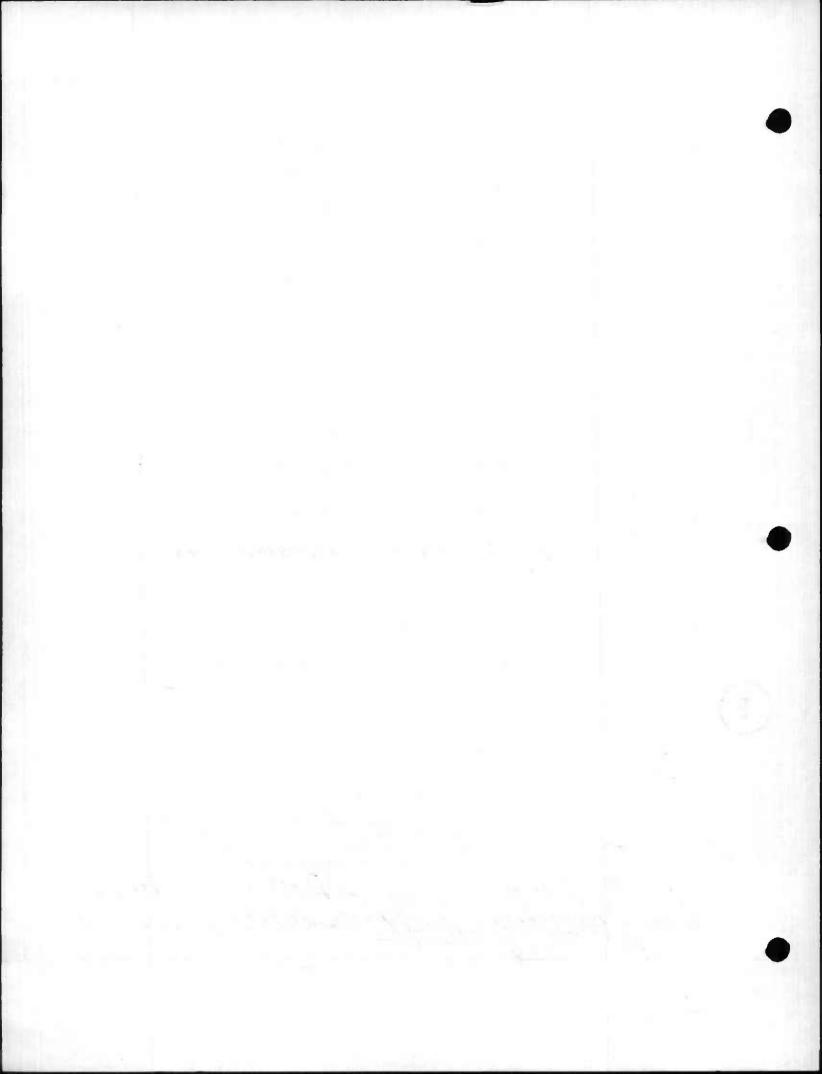


STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTA			MENTAL HYGIEN	E	2 20940			
	1. DECEDENT'S NAME (First, Middle, Last, Myrtle	Be11	enship		2. DATE OF DEATH 07-1.0-92		3. TIME OF OEATH				
	4. SOCIAL SECURITY NUMBER 219-16-9201	5. SEX 6. AGE (h	n yrs. lest birthday) IF	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTIN (Morith, Day, Year) 06/17/25		BIRTHPLACE (State or Foreign Country) Afton, VA			
10R	90. FACILITY NAME (If not institution, give Leland Memori: RESIDENCE OF DECEDENT	Carlo Carlo	90	Riverd	r location of de ale	ATN	e George's				
DIRECTOR	10a. STATE 10b. COUN	Prince George		own or Locat			10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	10e. STREET AND NUMBER 3701 Bunker Hill			101.	20722		10g. CITIZEN	N OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spe		IC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	RACE — American Indian, Black, White, etc. Specify: White				
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mos	N st of working	16b. KIND OF BU					
	7th 17. FATNER'S NAME (First, Middle, Lost) Sidney Monroe	day day turn turn yan	Clerk		18. MOTHER'S NAI	ME (First, Middle, Melden Bryant	y Clear Sumame)	ning			
TO BE	190. INFORMANT'S NAME (Type/Print) Velmer L. Blanke	enship			nd Number or Rural F	loute Number, City or Tow	y or Town, State, Zip Code)				
	Velmer L. Blankenship 4012 35th Street, Mt. Rainier, Maryland 20712 20e. METNOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Laytonsville Cemetery 07/14/92 Laytonsville, Maryland										
	21. SIGNATURE OF FUNERAL SERVICE L	s Sons Fu	Funeral Home, PA Hyattsville,MD 20781								
CERTIFICATION	23. PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury cause).										
- CERTI	resulting in deeth) LAST	that initiated events OUE TO (OR AS A CONSEQUENCE OF): d									
: MEDICAL		The contributing to death ac	it not readiting in t	na underlying	cause given in	Part I. 24a. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE RESERRED TO MEDICAL EXAMINED?	HOSPITAL:	ACE OF DEATH (Che								
ВУ РНУ	NJURY OCCURE	D									
	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stree fy)	ot, factory, office		261. LOCATION (Street of City or Town, State)	and Number or Ri	ural Route Number,			
COMPLETED		SICIAN: To the best of my knowle NER: On the beele of exemination						use(e) end menner ee stated.			
O BE C	296. SIGNATURE AND TITLE OF BERTHING	July MA	D		A 212	3 D	29d. OATE SIG	NED (Month, Day, Year)			
	Much stof Rods	NO COMPLETED CAUSE OF DEA	5009 F	Dayper	mch	Cp Sper	. My	20748			
	31. DATE FILED (MOTITI, Day, Vetar) 199	2 32. RESISTEAR'S SIGNAL DAVID	JON-Randell	1		/ /	,				

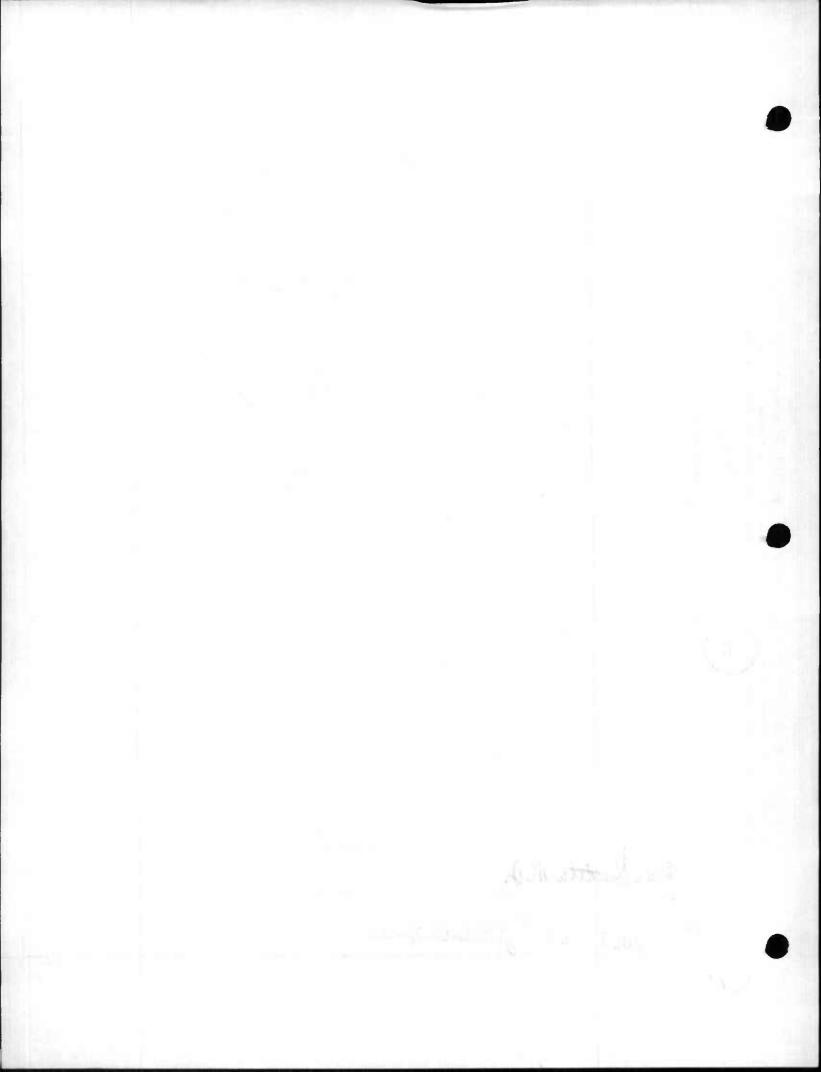


injury, or other traumatic event, the medical examiner must be notified at once,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificals be executed within 24 hours after death. Page 8 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been shound by an attention and completely filled in by the funeral director, page 5 should be detached	and Hydrae prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any inherent other traumatic event, the medical examiner must be netified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the di	TO THE FUNERAL DIRECTOR; After this certificate has been stored by min-	be filed within 72 hours after death with the State Dept. or Hearth and Mercal Hydrone prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows and injury

	FOR STATE REGISTRAR	STATE OF N		/ DEPAR					MENTA	AL HYG		92	2 2	20949
	1. DECEDENT'S NAME (First, Middle, Last)							-		E OF DEAT	Н		7.222	3. TIME OF DEATH
	ALICE WOLFE BLAKE								JU		1 1	199	2	9:20 P M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER		IF UNDER			OF BIRTH			8. BIRTH	PLACE (State or Foreign
- 1	474-09-2333	1 🗌 M 2 💢 F	79	YRS.	MONTHS	DAYS	HOURS	MIN.				12	Kasc	ota, Minn.
	9e. FACILITY NAME (If not Institution, give str	set end number)			9b. CITY	TOWN C	OR LOCATI	ON OF D		/			TY OF D	
DIRECTOR	MALCOLM GROW USAF MEDICAL CENTER ANDREWS AFB PRINCE OF									GEORGE'S				
ᇤ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION													
E I		instan		100.01			ION							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	ington	_		n/	/a	ZIP COD	e i	10g, CITIZEN OF W					1 KYES 2 NO
R/	1600 C Fode C+	root	no o t											
2										States				
	IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: Wildwid 4 Divorced									— American Indian, White, etc.				
ВУ										te				
15. OECEDENT'S EDUCATION (Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)														
9	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+) College (1-4 or 5+)													
MP		2	56	cret	ary				יש	ept.	0	I D	erer	ise
COMPL	17. FATHER'S NAME (First, Middle, Last)						ľ			Middle, Ma				
BE	Jacob A. Wolf	е								Gil				
2	19a. INFORMANT'S NAME (Type/Print)			2044	ADDRESS	S (Street o	nd Number	or Rural	Route Nun	ber, City or	Town,	State, Zip	Sode) E	7006
	Jerry A. Wolfe							.,_			, _ ,			7000
20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION — City or To														
1 Burief 2 XI Cremation 3 Removed from State Cametery, cramatory or other place No. Va. Crematory 7/14/92 Arl: 21. SQNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										Ingu	on, va.			
	21. SQNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Murphy Funeral Home 4510 Wilson Blvd., Arlington, Va. 22203													
	and of	Jalle	Carpender		45	510	Wil	son	Bl	vd.,	Ar	lin	gtor	1, Va. 22203
	23. PART I. Enter the diseases, or ca ahock, or heart failure. L	inplications that	se on each lie	death. Do i	not enter	the mo	de of dy	ing, suc	th as car	rdiac or r	espira	story arr	est,	Approximata Interval Between
	IMMEDIATE CAUSE (Final disease or condition													Onset and Death
	resulting in death)	METASTA				ER,	END	STAC	ξE					
		DUE TO	(OR AS A CONS	EOUENCE O	F):									
CEPHFICATION	Sequentially list conditions,		(OR AS A CONS	EQUENCE O	n:									
X	If any, leading to immediate cause. Enter UNDERLYING				,									i
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONS	EOUENCE O	F):									
A	resulting in death) LAST													
9	PART II. Other significant conditions	contributing to	death but not	meultlag	in the un	dodulo		aluan In	Don't I					
3		continuating to	Godin Dat Ho	resulting	m the un	deriyini	g cause (Aisen in	Part I.		RFORM		246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
03										1 🗆 YE	S 2 5	NO NO		OF DEATH?
2														1 - YES 2 - NO
AN	25. WAS CASE REFERRED TO MEDICAL				-	26 DI	ACE OF D	EATH (C)	ant anti-					
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL:	ED/Outnotlant	2 004	OTHER	₹:								
H	27. MANNER OF DEATH							sidence		er (Specify)	_	IURY OCC	TIRED	
								□ NO		., ., ., ., ., .,	011 111	000	OTTED	
> 1	1 Netural 5 Pending		2 Accident Investigation Inves											
) BY	1 Natural 5 Pending 2 Accident Investigation	28a. PLACE O	F INJURY — At I	nome, ferm,	street, fect	ory, offic			261. LO	CATION (St	reet en	d Number	or Rural A	oute Number
E	1 Natural 5 Pending 2 Accident Investigation	28a. PLACE Of building,	F INJURY — At I	nome, ferm,	street, fect	ory, offic			261. LO	CATION (St.	ireet en Stete)	d Number	or Rural A	oute Number,
E	1 N Neturel 5 Pending Investigation 3 Suicide 6 Could not be determined	building,	etc. (Specify)						City	or Town, S	Stete)	<u>.</u>		oute Number,
E	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	IAN: To the best of	my knowledge,	death occurr	ed at the ti	me, data	and place	, end due	to the ce	r or Town, S	(mann	or on stat	ed.	
COMPLETED	1 Natural 5 Pending Investigation 2 Accident Investigation 6 Could not be determined 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	IAN: To the best of	my knowledge,	death occurr	ed at the ti	me, data	and place	, end due	to the ca	r or Town, S	manne, end	er ee atat	ed. e cause(s)	and manner es stated.
BE COMPLETED	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	IAN: To the best of	my knowledge,	death occurr	ed at the ti	me, data	and place	, end due	to the ca	r or Town, S	manne, end	or ee atat due to th	ed. e cause(s) E SIGNED	and manner es stated. (Month, Day, Year)
COMPLETED	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. ATURE AND TITLE OF CERTIFIER ATURE ATURE AND TITLE OF CERTIFIER ATURE	IAN: To the best of example of ex	etc. (Specify) my knowledge, camination end/o	death occurr r investigatio	ed at the ti	me, data	and place	, end due red at the ENSE NUI	to the cattime, date	or Town, S nuse(s) end e end place	I manne	due to th	ed. • cause(s) E SIGNED	and manner as stated. (Month, Day, Year) Y 1992
BE COMPLETED	1 Natural 5 Pending Investigation 2 Accident 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. LATURE AND TITLE OF CERTIFIER WALL AND TITLE OF CERTIFIER 30. NATE AND ADDRESS OF PERSON WHO	IAN: To the best of example.	my knowledge, or amination end/or semination end	death occurr r investigatio	ed at the ti	me, data	and place	, end due red at the ENSE NUI	to the cattime, date	use(s) end e end place	manne, end	due to th	ed. cause(s) signed JUL F ME	and manner es stated. (Month, Day, Year) Y 1992 DCEN
BE COMPLETED	1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. ATURE AND TITLE OF CERTIFIER ATURE ATURE AND TITLE OF CERTIFIER ATURE	IAN: To the best of example. COMPLETED CAUS APT, USA	my knowledge, or amination end/or semination end	death occurr r Investigation EM 27) (Type	ed at the ti	me, data	and place	, end due red at the ENSE NUI	to the cattime, date	use(s) end e end place	manne, end	due to th	ed. cause(s) signed JUL F ME	and manner as stated. (Month, Day, Year) Y 1992



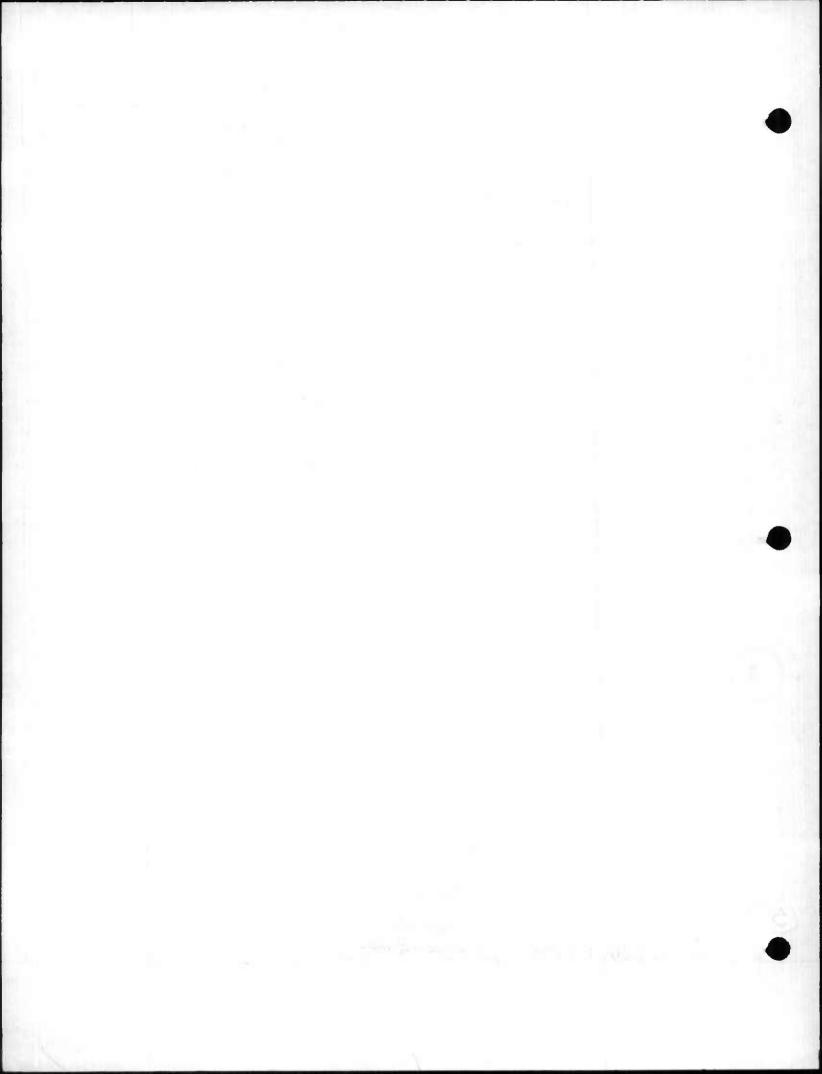
FOR
STATE
REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P	. 8	8	w
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificant has been cover the annual	ó
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		1. DECEDENT'S NAME (First, Middle, Last)	LUTHE	RC	B	USH	ONG	2. DATE OF DEATH DO	's &	3. TIME OF DEATH			
		4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. In:	st birthday) IF	UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign			
- 1		577 07 7733	1 XX 2 □ F	80		THS DAYS	HOURS MIN.	(Month, Day, Year)		Country)			
1		00 8/16/19 Virginia											
	DIRECTOR	Scripter m) Hospital Clinton of Death Country of Death Country of Death Clinton											
	Ä	10e. STATE 10b. COUNTY			10c. CITY, TO	WN OR LOCA	ATION			10d. INSIDE CITY			
-		MD Princ	e Georges		Fores	stvill	е.			1 TES 2 TONO			
	ERAL	10e. STREET AND NUMBER 10t. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?											
1	Ä	4013 Forestville		20747					US	SA			
11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 2 Married 1 Never Married 4 Divorced 1 Never Married 4 Divorced 1 Never Married 5 Never Married 1 Never Married 6 Never Married 1 Never Married 7 Never Married 1 Never Married 8 Never Married 1 Never Married 9 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 2 Never Married 1 Never Married 3 Never Married 1 Never Married 3 Never Married 1 Never Married 4 Never Married 4 Nev									or No- 14.	RACE — American Indian, Black, White, etc.			
										Specify: White			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working) 16b. KIND OF BUSINESS/INDUSTR'													
-	18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Transporation Transporation 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)									\n			
CG.	M P	1.7. FATHER'S NAME (First, Middle, Last)		Tra	nsporat	ion S	pecialis	-		,11			
5		John William Busho						AME (First, Middle, Maiden	Sumame)				
Po	BE	19a. INFORMANT'S NAME (Type/Print)	ong	10	h MAII INC ADI	38508 (Om. 14	Willie	Tatum Route Number, City or Tow	A				
noti	2	Susan Jones											
t be		20a. METHOD OF DISPOSITION			AND DATE OF DI				Le MD 20747 LOCATION — City or Town, State				
E		1 Burial 2 Cremation 3 Remo	oval from State	cemetery, cre	emetory or other p		Hill Com	6/13 Suit 1					
in a		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE ()	7		22. NAME A	ND ADDRESS OF FA	CILITY 4309	Suit1				
Охан		> Bryon 51	Vellice)			Rober	t E. Will	neim		ID 20746			
dical		23. PART I. Enter the diseases, or o	complications that ca	used the de	ath. Do not a	enter tha m	ode of dying, aud	h as cardiac or reapi	ratory arrest,	Approximata			
E		shock, or heart fellure. I	List only one cause i	on each line						Onset and Death			
=		disease or condition resulting in death) a. Cardia army											
62		DUE TO (OR AS A CONSEQUENCE OF):											
other traumatic event, the medical examiner must be notified at once.	RTIFICATION	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):											
ş	CAT	If any, leading to immediate cause. Enter UNDERLYING								į			
othe	F	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSE	QUENCE OF):								
6	CER	resolding in diatin) LAST	d										
Malay,		PART II. Other algnificant condition	e contributing to des	th but not i	reaulting in th	ne underlyin	ng cause given in			24b. WERE AUTOPSY FINDINGS			
k	EDICAL							PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE			
DWS	ME									OF DEATH?			
E 23	ä												
Item 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТ	26. P	LACE OF OEATH (Ch	eck only one)					
5	PHYS	1 YES 2 NO	t npatient 2 ER		DOA 4	Nursing Hor	me 5 Residence						
		1 Natural 5 Pending	(Month, Day, Y		28b. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURE	ED			
E S	D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN.	JURY — At ho	ome, farm, street			281, LOCATION (Street a	nd Number or R	tural Route Number.			
78	Ш	4 Homicide determined	building, etc.	(Specify)				City or Town, State)					
Te I	7	29a. CERTIFIER (Check only	CIAN: To the best of my I	knowledge, de	eth occurred at	the time, date	e and place, and due	to the cause(a) and man	ner se stated.				
IMPORTANT: If Item	COMPLET									use(a) and manner as stated.			
NA N	BE C	296. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUI	MBER	29d. DATE SIG	GNED (Month, Day, Year)			
M P	10	Ish all	u	nen					D 7/	12/92			
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE O	F DEATH (ITE	M 27) (Type, Print	010	20.	et an	-0. 1.	,			
		CARCES ALRE 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	100	7	on ma	the C	en h	un			
		.111 1 4 19	190 Sulie	Davids	on-Randa	100							
		4UL 1 3 14	0							Dintil to Day Amo			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

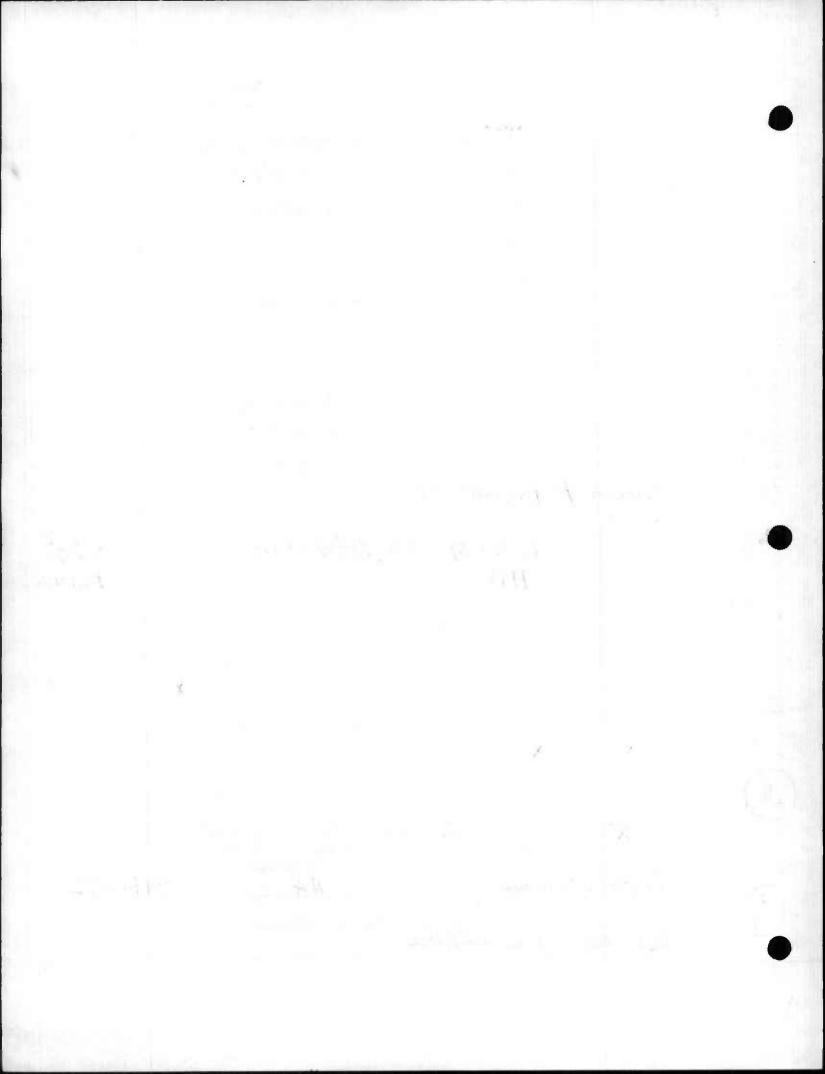


OF VITAL RECORDS, P.O. BOX 68760,

entificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).					
	1. DECEDENT'S NAME (First, Middle, La					2. DATE OF DEATH MONTH D	YE/	3. TIME OF DEATH				
	ALEXZANDRIA LO					JULY 1	1, 1992	2 11:27P M				
	4. SOCIAL SECURITY NUMBER		i. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HRTHPLACE (State or Foreign				
	149-88-2098	1 🗆 M 2 💢 F	2 YRS.			FEBRUARY 8	,1990L	ONG BRANCH N				
~	9a. FACILITY NAME (If not institution, gi	re street and number)		9b. CITY, TOWN	DR LOCATION OF E	DEATH	Sc. COUNTY (OF DEATH				
0	NIH, THE CLINI	CAL CENTER		BETHES	DA, MARY	LAND	MONTO	OMERY				
DIRECTOR	10a. STATE 10b. COU	NTY	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY				
HO	MARYLAND MC	NTGOMERY	S	LLVER SP	RING			LIMITS?				
	10e. STREET AND NUMBER			10	1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?				
FUNERAL	3008 BEL-PRE R	OAD APARTM	ENT 102		20902		USA					
3	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WAS DE		ANIC DRIGIN? (Specify Yes		RACE — American Indian, Black, White, etc.				
BY F	1 Never Married 2 Married	IF YES, GIVE WAR	YES 2 NO		ecify Cuban, Mexic 2 g-ND Spec	can, Puerto Rican, etc.)		Black, White, etc. Specify:				
	3 Widowed 4 Divorced				X			MERICAN INDIAN				
COMPLETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	(Give kind of	USUAL OCCUPATE		16b. KIND OF BU	SINESS/INDUSTR	RY				
۳	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)	•							
\$	0											
	17. FATHER'S NAME (First, Middle, Last) BRIAN GEORGI	RICCS				AME (First, Middle, Meiden LYNE TROT						
BE	19a. INFORMANT'S NAME (Type/Print)	DIGGS										
2	BRIAN BIGGS (FA	murp)				I Route Number, City or Tow						
	20a. METHOD OF DISPOSITION	THEK)	20b. PLACE AND DATE					ING,MD,20902				
	1 X Burial 2 Cremetion 3 R	emoval from State	cametery, crematory or o	thar place)	ame of	DATE 20c. LO	CATION - City of					
	21. SIDNATURE OF FUNERAL SERVICE	LICENSEE	INURBECK	22. NAME A	AL PAK	K /-IO C	LNEY,	MD.				
	· Julia	mars	hall	HOME	, INC.	4217 9th Washingt	St.	N.W. .C. 20011				
	23. PART I. Enter the disesses,	or complications that d	sused the deeth. Do	not enter the mo	de of dying, su	ch se cardiec or respi	iratory srrest,	Approximats				
	immediate cause (Fine)	e. List only one cause	on each line.					interval Between Onset and Death				
	disease or condition	PlicMON	LRY FOCINT	PNE	MANUEL	A		1) Days				
	resulting in death)	DUE TO (O	ARY EDEM	F)r	1.101.1	1		LUIP				
z		- HIV						PER INSTAL				
을 l	Sequentially list conditions, if sny, leading to immediate	DUE TO (O	R AS A CONSEDUENCE O	F):								
CERTIFICATION	CAUSE (Disease or injury	c										
발	that initiated events resulting in death) LAST	DUE TO (D	R AS A CONSEQUENCE O	F):								
51		_ d										
	PART ii. Other significent condit	ons contributing to de	eeth but not resulting	in the underlyin	g ceuse given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINOINGS				
EDICAL						PERFOR	2.4	AVAILABLE PRIOR TO COMPLETION DF CAUSE				
MEC							M III	OF DEATH?				
M	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C	heck only one)						
Sic	EXAMINER?	HOSPITAL:	R/Outpetient 3 DOA	OTHER:	e 5 🗆 Rasidence	6 Other (Specify)						
PHYSICIAN:	27. MANNER OF DEATH	28a, DATE OF IN (Month, Day,		E OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCURE	0				
ВУ	1 Natural 5 Pending 2 Accident Investigation		rour) II43		YES 2 ND							
ED E	3 Suicide 8 Could not	28e. PLACE OF I building, etc	NJURY — At home, ferm, (treet, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or Ru	irel Route Number,				
	4 Homicide determined					City or lown, State)						
COMPLET	29a. CERTIFIER (Check only	SICIAN: To the best of my	knowledge, death occurr	ed at the time, data	and place, and due	e to the cause(s) and man	oner as stated.					
8								se(a) and manner sa stated.				
E C	29b. SIGNATURE AND TITLE OF CERTIF				29c.,LICENSE NU			NED (Month, Day, Year)				
œ	Thaite Casi	Lemann			NA		>07-1	12/97				
2	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	DF DEATH (ITEM 27) (Type,	Print)	77.37		211	1-4 12				
	BRIGITTE WIDEMAN	BRIGITTE WIDEMANN, MD 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892										
	BRIGITTE WIDEMAN 31. DATE FILED (Mopth, Day, 1992)	32. REGISTRAR'S	9000 R	OCKVILLE	PIKE, E	BETHESDA, M	IARYLANI	20892				



RDS, P.O. BOX 68760,

A SALINE	fire has been agned	tath Sept., of Health	MEDODIANT. 16 Heart 20 to marked or hom 25 shares as
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PHY	r this	h with	arkee
NDING	: Afte	deat	9
ATTE	CTOR	s after	96
L OR	DIRE	hour	Itam
HOSPITAL	FUNERAL	within 72	TAMT. 10
岩	품	filed	DOG
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE HOSPITAL OR	TO THE FUNERAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certif	TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certified has been beined be filed within 72 hours after death with the fluin present of themse

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE OF MARYLAND / [CEI	DEPARTME	NT OF H	EALTH AND		YGIENE EG. NO.	<i>J</i>	2070	G-ma
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF I		YEAR	3. TIME OF DEAT	Н
	Percy W. Blackburn	Jr.			06	26	1992	10:52	PM
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last to	BACALTAI	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH y, Year)	8. BIRTH Countr	PLACE (State or For	reign
	221 14 0308 1 ¼ M 2 □ F 7.0	YRS.	. Carre	HOURS WIN.	Sept. 1		P		
~	9a. FACILITY NAME (If not institution, give street end number)	9b. C	ITY, TOWN O	R LOCATION OF D	EATH	9c. CO	UNTY OF D	EATH	
0	8003 Barrett Road		Ft. W	ashingto	on	Pri	nce G	eorges	
EC		10c. CITY, TOW					10d. INSIDE CITY		
DIRECTOR	MARILAND PRINCE GEORGE	F	ORT W	ASHINGTO	N		LIMITS?		
	10e. STREET AND NUMBER		101.	ZIP CODE		10g. C	ITIZEN OF V	HAT COUNTRY?	
FUNERAL	8003 BARRETT ROAD		1 2	20744			U.S.A		
5	11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARME FORCES? 1 V YES 2 NO	ED 1	13. WAS DECE	NDENT OF HISPAI	NIC ORIGIN? (S	pecify Yes or No-	14. RACE	- American India White, etc.	m,
BY	1 Never Married 2 Married FORCES? 1 V YES 2 NO IF YES, GIVE WAR OR DATES			2 NO Specif		i, witc.)	Speci		
	15. DECEDENT'S EDUCATION 18e. DECE	DENT'S USUAL	OCCUPATION	M	L age was	D OF BUSINESS/II	1	DEROK	
	(Specify only highest grade completed) (Give	kind of work dor	ne durina mos	t of working	100. KIN	D OF BUSINESS/II	NDUSTRY		
2		PUTER A	MALYS	T	U.	S. GOV'	Т		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA		s, Melden Surname		-	
BE C	PERCY W. BLACKBURN SR.			CARR	IE HE	NRY			
		MAILING ADDRE	ESS (Street an	d Number or Rural	Route Number, C	City or Town, State, 2	Zip Code)		
2	HARRY B. WILEY, JR. 39	28 SONO	ORA PL	. ALEX	ANDRIA	. VA. 22	309		
	20a. METHOD OF DISPOSITION 20b. PLACE AN	D DATE OF DISP	OSITION /Nan	ne of	DATE	20c. LOCATION -		wn, State	
	4 Donation 5 Other (Specify) METRO	POLITAN	CREM	IATORY	17/8	ALEXAN	DRIA.	VA.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2	22. NAME AN	CREENE FA	FUNERA	L HOME, I	NC.	-	
	Ilelson & drune p.			ALEXAND	DRIA, VIRG	SINIA 2231	4		
	 PART I. Enter the diseases, or complications that caused the deat shock, or heart failure. List only one cause on each line. 	h. Do not ent	ter the mod	le of dying, suc	h aa cerdiac	or respiratory a	rrest,	Approxima Interval Be	
	IMMEDIATE CAUSE (Final disease or condition		,					Onset and	Death
	resulting in death) a. Multiple stab Due to (or as a conscou	Woune	de						
_		2.102 01).						j	
9	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF TO (OR AS A	ENCE OF):							
5	cause. Enter UNDERLYING CAUSE (Disease or Injury								
H	that initiated events DUE TO (OR AS A CONSEQUI	ENCE OF):							
CERTIFICATION	d.								
L C	PART II. Other aignificent conditions contributing to death but not res	ulting in the	underlying	cause given in	Part I. 24a	. WAS AN AUTOPS	Y 24b.	WERE AUTOPSY FIR	IDINGS
2	Blunttrauma of face				1.0	YES 2 NO		AVAILABLE PRIOR 1	
MEC					_ ''	1.20 2 110		OF DEATH?	0
ž					_			A	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	L		CE OF OEATH (Ch	eck only one)				
PHYSICIAN: MEDIC	1 XYES 2 NO 1 Inpatient 2 ER/Outpatient 3	DOA 4 N	ER: lursing Home	5X Residence	6 Other (Sp	ecity)			
F	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 1 Natural 5 Pending	26b. TIME OF	28c. INJU WOR		26d. DESCRIE	E HOW INJURY O	CCURED		
B	2 Accident Investigation 06 26 1992	8 OOP		2 NO		ject sta			
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home building, atc. (Specify)	, form, streat, f	actory, office		28f. LOCATIO	N (Street and Numb wn, State)	er or Rural R	oute Number,	
	at home					arrett 1			
린	29e. CERTIFIER (Check only (nee))								
COMPLETED	one) 2 MEDICAL EXAMINER: On the beels of examination and/or inv	estigation, in m	y opinion, de	ath occured at the	time, date end	place, and due to	the cause(a	end menner es st	sted.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		$\neg \neg$	29c. LICENSE NUI	#BER	29d. D/	TE SIGNEO	(Month, Day, Year)	
2	Nonald B. Wright MD 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2		O.C.M.E. ▶ 06					7 1992	
	Davis C / language as a								
	DONALD G, WRIGHT, MD DOME 111 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	Penn	Street	. Balti	more M	arvland	2120	1	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-R	andell							
	1111 0 0 1002								



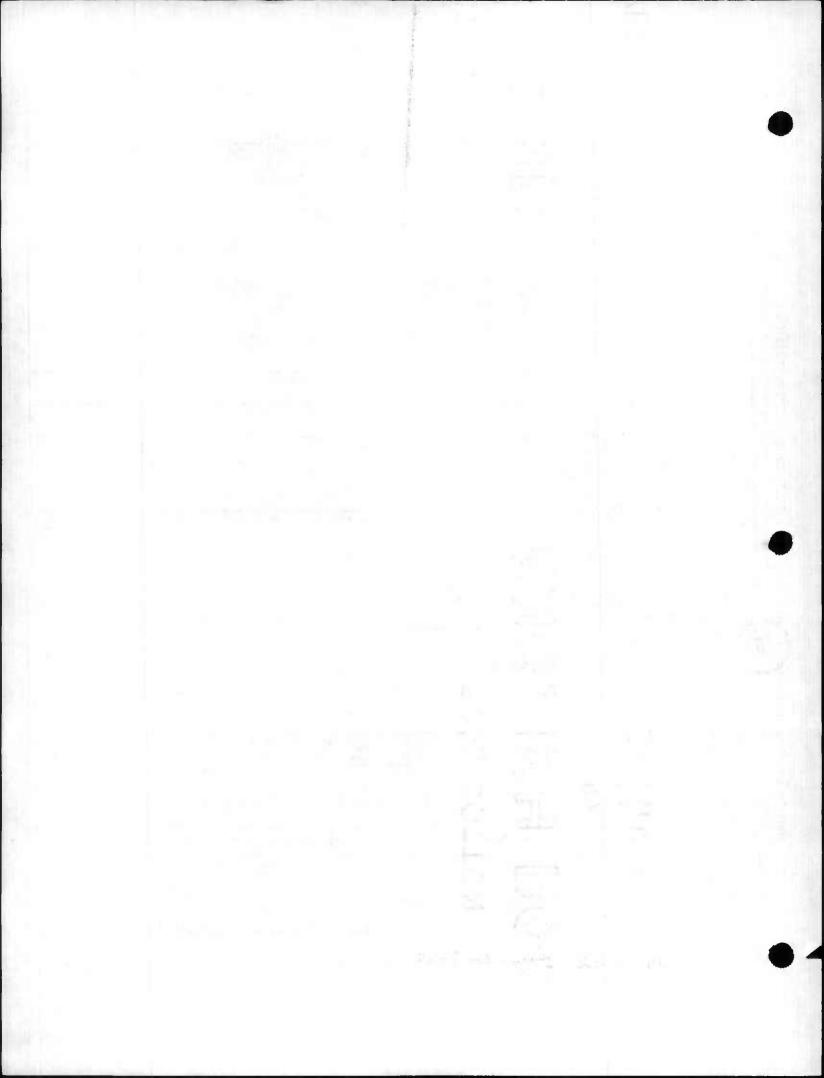
FOR STATE REGISTRAR

1 -

DIVISION OF VITAL RECORDS P O BOX 68760,
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement of the management of the functal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the function of the functal DIRECTOR: After this cardificate has been storned by the functal director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

- 3	1. DECEDENT'S NAME (First	t, Middle, Last)						2. DATE OF DEATH	AY YE	3. TIME OF DEATH
				zel T.		KR.	thogham	July	10 199	
	4. SOCIAL SECURITY NUME None	BER	5. SEX	8. AGE (In yrs. las		HITHS DAY		7. DATE OF BIRTH (Month, Day, Year) July 15 1	C	HRTHPLACE (State or Foreign ountry) TYland
	9s. FACILITY NAME (If not in	nstitution, give s	treet and number)	00	98	b. CITY, TOV	N OR LOCATION OF D		9c. COUNTY	7
5	PENINSULA		NAL MEDIC	CAL CENT	- 1		ISBURY		WICOM	
DIMECTOR	10a. STATE	10b. COUNTY	Y		10c. CITY, T	OWN OR LO	CATION			10d. INSIDE CITY
	Maryland	Wicon	nico		Pitt	svill	e			1 YES 2 NO
	10e. STREET AND NUMBER						10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
	Rt.1 Box 5	8	1				21850		USA	
TONER	11. MARITAL STATUS 1 Never Married 2	Married	FORCES?	T EVER IN U.S. AR	NO NO	If yes	, specify Cuban, Maxic	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.
5	3 X Widowed 4 Dive	proad	IF YES, GIVE	MAR OR DATES		1 0	YES 2 X NO Spec	ffy:		Spec#y: White
3	15, DEC (Specify onl	CEOENT'S EOU ly highest grade	CATION completed)	16a. DE	CEDENT'S US	UAL OCCUP	ATION most of working	16b. KIND OF BU	SINESS/INDUST	RY
	Elementary/Secondary (1	College (1-4 or 5	+) Ife.	. Do NOT use n	etired.)	•			
COMPL	8		<u> </u>	I	Iomema:	ker	1	Own Hor		
- 11	17. FATHER'S NAME (First, M	Action 1					- 100- VEV. 10	AME (First, Middle, Malden	Sumame)	
	Larry W. Pa			10	b. MAILING AF	DRESS (Str	Lily E.	White Route Number, City or Tox	vn. State. Zin Cod	(e)
2	Thomas I. B		oham					rd Road, S		
	20s. METHOD OF DISPOSIT	TION		20b. PLACE	AND DATE O	F OISPOSIT	ION (Name		CATION — City	
	1 NBuriei 2 Crematic		oval from State	Dennis	crematory or Ceme	other place)		7-10-92 Wi	llards,	MD
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE			22. NAM	E AND ADDRESS OF F	ACILITY		
	► 2/-H	Ph	bure				tings Fun byville.			
NO										minutes
HTIFICATION	if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju-	ediste riNG	c							
ERTIF	that initiated events resulting in death) LAS	ST	d.	(OR AS A CONSE	QUENCE OF):					
U	PART II. Other significa	ent condition	ns contributing to	dsath but not	resulting in	the under	vina csuse given i	n Part I. 24a. WAS A	AUTOPSY	24b. WERE AUTOPSY FINDIN
MEDICAL		Sugge	cted	colon	CA			PERFO 1 TYES		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN:										
<u>.</u>	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:	_ 10V = ep-		THER:	8. PLACE OF OEATH (The second second		
5			1 lig Inpatient 2	☐ ER/Outpatient :	DOA 4	☐ Nursing	Home 5 - Residence		IN ILIEN OCCUP	EO
DIGIL	1 YES 2 NO		26s. DATE O	F INJURY	26b. TIME (OF 280	. INJURY AT	28d. OESCRIBE HOW		
3	1 U YES 2 NO 27. MANNER OF DEATH 1 Neturel 5	Pending		F INJURY Day, Year)	26b. TIME (IY	WORK?	28d. DEŞCRIBE HOW	andarii ooooni	
D BY PHY	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation Could not be detarmined	(Month,		INJUR	M 1	WORK? YES 2 NO	28d. OESCRIBE HOW 26f. LOCATION (Street City or Town, State	and Number or F	Rural Route Number,
LETED BY PHY	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Sulcide 6 4 Homicide 29a. CERTIFIER (Check only)	Could not be detarmined	28e. PLACE building	OF INJURY — At he, etc. (Specify)	ome, ferm, stre	M 1 set, factory, at the time,	WORK? YES 2 NO office	261, LOCATION (Street City or Town, State	and Number or F	
COMPLETED BY PHY	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Sulcide 6 4 Homicide 29a. CERTIFIER (Check only)	Could not be detarmined	(Month, 28e. PLACE building CICIAN: To the best of	OF INJURY — At he, etc. (Specify)	ome, ferm, stre	M 1 set, factory, at the time,	WORK? YES 2 NO office	26f. LOCATION (Street City or Town, State us to the cause(a) and more time, data and place, a	and Number or F phonor as stated. and dus to the ca	Rural Route Number, suse(a) and manner as stated GNED (Morth, Day, Year)
DE COMPLEIED DI PAT	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Sutcide 6 4 Homicide 298. CERTIFIER (Check only one) 2 MEE	Could not be detarmined	(Month, 28e. PLACE building CICIAN: To the best of	OF INJURY — At he, etc. (Specify)	ome, ferm, stre	M 1 set, factory, at the time,	WORK? YES 2 NO office data and place, and don, death occured at ti	26f. LOCATION (Street City or Town, State us to the cause(a) and more time, data and place, a	and Number or F phonor as stated. and dus to the ca	suse(a) and manner as stated
TO BE COMPLETED BY PHYSICI	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Sutcide 6 4 Homicide 298. CERTIFIER (Check only one) 2 MEE	Investigation Could not be detarmined STIFYING PHYS DICAL EXAMINI	(Month, 28e. PLACE building BICIAN: To the best of ER: On the basis of	Dey, Year) OF INJURY — At h. of etc. (Specify) of my knowledge, d. examination and/or	injur	M 1 set, factory, at the time, in my opini	WORK? YES 2 NO office data and place, and don, death occured at ti	26f. LOCATION (Street City or Town, State us to the cause(a) and more time, data and place, a	and Number or F phonor as stated. and dus to the ca	suse(s) and manner as state
BE COMPLETED BY PHY	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suteide 6 4 Homicide 29a. CERTIFIER (Check only orne) 2 MEE 29b. SIGNATURE AND TITL 30. NAME ANO ADDRESS C	Investigation Could not be detarmined YTIFYING PHYS DICAL EXAMINI E OF CERTIFIE OF PERSON WI	(Month, 28e. PLACE building ER: On the beat of ER HO COMPLETED CAI	Dey, Year) OF INJURY — At h. of etc. (Specify) of my knowledge, d. examination and/or	injur	M 1 set, factory, at the time, in my opini	WORK? YES 2 NO office data and place, and don, death occured at ti	26f. LOCATION (Street City or Town, State us to the cause(a) and more time, data and place, a	and Number or F phonor as stated. and dus to the ca	suse(s) and manner as state

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



be notified at once.

THE HOSPITAL OR ATTENDING PHYSICIAN THE MENTING AND THE Geath certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	Sertificate N	The State D	IMPORTANT: If Item 28 is marked, or them 22 them any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN The programment are death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTRENDING PHYSICIAN The programment has death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certifical means the burial-transit permit. Pages 1, 2, 3 should	TO THE HOSPITAL OR ATTENDING PHYSICIAN The personness are death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate in the strending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Same Day of Health And Hygiene prior to burial, cremation, or removal.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM	MENT OF H	IEALTH AND	MENTAL HYGIEN		20954
	1. DECEDENT'S NAME (First, Middle, Last)	1	13			2. DATE OF DEATH MONTH DO		3. TIME OF DEATH
	DAVID	Lee:	BA	XTER	•	7 16	92	
3	0		MC	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Ybar)	1	BIRTNPLACE (State or Foreign Country)
		×□ M 2 □ F 52	YRS.			2/10/1940)	Maryland
œ	9a. FACILITY NAME (If not institution, give street		91		OR LOCATION OF D	EATN	9c. COUNTY	
DIRECTOR	St. Agnes Hospiga	L		Balti	more		E	BAlto. City
REC	10e. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	TION		<u></u>	10d. INSIDE CITY
ō		Carroll		Vestmir	ster			1 TES 2 NO
3AL	10e. STREET AND NUMBER	_			. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	2185 Sams Creek Ro				211			S.A.
	11. MARITAL STATUS 12 1 Never Married 2 Married	PORCES? 1 YES 2	NO	If yes, sp	ecify Cuben, Mexica	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S	1 🗌 YES	2 NO Specif	y:		Specify:
ED	15. DECEDENT'S EDUCAT (Specify only highest grade con	ION 16	a. DECEDENT'S US	UAL OCCUPATION	ON	16b. KIND OF BUS	SINESS/INDUST	White
		College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	-			
COMPLETED	High School -		Inst	rance	Broker		suranc	e
	17. FATHER'S NAME (First, Middle, Last) Jerry Baxter					ME (First, Middle, Maiden	Surname)	
BE	19a. INFORMANT'S NAME (Type/Print)			201-1-1-2		Erickson		
2	Rosalie T. Baxter		2185 Sa	ms Cre	ek Road	Aoute Number, City or Town	n, State, Zip Coo	^(o) M∂ 21157
	20a. METHOD OF DISPOSITION	20b. PL	ACE AND DATE OF E					or Town, State
	1 Donation 8 Other (Specify)	from State cemeter	y, cremetory or other ake View	placej		1		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE ,		22. NAME AN	D ADDRESS OF FA	7/18 Sy	ASVII	Le, Ma.
	1 /tomes 11).	Haight		P.O.B	ox 195 S	ykesville,	Md 2	1784
	23. PART I. Enter the diseases, or com	plications that caused th	e deeth. Do not	enter the mo	de of dying, suc	h as cardiac or respi	ratory arrest	, Approximate
	snock, or neart tallure. List	t only one cause on each	line.					Interval Between Onset and Death
	disease or condition resulting in death)	CEREBRA	/ Eds	PMA				and the self and the self
		CEREBRA DUE TO (OR AS A CO MULTIPLE DUE TO (OR AS A CO REMITAL	NSEQUENCE OF):			7.45		
ON	Sequentially list conditions, b	MULTIPLE	DRAI	NIME	TASTA	563		
AT	if any, leading to immediate cause. Enter UNDERLYING	Devial	MSEQUENCE OF):		1 Prillo	ka A		
띮	CAUSE (Diseese or Injury that initiated events	OUE TO (OR AS A CO	NSEQUENCE OF):	CF	120100	1-67-3		
CERTIFICATION	resulting in death) LAST							
	PART II. Other significant conditions c	ontributing to deeth but	not regulting in t	he underlying	Cause given in	Part I. 24s, WAS AN	ALITOPEY	24b. WERE AUTOPSY FINDINGS
CAL	RONALCEUC	ABLINONAA G. PNC.	WETA	CTA CA	TO	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	BIGHT LIN	& Puc	moN	775	DIGHT	1 TYES 2	□ NO	OF DEATH?
2	1,106	9			- 1 19 2 11 1	_	i	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF OEATN (Ch	eck only one)		
SIC	1 YES Z NO	OSPITAL: Inpatient 2 - ER/Outpatie		THER: Nursing Nom	e 5 🗆 Rasidence	6 Other (Specify)		
E	27. MANNER OF DEATN	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O		URY AT RK?	28d. DESCRIBE NOW II	NJURY OCCUR	ED
BY	1 Natural 5 Pending 2 Accident Investigation		-		158 2 NO			
ED	3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF INJURY — j building, etc. (Specify)	At home, term, stree	t, tactory, office	•	28f. LOCATION (Street a City or Town, State)	nd Number or F	Rural Route Number,
E I	An Complete							
COMPLET	(Check only	N: To the best of my knowledg						
8		On the basis of examination an	d/or investigation, is	n my opinion, d			d due to the ca	tuse(s) and manner as stated.
B	296, SIGNATURE AND TITLE OF CERTIFIER	TENDING "	Dhuse	CAGA	29c. LICENSE NUI		29d, DATE SI	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO						- 11	912
	DR. K. NA. MA.	CHIRAN 72	OMA	OEN	LOICE	LA.COT	DUSUA	E,MO, 21228
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATU	RE		- V W U- 12	- CAL	- per	- li-di
	JUL 20 '92	grolie Davi	dan-Handa	DQ.				

be retained by the hospital or attending physician.

MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a froum after our light of the retained by the attending physician and completely filled in by the state that certificate has been signed by the attending physician and completely filled in by the state that have been signed by the attending physician and completely filled in by the state death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RIF	ICATE	OF	DEAT	TH	RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) HAROLD E.	BOLING							2. DATE OF O	DAY		YEAR	3. TIME OF CEATH 8:25 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. las	hirthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF B		1772		PLACE (State or Foreign
	187-20-4176	1 🔀 M 2 🗌 F	66	YRS.	MONTHS	DAYS	HOURS	13.57	(Month Day	/ Wantl	926	Country	
	9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY	, TOWN	OR LOCATIO	ON OF DE	ATH		9c. COU	NTY OF D	EATN
DIRECTOR	Dennett Road Mand	or Nursing	Home		(Dak1	and				(Garre	tt
Sign I	10a. STATE 10b. COUNTY	-		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY		
DIR	Maryland (Garrett				llin							LIMITS? 1 X YES 2 NO
A	10a. STREET AND NUMBER					101	ZIP CODE	E			tog. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	Star Rt. 2 Box	156					21550				USA	A	
BY	11. MARITAL STATUS 1 Naver Married 2 🔀 Marriad 3 Wildowed 4 Divorced	12. WAS DECEOENT EVEN FORCES? 1 🔯 IF YES, GIVE WAR 1943-1946	YES 2 N			If yes, sp		n, Mexicar	iiC ORIGIN? (Sp n, Puerto Rican /:		or No—	14. RACE Black Specif	, White, etc. White
	15. DECEDENT'S EQUA		16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		18b. KIN	O OF BUS	INESS/INC	DUSTRY	
国	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Ife.	Do NOT u	se retired.)	during mo	et of working	g					
COMPLETED	unknown		Ma	inte	nance	e Mai	n		Ger	neral	Mai	inten	ance
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middle	. Maiden :	Surname)		
	James C.	Boling					Maı	ıde	Estel]	la (Crake	er	
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	S (Street a	and Number	or Rural F	Route Number, C	ity or Town	, State, Zij	p Code)	
2	Dennett Road Manor	N.H.		12th	Stre	eet	& Mar	v Dı	rive	Oak1	and.	Md.	21550
	20a. METHOD OF DISPOSITION		20b. PLACE	OF OISPO								City or To	
	1 N Buriel 2 Cremation 3 Remarks A Donation 5 Other (Specify)	oval from State	Fairv	iew	Ceme	tery	,	7	/1			W. Va	
	21. SIGNATURE OF PUNERAL SERVICE LIC	EMBEE	,			_	NO ACORE	SS OF FA	CILITY	Ρ.	0. I	Box 2	43
	* folust)4.	Duct	_M001	67	I	urs	t Fur	nera]	l Home				ld. 21550
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. metastatic adenocarcinoma of the lung pue to (or as a consequence of):									Interval Between Onset and Death			
FICA	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEC	DUENCE O	F):				-				
E	resulting in deeth) LAST	4											
		**											
EDICAL	PART II. Other algorificent condition	6 contributing to de	eth but not r	esulting	in the ur	nderlyln	g cause (given in		PERFOR	MED?	24b.	. WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2 :									_				
A	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	EATH (Ch	eck only one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL;	VOutpatient 3	□ DOA	OTHER	R:	no 5 B	agidanca	6 Other (Sp.	ecify)			
BY PHYSICIAN: MI	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJ (Month, Day, 1		28b. Till		28c. IN.	JURY AT ORK? YES 2		28d. OESCRIE		JURY OC	CURED	D S
B	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	IJURY At ho . (Specify)	me, ferm,	street, fac	tory, offic			28f. LOCATIO City or To	N (Street a wn, State)	nd Numbe	or or Rural F	loute Number,
COMPLET	29a. CERTIFIER 1 IX CERTIFYING PNYSI (Check only one) 2 MEDICAL EXAMINE) and menner as stated.
BE	296. SIGNATURA AND TITLEFOF, CERUFIER 29d. DATE SIGNED (Month)												
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUSE O	OF OEATH (ITE	M 27) (īvo	, Printi			3003	35		- 0	06–30	-92
	Donald R. Richter	, M.D.											
0	31. DATE FILEO (Month, Day, Year) JUN 3 0 1992	32 REGISTRAR'S	SIGNATURE	بالمال									

the same of the sa

8. BIRTHPLACE (State or Foreign Country)

92

3. TIME OF DEATH

FOR STATE REGISTRAR

Katie

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

Α.

5. SEX

1 -

1	217-48-6294		1	98					06/23/18	94 [Grand	Glaise.
OF P	9a. FACILITY NAME (If not it					9b. CITY, TO	WN OR LOCAT	ON OF DEAT	гн	9c. COUN	TY OF DEAT	Н
CTOR	4314 Sherid	lan St	reet			Un	iversi	ty Par	rk	Pr	ince	George's
EC	10a. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR	OCATION					d. INSIDE CITY
DIRE	Maryland	Pr	ince Geor	ge's	IIn	ivere	ity Par	ck				LIMITS?
- 1	10e. STREET AND NUMBER			<u> </u>	1 31		101. ZIP COD			10g. CITIZ		T COUNTRY?
띮	4314 Sherid	lan Sti	reet				_ 4	20782				
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN			13. WA	MAS OECENDENT OF HISPANIC ORIGIN? (Specify Y f yes, specify Cuben, Mexican, Puerto Rican, etc.)			USA or No — 14. RACE — American Indian, Black, White, atc.		
BY	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W			If y	rs, specify Cubi	in, Maxican, I	Puerto Rican, etc.)		Black, W Specify:	hite, atc.
- 1		CEDENT'S EDU	I CATION									White
	(Specify onl	ly highest grade	completed)		(Give kind of ville. Do NOT us	work done duri	IPATION ng most of worki	ng	16b, KIND OF BU	SINESS/INOU	JSTRY	
COMPLETED	Elementary/Secondary (t	U-12J	College (1-4 or 5 +	')		ewife				77 -		
Š	17. FATHER'S NAME (First, M	Aiddle, Lest)			11008	CMITE	18. MOT	HER'S NAME	(First, Middle, Maiden	Home Sumama)		
w II	George C.	Ross							. Henry			
m	19a. INFORMANT'S NAME (7				19b. MAILING	ADDRESS (S			ite Number, City or Tow	n, State, Zio (Code)	
۹ ا	Curtis Ross								exandria.)
	20s_METHOD OF DISPOSIT	ION	oval from State	20b. PLA	CE AND DATE (OF DISPOSITIO	M (Name of		00-10	CATION O		
	4 Donation 5 Other	(Specify)		Ft.	Lincol	n Ceme	tery	07/20	/92 Bre	ntwoo	d. Ma	rvland
	21. SIGNATURE OF FUNERA	L SERVICE LI	DENSEE	Y ,	_	22. NAI	AE AND ADDRE	SS OF FACIL	Sons Fu	1	11	DA
	· Va	- la	1X 7	4	//	//72	Roles	SCD'S	Ave W-	neral	Home	, FA
	23. PART I. Difter the di	liseeses, or	complications that	t caused the	death. Do n	ot enter th	mode of de	no ener	AVE., Hy	aLLSVI	rite,	MD 20781
	23. PART 1. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel											
	MMEDIATE CAUSE /Final									Onset and Deat		
	resulting In death)		DUE TO	(OR AS A CON	ISEQUENCE OF):	- 17-6	- 1	1717	ari	5	Servi
z			Co	RO	CAQ	4 0	200	5 24	DISEA	-71-		menth
2	disease or condition resulting in death) a. CONCESTIVE HEART FAILURE SEV. DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
- 1	cause. Enter UNDERLYING CAUSE (Disease or injury											
3		ING	С									
IFICAL	cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events	ING Iry	cOUE TO	(OR AS A CON	SEQUENCE OF	ን:						
ERIIFICAL	cause. Enter UNDERLYI CAUSE (Disease or inju	ING Iry	c. OUE TO	(OR AS A CON	SEQUENCE OF	ን:						
L CERTIFICATION	cause. Enter UNDERLY! CAUSE (Disease or inju that initiated events resulting in death) LAS	ING Iry	d				1ying cause o	alven in P≘	rt I. 24a WAS AN	AUTOPSY	24h WE	RF AITOPRY ENIQUES
MARI CEMIIFICAL	cause. Enter UNDERLYI CAUSE (Disease or inju that initiated events resulting in death) LAS	ING IT ent condition	d	death but no	ot resulting i	n the under	Tyling cause	given in Pa	PERFOR	MED?	AVA	RE AUTOPSY FINDINGS ILABLE PRIOR TO BIPLETION DE CALISE
TEDIONE CEMITEICAL	cause. Enter UNDERLYI CAUSE (Disease or inju that initiated events resulting in death) LAS	ING IT ent condition	d	death but no	ot resulting i	n the under	lying cause	given in Par	irt I. 24a. WAS AN PERFOR 1 — YES 2	MED?	AVA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL CERTIFICAL	cause. Enter UNDERLYI CAUSE (Disease or inju that initiated events resulting in death) LAS	ING IT ent condition	d	death but no	ot resulting i	n the under	lying cause	given in Pa	PERFOR	MED?	AVA COI OF	RLABLE PRIOR TO MPLETION OF CAUSE
ANSWEDICAL	Cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significe	ent condition	d	death but no	ot resulting i	n the under	itteri	cis-	PERFOR	MED?	AVA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
SICIAMEDICAL	cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS PART II. Other significe	ent condition	d. se contributing to	death but no	ot resulting i	n the under	8. PLACE OF D	EATH (Check	PERFOR	MED?	AVA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
TSICIAMEDICAL	Cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER?	ent condition	HOSPITAL: 1 Inpetient 2 28e. OATE OF	death but no	ot resulting i	OTHER:	8. PLACE OF D	EATH (Check	only one) Other (Specify)	MED?	COI OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
THISICIAMENTEDICAL	25. WAS CASE REFERRED TO EXAMINER? 1 Nes 2 No. 27. MANNER OF DEATH 1 Nes 2 No. 27. MANNER OF DEATH 1 Nes 2 S No. 27. MANNER OF DEATH 1 Nes 2 S S S S S S S S S S S S S S S S S S	ent condition O MEOICAL Pending	d. se contributing to	death but no	ot resulting i	OTHER: 4 Nursing	8. PLACE OF D	EATH (Check sidence 6 (PERFOR	MED?	COI OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
DI PRINCIANEMEDICAL	Cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 Vess 2 NO 27. MANNER OF DEATH 1 Values 5 1 No 2 Accident 1 Natural 5 1 No	ont condition	HOSPITAL: 1 Inpetiant 2 28a. OATE OF (Month, Da	ER/Outpatient INJURY 9/, Year) F INJURY — At	Dt resulting i	OTHER: 4 Nursing E OF 280	8. PLACE OF D Home 5 Ra WORK? YES 2	EATH (Check sidence 6 28	only one) Other (Specify) Bd. DESCRIBE HOW II	MED?	AVA COI OF 1 [ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
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	Cause. Enter UNDERLY! CAUSE (Disease or injuration in that initiated events resulting in death) LAS PART II. Other significe 25. WAS CASE REFERRED TO THE STAMMER? 1 August 2 NO 27. MANNER OF DEATH 1 August 5 1 2 Accident 3 Suicide 8 6 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDI	ont condition O MEOICAL Pending investigation Could not be determined	HOSPITAL: 1 Inpetiant 2 28a. PLACE OF building, 4 CIAN: To the best of ax	ER/Outpatient INJURY ay, Year) F INJURY — At atc. (Specify) my knowledge,	t home, farm, a	OTHER: 4 Nursing E OF 28e URY M 1 treet, factory,	8. PLACE OF D Home 5 Ra I. INJURY AT WORK? YES 2 office data and place, on, death occur	EATH (Check sidence 6 2) NO 26 and due to 1	only one) Other (Specify) Bit. LOCATION (Street a City or Town, State) The cause(s) and man e, date and place, and	NO NO NUMBER OF RESIDENCE	AMA COO OF 1 1 IREO IREO 1. cause(s) and	II.ABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\sum \) NO Number,
DE COMPLETED DI PRISICIONALI PERIORE	Cause. Enter UNDERLY! CAUSE (Disease or injurity of the control of	ont condition O MEOICAL Pending investigation Could not be determined EFFING PHYSI CAL EXAMINE	HOSPITAL: 1 Inpetiant 2 28a. PLACE OF building, 4 CIAN: To the best of ax	ER/Outpatient INJURY ay, Year) F INJURY — At atc. (Specify) my knowledge,	t home, farm, a	OTHER: 4 Nursing E OF 28e URY M 1 treet, factory,	8. PLACE OF D Home 5 Ra I. INJURY AT WORK? YES 2 office data and place, on, death occur	EATH (Check sidence 8 28 NO 28 and due to to	only one) Other (Specify) Bit. LOCATION (Street a City or Town, State) The cause(s) and man e, date and place, and	NO NO NUMBER OF RESIDENCE	AWACOR OF 1 [JREO IREO CBUBO(8) and SIGNED (Mod	II.ABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	Cause. Enter UNDERLY! CAUSE (Disease or injuit that Initiated events resulting in death) LAS PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1	ont condition one condition one condition one condition one condition one condition one condition one condition could not be determined fifying Physical Examine of certifier	HOSPITAL: 1 Inpetient 2 28a. OATE OF (Month, Da 28a. PLACE OF building, 4	ER/Outpatient INJURY — At atc. (Specify) my knowledge, aminetion and	29b. TiMe Investigation	OTHER: 4 Nursing E OF URY M 1 treet, fectory, d at the time, n, in my opini	8. PLACE OF D Home 5 Ra I. INJURY AT WORK? YES 2 office data and place, on, death occur	EATH (Check sidence 6 2) NO 26 and due to 1	only one) Other (Specify) Bit. LOCATION (Street a City or Town, State) The cause(s) and man e, date and place, and	NO NO NUMBER OF RESIDENCE	AMA COO OF 1 1 IREO IREO 1. cause(s) and	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,
o be compressed by this compressed by	Cause. Enter UNDERLY! CAUSE (Disease or injurity of the control of	o MEOICAL Pending Investigation Could not be determined FIFYING PHYSI ICAL EXAMINE OF CERTIFIER PERSON WHO	MOSPITAL: 1 Inpetiant 2 28a. OATE OF (Month, Da) 28a. PLACE OF building, state of axis.	E OF DEATH (I	29b. TiMe Injury (Vipe, or Investigation	OTHER: 4 Nursing E OF 286 URY M 1 treet, factory, d at the time, n, in my opini	8. PLACE OF D Home 5 Re : INJURY AT WORK? YES 2 office date and place, on, death occur	EATH (Check sidence 6 2) NO 28 and due to 1 and due to	only one) Other (Specify) Bit. LOCATION (Street a City or Town, State) the cause(s) and man re, date and place, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMA COUNTY 1 [JREO IREO A. CRUBE(8) and SIGNED (Moi	Number, I manner as stated.
to be completed by raisional medical	Cause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other significe 25. WAS CASE REFERRED TO EXAMINER? 1 NATURE 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicide 8 OT CERTIFIER (Check only one) 2 MEDI 29b. SIGNATURE AND TIDLE 30. NAME AND ADDRESS OF	ont condition one condition one condition one condition one condition one condition one condition one condition could not be determined fifying Physical Examine of certifier	HOSPITAL: 1 Inpetiant 2 28a. OATE OF (Month, Da building, 4) CIAN: To the best of axis of COMPLETED CAUSE 32. REGISTRAF	ER/Outpatient INJURY — At atc. (Specify) my knowledge, aminetion and	29b. Tillet Inuit of Investigation	OTHER: 4 Nursing E OF 284 URY M 1 treet, factory, d at the time, n, in my opini	8. PLACE OF D Home 5 Ra I. INJURY AT WORK? YES 2 office data and place, on, death occur	EATH (Check sidence 6 2) NO 28 and due to 1 and due to	only one) Other (Specify) Bit. LOCATION (Street a City or Town, State) the cause(s) and man re, date and place, and	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMA COUNTY 1 [JREO IREO A. CRUBE(8) and SIGNED (Moi	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Callahan

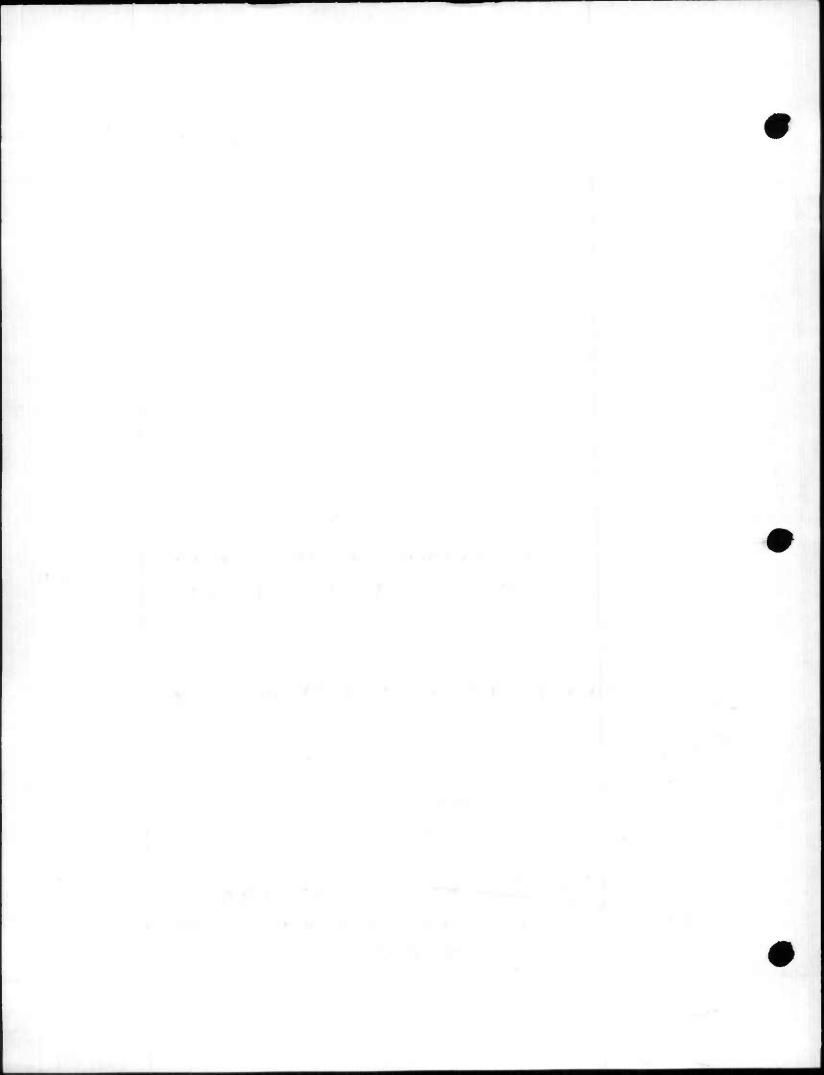
6. AGE (In yrs. last birthday)

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

DAY (5





5. SEX

1 X M 2 | F

FOR STATE REGISTRAR

DERRICK

4. SOCIAL SECURITY NUMBER

2501 OLSON ST.

31. DATE FILEO (Mornin, Day, Year) 7 1992

216 08 4308

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number

to Miller Inc.

6. AGE (In yrs. last birthday

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

COBBS

IF UNDER 1 YEAR IF UNDER 24 HRS.

TEMPLE HILLS

9b. CITY, TOWN OR LOCATION OF DEATH

1992 YEAR

9c. COUNTY OF DEATH

111 N. PENN ST. BALTIMORE, MARYLAND 21201

PRINCE GEORGE

REG. NO.

13

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

JULY 12

07

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

2, 3 should

DIREC	MARY LAND	10b. COUN PR	TY INCE GEORGES	3	FORT		INGTON					d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 11607 OL		DRIVE		17	10	f. ZIP CODE 20744					YES 2 NO
ВУ	11. MARITAL STATUS 1 Nover Married 2 3 Widowed 4 1		12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 N	MED IO	If yes, sp	CENDENT OF HISPA Hecity Cuban, Maxic 3 2 (NO Speci	an, Puerto R	to Rican, etc.) Black, White Specify:			American Indian, hita, etc.
COMPLETED	15, i (Specify Elementary/Secondar	OECEDENT'S ED only highest grad ry (0-12)	College (1-4 or 8+)	(Gi	CEDENT'S USUAL IVE kind of work do Do NOT use retire	one durina ma	ON ost of working	16b.	STATE		STRY	
BE CON	17. FATHER'S NAME (FIRST PRESTON	E. COBI	BS,SR		18. MOTHER'S NAME (First, Middle, Malden Surname) DOROTHY RICE							
10	PRESTON E.	COBBS	SR.	8	754CHES	APEAK	E LIGHTH	Route Numb	DR. NO	ORTH I	BEACH	,MD2071
	20e. METHOD OF DISPOSITION NXBurial 2 Cremation 3 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of Comparison property of the Comparison prop											
	- nels	- 0	Irane)				BI4 FRA	NIKIIN	SIRELL			
	disease or condition resulting in death)	\rightarrow	a. DUE TO (OR	nshot AS A CONSEC	UENCE OF):	und	of	Hea	d			Onset and D
CERTIFICATION		ditions, mediate intring	b	AS A CONSEG	DUENCE OF):	und	of	Hea	d			Onset and De
MEDICAL CERTIFI	Sequentially list con if any, lacding to im cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L	iditions, mediate siLYING injury	b	AS A CONSEQ	DUENCE OF):				24a. WAS AN PERFORI	MED?	CO	RE AUTOPSY FINDH
MEDICAL CERTIFI	Sequentially list conif any, leeding to im cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other algnit 25. WAS CASE REFERRE EXAMINER?	dittions, mediate nLYING njury AST	b	AS A CONSEQ	NUENCE OF): NUENCE OF): DESCRIPTION OF THE PROPERTY OF THE P	undarlyin 26. Pi	g cause given in	Part I.	24a. WAS AN / PERFORI	MED?	CO	RE AUTOPSY FINON ILLABLE PRIOR TO MPLETION OF CAUS DEATH?
PHYSICIAN: MEDICAL CERTIFI	Sequentially list con if any, lacding to im cause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L PART II. Other signif 25. WAS CASE REFERRE EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5	dittions, mediate nLYING njury AST	DUE TO (OR DUE TO (OR d. ons contributing to deal HOSPITAL: 1 Inpatient 2 ER/ (Month, Day, 16	AS A CONSEQ AS A CONSEQ th but not re Outpatient 3	NUENCE OF): NUENCE OF): DESCRIPTION OF THE PROPERTY OF THE P	26. PI	g cause given in	Part I.	24a. WAS AN / PERFORI	MED? NO CENE	AWA COO OF	RE AUTOPSY FINDH NLABLE PRIOR TO MPLETION OF CAUS DEATH?
ED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other algrif 25. WAS CASE REFERRE EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	dittions, mediate strying injury AST	DUE TO (OR DUE TO (OR d. DIE TO (OR d. HOSPITAL: 1 Inputer 2 ER/ (Mont, Day, 16 0	AS A CONSEG	DOA OTHORSE DOS TIME OF INJURY	26. PI ER: Nursing Hom 28c. INJ	g cause given in LACE OF DEATH (C) 10 5 Reeldence 10 INTY AT 19 INTY AT 19 INTY AT	Part I. heck only one 8X Other 28d, DESC SUBJE 28f, LOCA	24a. WAS AN / PERFORI 11/21 YES 2 (Specify) SC CRIBE HOW IN	MED? NO CENE SHOT	RED	RE AUTOPSY FINDINGLABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other elgrit 25. WAS CASE REFERRE EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only	D TO MEDICAL Pending Investigation Could not be determined	DUE TO (OR DUE TO (OR d HOSPITAL: 1 Inpatient 2 ER/ 28a. DATE OF INJU. (Month, Day, 16 07-13-19 28a. PLACE OF INJ	AS A CONSEQ AS A CONSEQ th but not re Outpetient 3 RY 192 URY — At hor Specify ST inowledge, des	DOA OTHER DOB TIME OF INJURY OF INJURY OF INTURE OF INJURY OF INJU	26. PI ER: Nursing Hom 28c. INJ factory, office	g cause given in	Part I. Peck only one eXi Other 28d. DESK SUBJE 28f. LOCA 2501	24a. WAS AN . PERFORI 1 YES 2 (Specify) SC CRIBE HOW IN CT WAS TION (Street ar Town, State) OLSON	MED? NO CENE SJURY OCCUM SHOT NO ST.	AMACOO OF 1 [RE AUTOPSY FINDINGLABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO Number, CE GEORG

32. REGISTRARIS SIGNATURE Pandale

3. TIME OF DEATH

Approximate **Onset and Death**

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

ST. PRINCE GEORGE, MD

PM

8:40

8. BIRTHPLACE (State or Foreign

D.C

DHMH-16 Rev 1/89

.31,765

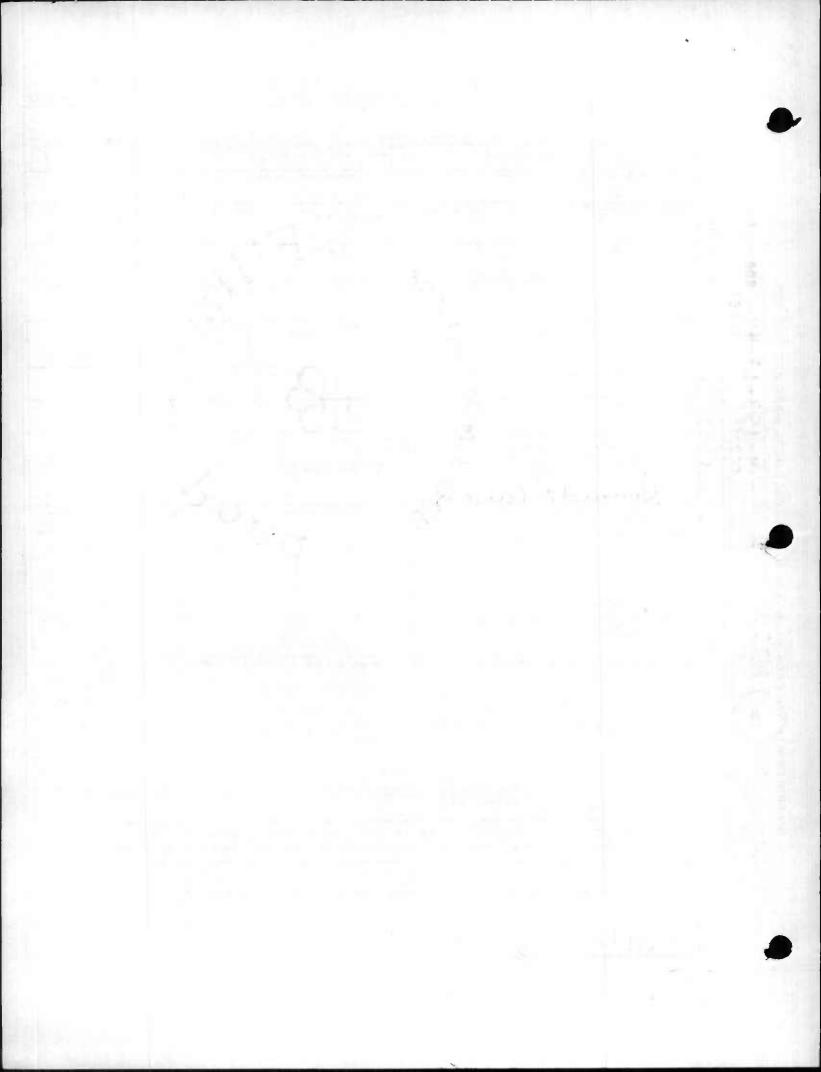
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them and lental hydrene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item

1 - STATE REGISTRAR	STATE OF MARY		TMENT OF I		MENTAL	HYGIENE REG. NO.	92	20958	
	(AKA: DIGH	ey Cooper COOPER	•)		MONTH	OF DEATH DAY 1992	YEAR 3.	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 237-78-5751	1 K M 2 □ F 4	(In yrs. lest birthday) 5 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	2 MA		North	Vashville Carolina	
9a. FACILITY NAME (If not institution, THE JOHNS HOP	KINS HOSPITAL		BALTIMO		BALTIMORE CITY				
10a. STATE 10b. CO			y, town or Local Ltimore					I. INSIDE CITY LIMITS?	
100. STREET AND NUMBER 424 Robinson Str	reet		10		10g. CITIZEN OF WHAT COUNTRY? United States				
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED S 2X INO DATES	If yes, sp	CENDENT OF HISPAI secify Cuben, Mexica 2 NO Specifi	n, Puerto R	? (Specify Yes or No — lican, etc.)	14. RACE — Black, Wi Specify: Black			
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(Give kind of v	USUAL OCCUPATION WORK done during more retired.)	ON ost of working	16b.	Constructi			
17. FATHER'S NAME (First, Middle, Las Sindney Cooper)			18. MOTHER'S NA Mary G		tiddle, Maiden Sumame)		-0.17	
19a. INFORMANT'S NAME (Type/Print) Daniel Cooper						Mount, NC 20c. LOCATION — 6	2780		
23. PART I. Enter the diseases, shock, or heart fail IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Mc +28	each line.	Esopha	geel			est,	Approximate interval Between Onset and Death # 1/2 Year	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other significant cond		but not resulting i	in the underlyin	g cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 PYES 2 NO	AVA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 PNO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tootlant 2 DOS	OTHER:	ACE OF DEATH (Ch					
27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 2Sc. INJ	URY AT PRES 2 NO		(Specify) CRIBE HOW INJURY OCC	URED	- 12	
2 Accident Investigat 3 Suicide 8 Could no determine	28s. PLACE OF INJUR building, etc. (Spi	tY — At home, farm, s			28f. LOCA City o	TION (Street and Number or Town, State)	or Rural Route	Number,	
	HYSICIAN: To the best of my know							I manner as steted.	
296. SIGNATURE AND TITLE OF CERT	Lamble	MD		29c. LICENSE NUI No Numbe	MBER		SIGNED (Mp)		
30. NAME AND ADDRESS OF PERSON		EATH (ITEM 27) (Type)		m's Hopk	ins H	nospital	-		
31. DATE FILED (Month, Day, Year) 19	92 32. REGISTRARY SIG				-				





DIVISION OF VITAL RECORD	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Towns of the University of the Theory of the University of the Theory of the University of the Theory of the University of University of the University of the University of	TO THE FUNERAL DIRECTOR: After this certificate has been red by the	E	Ē
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	1年	E F	* pa	IMPORTANT: If Item 28 is marked, or Item 23 shows any in
	110	10	e file	MP
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					CENTIF	ICATE	OF DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)				D			2. DATE OF DEATH MONTH, DAY YEAR		YEAR	3. TIME OF DEATH
	VOSA	A	CRUN		losa Ar			LILLY 12	199	72	2-P
	4. SOCIAL SECURITY NUM 214-48-8600	0	5. SEX 1 □ M 2 🂢 F	6. AGE (In yrs	i. lest birthday) YRS.	IF UNDER 1 YE MONTHS DA	AR IF UNDER 24 HRS. YS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	05	Countr	SH. D.C.
TOR	9a. FACILITY NAME (If not institution, give street and number) Hyattsville Manor Nursing Home RESIDENCE OF DECEDENT 9b. CITY, TOWN OR LOCATION OF DEATH Prince Geo										
AL DIRECTOR	10a. STATE	10b. COUN	ПУ		10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY
	Maryland	Prin	ce George	¹s	Mt	. Rain	nier				1 X YES 2 NO
	10e. STREET AND NUMBER	R					101. ZIP CODE		10g. CITI	ZEN OF V	VHAT COUNTRY?
	3105 Queens	s Char	el Road				20783	3		USA	1
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3XXWidowed 4 Div	Married	12. WAS DECEDEN	NT EVER IN U.S I YES 2 MAR OR DATES	[X] NO	If ye		ANIC ORIGIN? (Specify Yolcan, Puerto Rican, atc.)	es or No—		E — American Indian, k, White, etc.
		CEDENT'S ED		16a	. DECEDENT'S			16b. KIND OF BI	USINESS/IND	DUSTRY	-
	(Specify or Elementary/Secondary	nly highest gra (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done durir se retired.)	g most of working				
COMPLET	12		0		Homema	ker		Own	Home	2	
§	17. FATHER'S NAME (First,	Middle, Last)					16. MOTHER'S	NAME (First, Middle, Maide	n Surname)		
BEO	James W. R	yan					Rosa I	Kahlert			
	19a. INFDRMANT'S NAME	(Type/Print)			19b. MAILING	ADDRESS (S	reet and Number or Rur	al Route Number, City or To	wn, State, Zip	Code)	
2	Thelma C. Miller 8J Laurel Hill Road, Greenbelt, Maryland 20770									20770	
	20s. METHOD OF DISPOSI 1 Burlel 2 Cremet 4 Donation 6 Other 21. SIGNATURE OF FUNER	er (Specify)		Colu	umbia (arden:	Cemeter	9 07/16/92	Arli	nate	n. VA
	> Jan	cki	& Zu	en	A	Fra:	ME AND ADDRESS OF Cis Gasc	a Sons Fu	ineral	Hon	ne, PA
ICATION	23. PART /. Enter the shock, or impediate cause (for disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in	itions, sediate	s. Due To	terio (OR AS A CO (OR AS A CO	NSEQUENCE C	22. NAI Fra: 473: not enter the	ME AND ADDRESS OF INCIS Gascl Baltimo: Mode of dying, a	re Ave., Hy	neral attsv	Hom ville	ne, PA
MEDICAL CERTIFICATION	shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if sry, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	itions, ediate Ying jury	s. Due To	D (OR AS A CO	NSEQUENCE C	22. NAI Fra: 473: 473: 473: Fra: Fra: 473: 473: 473: 473: 473: 473: 473: 473	HE AND ADDRESS OF INCIS GASCIO Baltimo: mode of dying, a service of Gascio Gasc	FACILITY IN S SONS FU THE AVE., Hy SUCH as Cardiac or real SUCHARA IN Part I. 246. WAS A	Ineral vattsv piretory an	Hom ville	Approximate interval Between Onset and Des
MEDICAL	shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if sry, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	itions, ediate ying jury	s. DUE TO b. DUE TO c. DUE TO d	D (OR AS A CO	NSEQUENCE CONSEQUENCE 2. NAI Fra: 473 473 not enter the	HE AND ADDRESS OF DCIS GASCION BAILTIMO: Mode of dying, a property of the control of the contro	in Part I. 24a. WAS A PERFE	Ineral vattsv piretory an	Honville	Approximate interval Between Onset and Des	
PHYSICIAN: MEDICAL	ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the condition of the con	itions, ediate ying jury	b. DUE TO d. DUE TO HOSPITAL: 1 Inpatient 2 26a. DATE O (Month, on)	D (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	NSEQUENCE CONSEQUENCE 2. NAI Fra: 473 473 mot enter the friends of the f	RE AND ADDRESS OF DCIS GASCIO BAltimo: Mode of dying, a property of the control	In Part I. 24a. WAS A PERF 1 YES 1 YES 28d. DESCRIBE HOW	IN AUTOPSY ORMEO7 2 1 No	Hom ville reat,	Approximate interval Betwee Onset and Des On	
MEDICAL	ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if smy, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 2	itipns, eddate ying jury .ST	DUE TO DUE TO	O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO O (OR AS A CO	NSEQUENCE CONSEQUENCE 2. NAI Fra: 473 473 mot enter the friends of the f	RE AND ADDRESS OF DCIS GASCIO BAltimo: Mode of dying, a property of the control	in Part i. 24e. WAS A PERFECTION (Check only one)	IN AUTOPSY ORMEO? 2 2 1 No	Hom ville reat,	Approximate interval Betwee Onset and Des On	

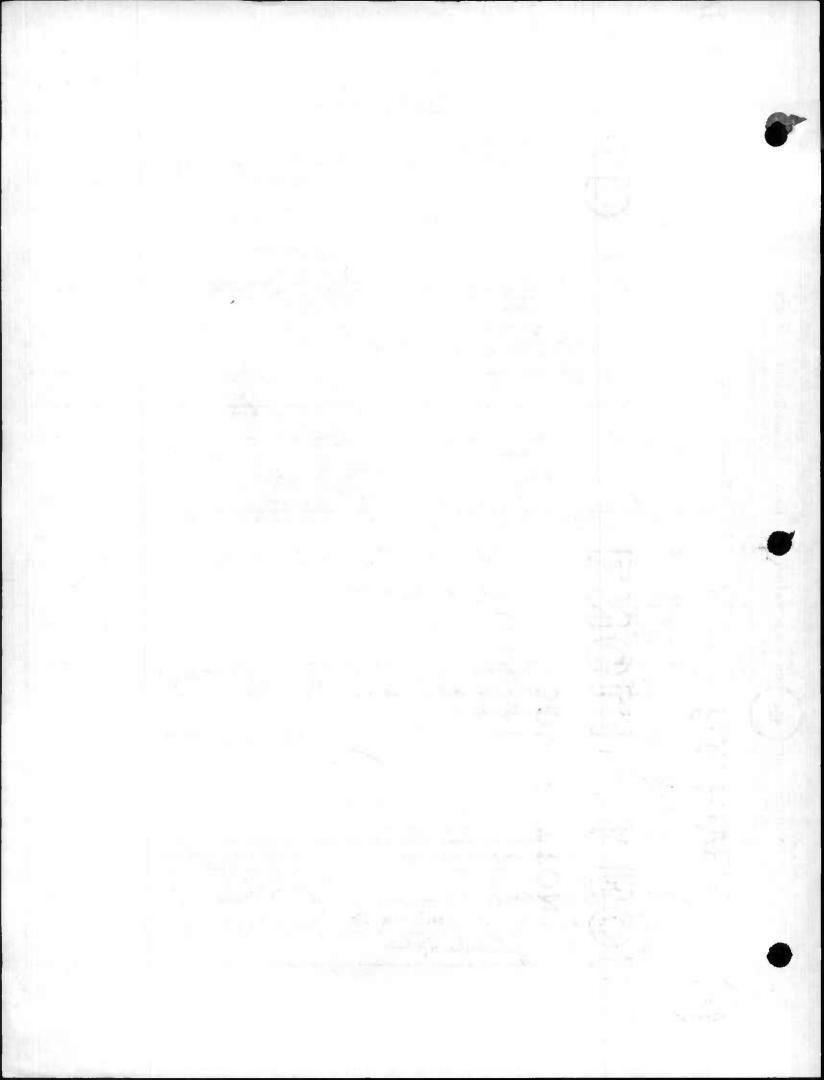
29c. LICENSE NUMBER
2004606

296. SIGNATURE AND TITLE OF CERTIFIER F. BOOM A. M.D.
CAUSE OF DEATH (ITEM 27) (Typo, Print)
3415 HAMILTOK 57. JOHN F. DRENNAN, JR. M. D.

HYATISVILLE, MD. 20782

31. DATE FILED (Month, Den Year) 1992 32. DEGISTRAPIS SIGNATURE PANDALL

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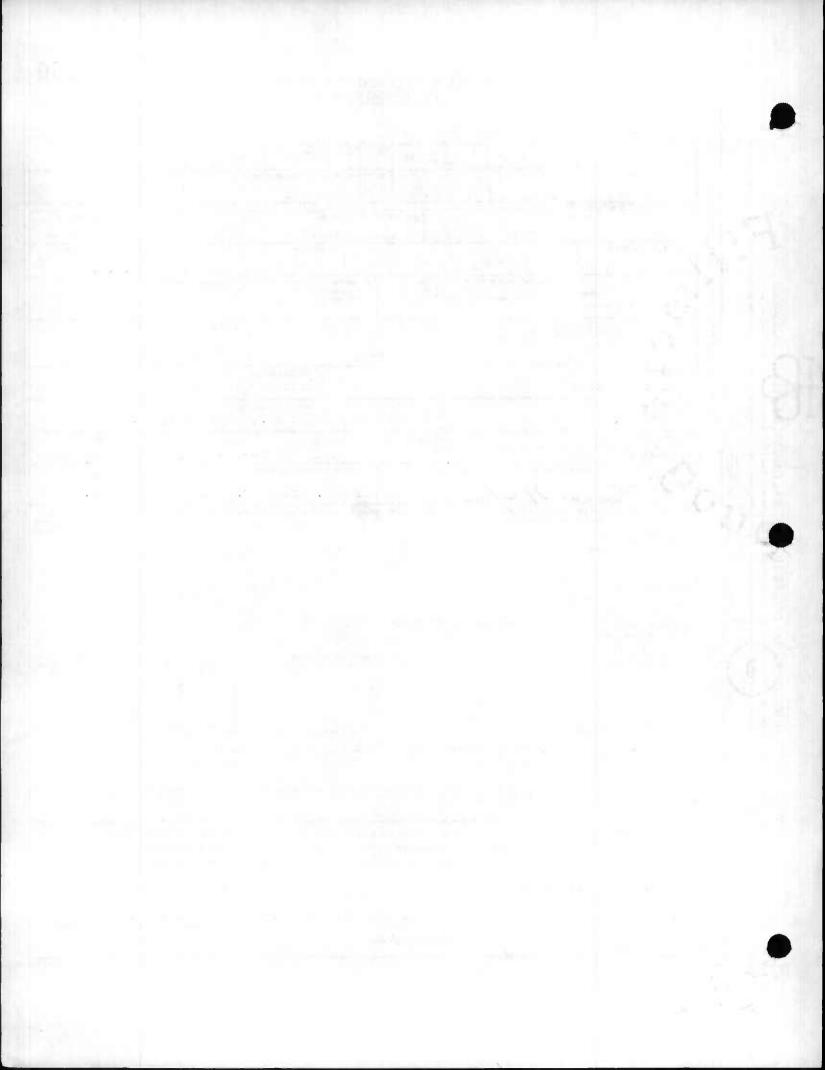
		1. OECEDENT'S NAME (First, MICOTO, Last)	CIFALI				2. DATE OF OEATH MONTH	DAY 9 YE	3. TIME OF DEATH 2 1805
pin		4. SOCIAL SECURITY NUMBER 577-50-4499	1 🗆 M 2 📝 F	(In yrs. lest birthday) 90 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	2 6	Sicily
1, 2, 3 should	TOR	Anc Arundel RESIDENCE OF DECEDENT	Medical Co	nter	96. CITY, TOWN	apolis	EATH	9c. COUNTY	
	- DIRECTOR	MD 10b. COUNT	. A.	10c. Cf	Edge N	ater			10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 NO
an. Transit pen	FUNERAL	1202 Turkey		d		210	37	τ	J.S.A.
215-0020 attending physician. se as the burial-tran	BY	11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS OECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2- NO	II yes, s		NIC ORIGIN? (Specify \ an, Puerto Rican, atc.) fy:	1	RACE — American Indian, Black, White, atc. Specify: White
21 20 m	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		160. DECEOENT'S (Give kind of III. Do NOT U Beaut	S USUAL OCCUPAT work done during n ise retired.)	TION nost of working		y Salon	
RYLAND ed by the hospitud be detached	111	17. FATHER'S NAME (First, Middle, Last) Peter LoJacona					AME (First, Middle, Meidle 1a Garafal		
MA retain 5 sho	2	Joseph V. Cifala		19b. MAILING 1202	Turkey	end Number or Rural Point Rd	Route Number, City or R	wn, State, Zip Code ter, Md.	21037
BALTIMORE, ter death. Page 6 may be the funeral director, page wal.		20e. METHOD OF OISPOSITION 1 SS Burjel 2 Cremetion 3 Rem 4 Defruition 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State C6	bb. PLACE ANO DATE implery, cremetory or of the Linco	1n Cemet	Cery NO ADDRESS OF FA	7/14/92 Murphy	Funeral	A MA 20722
B. O. BOX 68760, B. earlificate be executed within 24 hours after making physician and completely filed in by the Hygiene prof to burial, cremation, or removal, or emoval.	ERTIFICATION	IMMEDIATE CAUSE (Final	S. CARI) DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE O	Shor			piratory arrest,	Approximats Interval Between Onset and Deati
w require the tree been seried to the tree tree tree tree tree tree tree	: MEDICAL C	PART II. Other significant condition	s contributing to deeth	but not resulting	In the underlyle	ng couse given in		UN AUTOPSY DRMEO? 2 TA NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
OF VITAL F HYSICIAN: The taw r his certificate has be with the State Dept. Ked, or Item 23 s	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	100 Market 2 - 204	OTHER:	PLACE OF DEATH (C)			
	BY PHYS	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TiN	IE OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 26d. OESCRIBE HOW	INJURY OCCURE	0
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is mar	8	3 Suicide 6 Could not be determined	26e. PLACE OF INJUR building, atc. (Spi	IY — At home, ferm, ecily)	street, factory, offi	ce	261, LOCATION (Stree City or Town, Stell	t and Number or Ru (a)	ural Route Number,
DIV THE HOSPITAL OR A THE FUNERAL DIREC filed within 72 hours PORTANT: II Item	COMPLET		CIAN: To the best of my known R: On the basis of examination						use(s) end menner ee stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 h	TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES AND ADDRESS OF PERSON WH	lega MI	7	24.0	29c. LICENSE NU 23074	MBER	29d. DATE SIG	NEO (Month, Day, Year)
		JOHN D JAC. 31. DATE FILED (Month, Day, Year)	KSON MO	1833	GOLSST	er, t	eugely,	del .	2401
		31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	widson-Admo	tell				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



1 - FOR STATE REGISTRAR

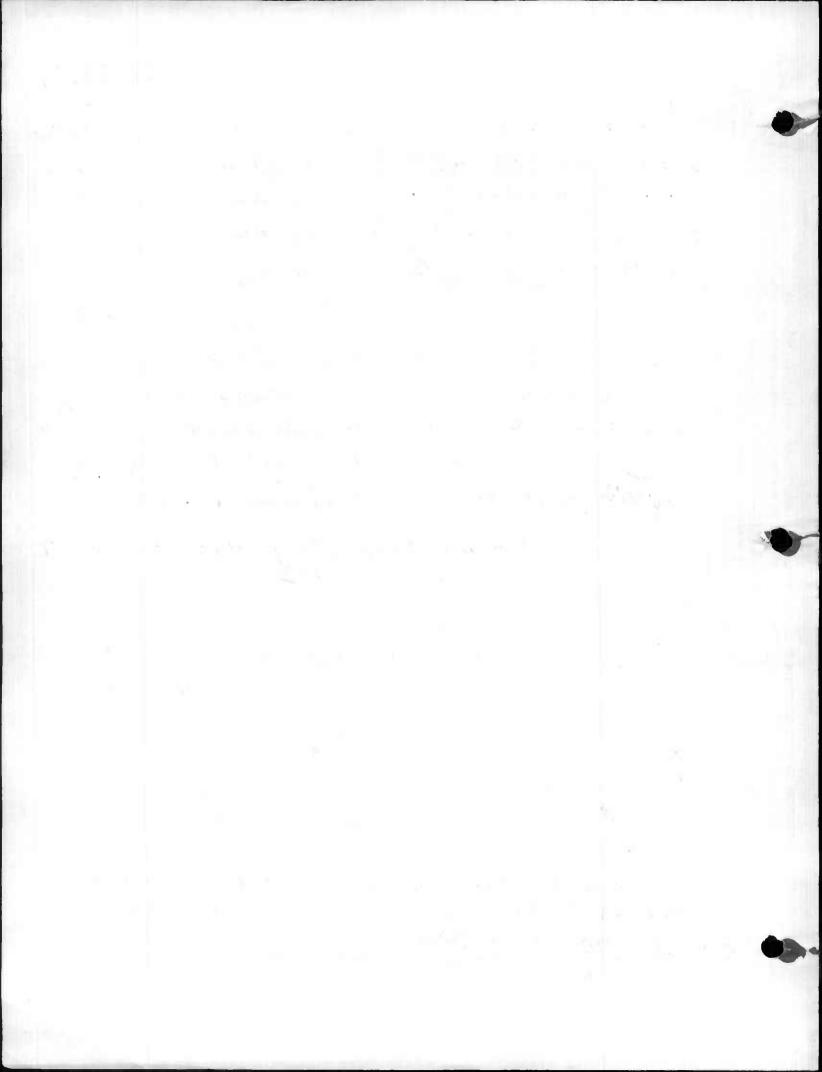
1. OECEDENT'S NAME (First, Middle, Last)



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

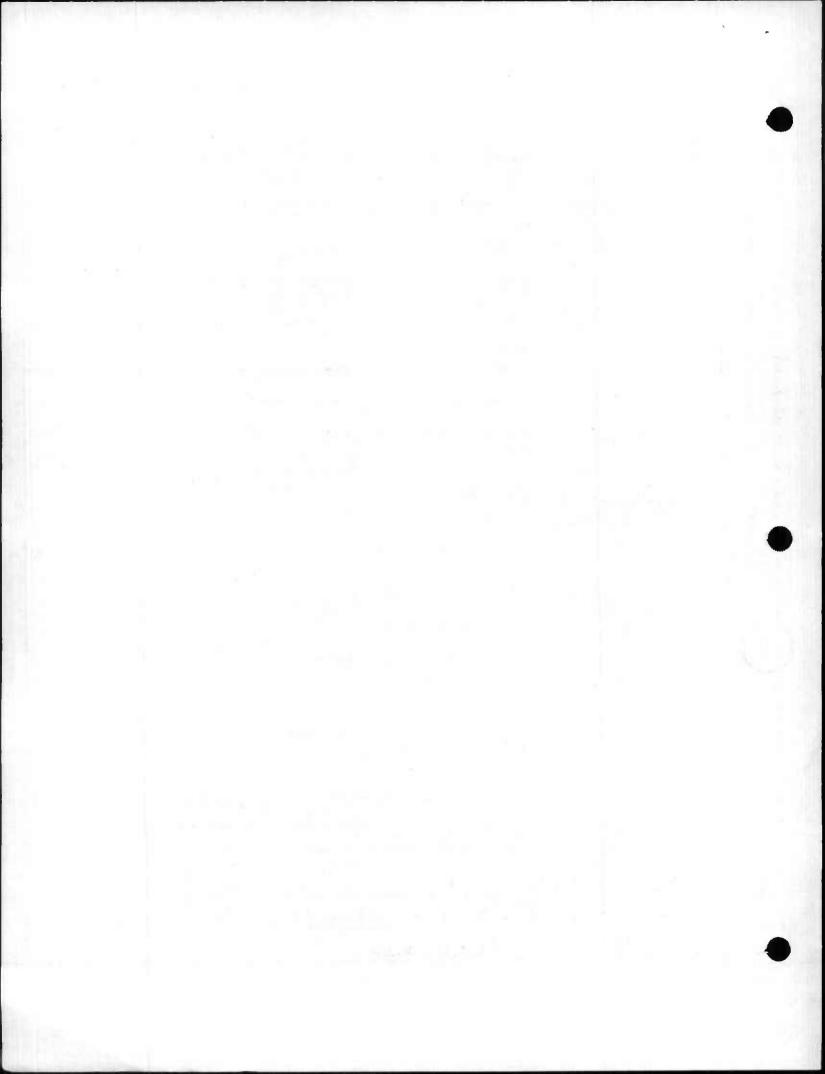
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, MICHOLOGIC, LOSI) RETY JANE COLLICK 2. DATE OF DEATH MONTH P 92 3. TIME OF DEATH MONTH P 92 11/15 A.M.
	4. SOCIAL SECURITY NUMBER / 5. SEX 6. AGE (In yrs. lest birthday) 15 UNDER 1 YEAR 15 UNDER 24 HRS. MONTHS DAYS HOURS MIN. 9-26-43 8. BIRTHPLACE (State or Foreign Country) MONTHS DAYS HOURS MIN. 9-26-43
TOR	96. FACILITY NAME (If not institution, give street and number) RTE. 1. BOX 14191, REDDING FERRY RD. Princess Anne, MD Sometset RESIDENCE OF DECEMENT
DIRECTOR	100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 VES 2 DINO
FUNERAL	100. STREET AND NUMBER 14/9/ Redding Road, & 21853 U.S.
BY FUI	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ÁRMED 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ÁRMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- 14. RACE — American Indian, 15 lives, specify Cuban, Maxican, Puarto Rican, etc.) 1 Yes, specify: 1 Yes 2 No Specify: 1 Yes 2 No Specify:
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) Domestic Restaurant worker
COM	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surmame) 19. Frances Banks
TO BE	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Paral Poute Number, City or Town, State, Zip Code) 21853 Lester Collick, St., Rt. Box 14191 Redding Ferry Rd. Princess Anne, MD
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometer), crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Folley Memorial Chape RTE. 2, BOX 920. SALISBURY, MD. 21801
	23. PART I) Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of):
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events reaulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PRODINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:
BY PHYS	1 Inpetiant 2 ER/Outpatient 3 DDA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 6 Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Investigation Pending Pendin
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER Machar D. Barhan n. 8 12764 7/7/92
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, BI(N)). MADHAV D. BARHAN Kt. 413 CRIST, EL& Md 21817 OR DATE OF THE WAR SO, THE CONTROL OF THE MEDICAL PROPERTY.
30	JUL 1 0 1992 Julia Davidson-Mandale





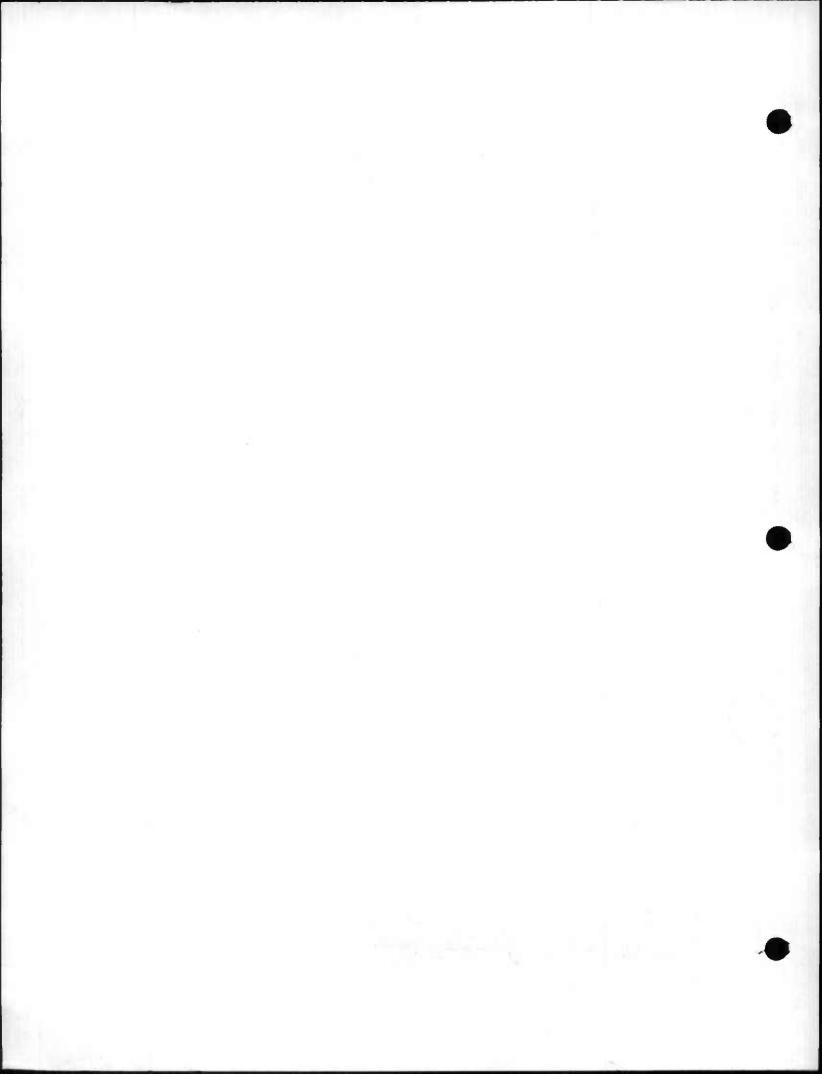
providen and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mere prior to burial, cremation, or removal. of the tribing the executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the community and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death, with the State Dept. of Health and Mineral and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mineral and the page of the property of them 23 shows any injury, or other transmitter event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIEN REG. NO.	E	20305
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH
	MINNIE RAE			Jul-161,		13010AM M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF				IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	0. B	HRTNPLACE (State or Foreign ountry)
	217-05-8854	2 YRS.	ONTHS DAYS	HOURS MIN.	02/15/00		ARYLAND	
or .	Se. FACILITY NAME (If not institution, give street				R LOCATION OF DE	ATH	9c. COUNTY C	OF DEATH
DIRECTOR	CARROLL COUNTY GEN	ERAL HOSP.		WESTM	INSTER		CARRO)LL
3EC	10a, STATE 10b, COUNTY	OT T		TOWN OR LOCAT				10d. INSIDE CITY
	MD CARR	OLL	UNI	ON BRID	GE			1 YES 2 NO
FUNERAL	318 THOMAS ST.			101	ZIP CODE			OF WHAT COUNTRY?
KER					2179	91		U.S.A.
FU	11. MARITAL STATUS 12 1 Never Married 2 Merried	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2				IC ORIGIN? (Specify Yes	or No- 14, F	RACE — American Indian, Black, White, atc.
BY	3 Widowed New Elyproof Marrie	IF YES, GIVE WAR OR DATES			2 NO Specify		5	Specify:
	15. DECEDENT'S EDUCATI	ION 16a.	DECEDENT'S U	SUAL OCCUPATION		16b. KIND OF BUS		WHITE
E	(Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	(Give kind of wo	rk done during mo:	st of working	100,100,000		
APL	7	S	EAMSTRI	ESS		SEW	ING FAC	TORY
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAI	ME (First, Middle, Melden		
BE	HOWARD B. CRAWMER					JANE LAMI		
9	19a, INFORMANT'S NAME (Type/Print)					loute Number, City or Town	ı, Stete, Zip Code)
	CHRISTINE B. SELBY			DMAS ST		ION BRIDGE		MD 21791
	20a. METHOD OF DISPOSITION BURT 1 Buriel 2 Cremation 3 Removal 4 Donation 8 Other (Specify)	Prom State 20b. PLAC	crematory or other	DISPOSITION (Ne or place) EK CEME	me of	1 /	CATION — City o	
	21. SIGNATURE OF FUNERAL SERVICE HOLING	SEE / /	PE CKEI	22. NAME AN	D ADDRESS OF FAC			WINDSOR, MD
	V11 . ()	W/ 60. /				ν. ν.		ER & SONS
-	atharise .	Darsger				BRIDGE, MI		
	23. PART I. Enter the diseases, or com shock, or heart feliure. List	ipiicationa that caused tha I only ona ceuse on each i	deeth. Do no ine.	t entar tha mo-	de of dying, such	as cardiec or respi	ratory arrest,	Approximata Interval Between
	IMMEDIATE CAUSE (Fine)	00000	010	A 2				Onset and Death
	resulting in death) a	DUE TO (OR AS A CON	SECULENCE OF:	N				contact
_		Cerebood DUE TO (OR AS A CON-	1000	- la	1661	Micro	111	
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE OF):	000	0 00	11.00	11-	
S	CAUSE (Disease or Injury							
	that initiated events resulting in death) LAST	DUE TO (DR AS A CON	SEDUENCE OF):					
CERTIFICATION	d							
AL	PART II. Other aignificant conditions of	ontributing to deeth but no	t resulting in	the underlying	cause given in I			24b. WERE AUTOPSY FINDINGS
Š	Redvo	may a	der	~		PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME		4		,				OF DEATH? 1 YES 2 NO
ä						_		
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Che	ck only one)		
YSI	1 YES 2 1 ATO 10	☐ Impatient 2 ☐ ER/Outpatient		OTHER:	5 🗆 Residence	B ☐ Other (Specify)		
H	27. MANNER OF DEATH 1 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (WO!	RIC?	28d. DEŞCRIBE NOW IN	JURY OCCURED)
84	2 Accident Investigation	200 PLACE OF IN HIRV. AL	ham fam ist		ES 2 ND			
ED	3 Suicide a Could not be determined	28e. PLACE OF INJURY — At building, atc. (Specify)	nome, rarm, str	ret, factory, office		28f. LOCATION (Street a: City or Town, State)	nd Number or Ru	rel Route Number,
COMPLETED	29a. CERTIFIER				<u> </u>			
MP		N: To the best of my knowledge, On the basis of examination and/						
	29b. SIGNATURE AND TITLE OF CERTIFIER							
8	con bolle	MARO PALL	ne(2)		29c. LICENSE NUM) OF A	29d. DATE SIGN	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE DE DEATH (I	TEM 27) (Type, P	rint)	0 :	4		116197
	CHITOLICOED (1 NACIAN	Mt -	700 A F	ode Ro	well	who	(MILES
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE						0111)
	JUL 20 '92	Suchia Davids	on-Bande	ac.				



	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
j	1. DECEDENT'S NAME (First, Middle, Lest) RICHARD LEO 4. SOCIAL SECURITY NUMBER	DONOVAN					9 92	
	216-24-6976	1 X M 2 □ F	E (In yrs. lesi birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 10/18/29	Was	hington, DC
TOR	98. FACILITY NAME (If not institution, give support of the support		NTER	96. CITY, TOWN O	RLY	ATH	PRINCE	GEORGE S
E E	10e. STATE 10b. COUNTY			Y, TOWN OR LOCAT	ION			Land midden distri
FUNERAL DIRECTOR		e George's		New Car	rollton			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
NERA	6109 84th Avenue				20784		US	
B	11. MARITAL STATUS 1 Never Married 2XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 \(\frac{1}{2}\) YE IF YES, GIVE WAR OF	S 2 NO	RMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:			Bie	CE — American Indian, ack, White, etc.
요	15. DECEDENT'S EDUC (Specify only highest grade	ATION	18. DECEDENT'S	USUAL OCCUPATIO	N .	16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		vork done during mo: e retired.) [echanic	st of working	Owner		
9	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NAI	ME (First, Middle, Maiden	Surname)	
BE C	Leo F. Donovan				Cather	ine J. Boy	/er	
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Toute Number, City or Town		
2	Shirley A. Dono	van						land 20784
	20a. METHOD OF DISPOSITION 1X Burtal 2 Cremation 3 Remains		Ob. PLACE AND DATE	F DISPOSITION (Na			CATION — City or	
- 1	4 Donation 5 Other (Specify)	over from State	Ft. Linco	in Cemet	erv 07/	14/92 Bre	entwood.	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMSEE	1	22. NAME AN	D ADDRESS OF FAC	CILITY		
	· Jack	y Fre	and .	4739 E	Baltimore	s Sons Fur Ave., Hya	attsvill	me, PA e, MD 20781
	23. PART / Enter the diseases, or cahock, or heart failure. I	list only ona cause on	aach lina.			h aa cardiac or reapi	ratory arrest,	Approximate Interval Batween Onset and Daath
	resulting in death)		A CONSEQUENCE OF	7:				
MOIT	Sequentially list conditiona, if any, leading to immediate	SEVERE AR	TERIO ATH		OSIS			
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DILATED C	ARDIOMYOP A CONSEQUENCE OF	ATHY				
E I	Toolston, Except	l						
ا پ	PART II. Other algnificant condition	contributing to death	but not reaulting i	n the underlying	cause given in			b. WERE AUTOPSY FINDINGS
EDICAL	Congo Cive	Heart Lac.	fare			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Vantu Cul	an Anhy!				TO TES 2	_ NO	DF DEATH?
=		A A A						1 F 1ES 2 NO
Ž I	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Che	ick only one)		
Sic	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/O	utpatient 3 🗆 DOA	OTHER: 4 Nursing Nome	5 🗆 Residence	8 Other (Specify)		
BY PHYSICIAN: M	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year		E OF 28c. INJU	JRY AT	28d. DESCRIBE HOW IF	NJURY OCCURED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, term, a pecify)	treet, factory, office		281. LOCATION (Street e City or Town, Stetu)	nd Number or Rural	f Route Number,
7	29e. CERTIFIER 1 CERTIFYING PNYSIC	CIAN: To the best of my kn	owledge, death occurre	d at the time, date	end place, and due	to the cause(e) end man	ner ee stated.	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of exemina			eath occured at the	time, date end piece, en	d due to the ceuse	
TO BE	SIGNATURE AND TITLE OF CENTIFIER) . m	0		29c. LICENSE NUM	S83	≥ 7//	ED (Month, Day, Year)
	APEA -M.D				Erad. X	ANHOM	20706	5
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SH	ANNA 1 ENATURE VIDSON-Randa	82				
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a any injury, or other traumatic eveni, the medical examiner must be notified at once.

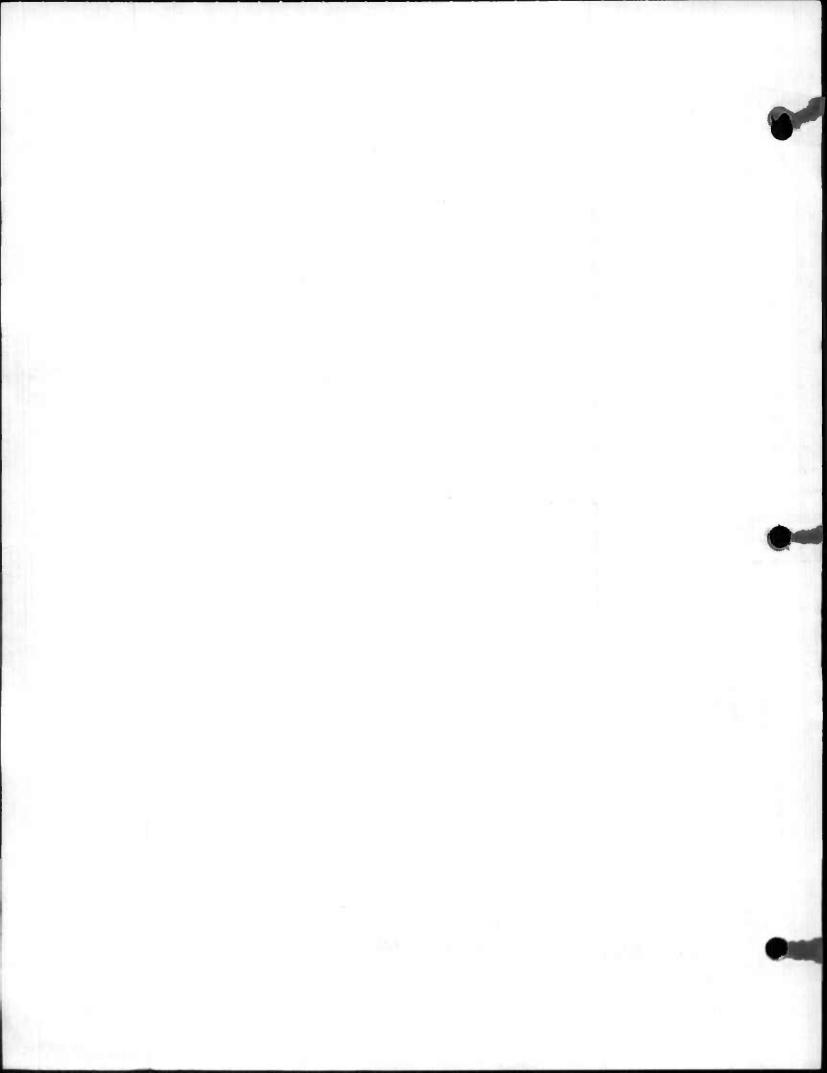


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HTAL OR ATTENDING PHESTIAN THE APPLIES WHAT THE GREAT CERTIFICATE DE executed within 24 hours after death. Page 6 may be retained by the hospit	RAL DIRECTOR: After this certification here so up the attention physician and completely filled in by the funeral director, page 5 should be detached		6
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF H	EALTH AND M	ENTAL HYGIEN		20704	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	
	JAMES	DAVIS			07 14		10:35AM M		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthda)			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRT	HPLACE (State or Foreign	
	577 80 0759	1½X M 2 □ F 3	2 YRS.	JATES DAYS	HOURS MIN.	8/10/59		HINGTON DC	
œ	9a. FACILITY NAME (If not institution, give s				R LOCATION OF DEAT	тн	Sc. COUNTY OF		
DIRECTOR	PRINCE GEORGE'S	HOSPITAL CEN	NTER	CHE/	VERLY, MD		PRINCE	GEORGE 'S	
E	10a. STATE 10b. COUNT	Y	10c. CITY, 1	TOWN OR LOCAT	ION			10d. INSIDE CITY	
	MARYLAND PRINC	CE GEORGE	CAPI	TOL HEI	GHTS			LIMITS?	
FUNERAL	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
NEF	515 CAPITOL H				20743		UNITED	STATES	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED	13. WAS DECI	ENDENT OF HISPANIC Icity Cuban, Maxican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No - 14. RAC Blee	E — American Indian, ck, White, atc.	
ВҰ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES**	1 TYES	2 NO Specify:		Spe	ÄLACK	
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S US	UAL OCCUPATIO	N	16b. KIND OF BUS			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8+)	Ilfe. Do NOT use n	etired.)					
MP	11		TRUCK	DRIVER		MOVIN			
	17. FATHER'S NAME (First, Middle, Last) PETER J D	AVIS				E (First, Middle, Meiden :	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)	AVIS	F		COVERA	BASKETT			
5	JAMES G DAVIS			AVIS AV		NID NID O			
	20a. METHOD OF DISPOSITION	206	PLACEANDDATEOF				0746 CATION — City or T	own State	
	1 Surial 2 Cremation 3 Rem	oval from State cem	etery, crematory or other ARMONY MEI	MROTAL	PARK		NDOVER N		
	21. SIGNATURE OF PUNERAL SERVICE LIC					PE FUNERA			
	1 (1000)	4000	1.		NDER S PO PA AVE SE		L HUME	20020	
	23. PART I. Enter the diseases, Dr o	complications that caused	the death. Do not				ratory arrest.	Approximate	
	ahock, or heart failure. IMMEDIATE CAUSE (Final	List only one cause on e	ich ilne.	-		•		interval Between Onset and Death	
	disease or condition resulting in death)	· And	tonux	>					
		DUS TO JOH AS A	CONSEQUENCE OF)					
NO	Sequentially list conditions,	- ATT 100	Mary	-					
ATI	if any, leading to immediate cause. Enter UNDERLYING								
IFIC	CAUSE (Disease or injury that initiated eventa	DUE TO YOR AS A	фивеаненсе от:		411	1,	- 1	-	
CERTIFICATION	resulting in death) LAST	.acguni	mon	une a	Mune	woods	IM.		
	PART ii. Other algorificant condition	s contribution to death to	ut not resulting in t	the condectains	and along to De		T.		
CAL	AMMINA	- ' ()	at not resoning in i	ne uncenying	cause given in Pa	PERFORI	MED? 24	AWAILABLE PRIOR TO COMPLETION OF CAUSE	
Ē	MANUALIA	MINAN	V			_ 1 □ YES 2	S-460	OF DEATH?	
E		VI IV				- 1		1 TES 2 NO	
PHYSICIAN: MEDIC	35. WAS CASE REFERRED TO MEDICAL			26. PL/	ACE OF DEATH (Check	(only one)			
Sic	1 YES 2 NO	HO9PITAL: 1 Inpetient 2 ER/Outp		THER:	5 Residence 8				
H	EZ MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJU	IRY AT 2	8d. DESCRIBE HOW IN	JURY OCCURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 YI	ES 2 NO				
ED	3 Suicide 6 Could not be 4 Momicide determined	28e. PLACE OF INJURY building, atc. (Speci	— At home, farm, streetfy)	et, factory, office	2	8f. LOCATION (Street at City or Town, State)	nd Number or Rural	Route Number,	
E	A /								
COMPLET	CERTIFYING PHYSIC	CIAN: To the best of my knowl							
8		R: On the beele of examination	and/or investigation, i	n my opinion, de	ath occured at the tim	ne, deta and place, and	due to the cause(e) end menner as stated.	
BE	See BIOMETURE AND TITLE OF GERTIFIER	MULLI	M		29c. LICENSE NUMBE	G Ca	29d. DATE SIGNED	(Month, Day, Mar)	
2	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	TH (ITEM 27) (Some Bri	me)	12014	70	1114	190	
			···· (ii will arj (nype, Ph	n,					
1	31. DATE FILED (Month, Day, Year)	NIS M. D.	TURE						
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offer death. Page 6 may be retained by the hosp	y the funeral director, page 5 should be detached noval.	tal examiner must be notified at once.	
filtree death certificate be executed within 24 hours	t by the scheman physician and completely filled in b	ny lajery, or other traumatic event, the medi	
TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law regime the contract is executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been separately to manufacture and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Debt, at House and House pieces build, comparing to removal.	IMPORTANT: If Item 28 is marked, or Item 23 mour my linking or other traumatic event, the medical examiner must be notified at once.	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF HEAL	TH AND ME	NTAL HYGIENI REG. NO.	E	
	, 1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH MONTH DAY	Y YEA	3. TIME OF DEATH
/	WILMER		ERB.			7 13	917	10.080
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR IF U		DATE OF BIRTH (Mogth, Day,)bar)	C	IRTHPLACE (State or Foreign ountry)
	90. FACILITY NAME (If not institution, give		7.5 YRS.	The state of the s		2/20/17		ID .
E	Carroll County		1+67	Westmin			9c. COUNTY C	
105	RESIDENCE OF DECEDENT	den. nost	Trat	westmili	ster		Carr	.011
DIRECTOR	10a. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	MD Car	roll		Westmin				1 TYES 2 NO
FUNERAL	753 Stone Rd.			10f. ZIP (OF WHAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER I	NIIS ARMED	21	171	ORIGIN? (Specify Yes	U.S.	BACE American Indian,
	1 Never Married 2 Married	FORCES? 1XX YES	2 NO	If yes, specify (Juban, Mexican, Pr	uerto Rican, etc.)		Black, White, etc. Specify:
ВУ	3 Widowed 4 Divorced	WWII		1	по зрасну.			hite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION le completed)	18e. DECEDENT'S (Give kind of	USUAL OCCUPATION work done during most of was retired.)	orking	16b. KIND OF BUS	INESS/INDUSTR	TY .
E E	Elementary/Secondary (0-12)	College (1-4 or 5+)	- 11 1000000000000000000000000000000000	nance wor		st. o	f MD	
₩.	17. FATHER'S NAME (First, Middle, Last)		maxii ve.			First, Middle, Malden S		
	William H. Erb					et Reave		
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Nur)
2	Mrs. Anna I. F	Erb	753	Stone Rd	. Wes	tminster	C. MD	21157
	20e. METHOD OF DISPOSITION Buriel 2 Cremation 3 Rem	noval from State	PLACE AND DATE	OF DISPOSITION (Name of		DATE 200 LOC	ATION City o	or Town, State
	4 Donation 5 Other (Specify)	F	leasant	Valley	Cem. 7	/17 Wes	stmins	ster, MD
	21. SIONATURE OF FUNERAL SERVICE LI	CENSEE		Pritts	Funera	al Home	& Cha	pel
		Pritts, S		412 Wa	shingto	on Rd.,	Westn	inster, MD
	23. PART I. Enter the diseases, or shock, or heart failure.	compilcations that cause List pnly one cause on e	d the death. Do	not enter the mode of	dying, auch as	cerdiac or respir	etory arrest,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition	A			. 1		,	Onset and Death
	reaulting in death)	a. MORT	IC IN.	SUFFICIEN	cy.	STENOS	15.	
-		. M	15 Post	INSUF	FICIEN	cV.		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):	(0)			
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c	C-H.					
E	that initiated events resulting in death) LAST	DUE TO (OR AS /	CONSEQUENCE	F):				
B		d	HIN					
14	PART II. Other aignificent condition	na contributing to death b	out not reauiting	in the underlying ceu	e given in Par	t i. 24e. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDIC						1 - YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
								1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1		20 84 405 0	F DEATH (Check of			
S	EXAMINER? 1 YES 2 NO	HOSPITAL:	netions 3 Dans	OTHER:		,		
PHYSICIAN	27, MANNER OF DEATH	28e. DATE OF INJURY	28b. TIM	E OF 28c. INJURY A		d. DESCRIBE HOW IN	JURY OCCURED)
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	IN.	M 1 YES	2 🗆 NO			
ED	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, atc. (Spe	— At home, farm,	street, factory, office	281	LOCATION (Street or City or Town, State)	nd Number or Ru	rel Route Number,
	4 Homicide determined							
COMPLET		ICIAN: To the best of my know						
8	2 MEDICAL EXAMINI	ER: On the beele of examination	n end/or Investigation	n, In my opinion, death o	ccured at the time	, date end place, end	due to the ceu	ee(e) end menner se stated.
8	296. SIGNATURE AND TITLE OF CERTIFIE	7			LICENSE NUMBER		29d, DATE SIG	NED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF DE	ATH (ITEM 27) /5		395	02	- 1	13/74
	49 %	and the second		OSPITAR	7			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						
	ONE 11 92	gone	Marie and Albert					
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been signed by the attending physician and completely fille t. of Health and Mental Hygiene prior to burial, cremation,

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31. DATE FILED (Month, Day, Year)

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ND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT (ITEM 27)

32. REGISTRAR'S SIGNATURE

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Pages 1, 2, 3 should

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	THE HOSPITAL OR ATTEND AS PRESCRIAN: The law requires that the death certificate be executed within	THE FUNERAL DIRECTION After the complete last been signed by the attending physician and complete) from within 72 hours and complete last better to burial, crem:
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 3. TIME OF DEATH cKhARdt 4:201 /yndon 4. SOCIAL SECORITY 5 SEY IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS (Month, Day, Year) Nov. 23, DAYS HOURS 1897 705-05-5460 94 1 🕅 M 2 🗌 F Maryland 9c. COUNTY OF OEATH 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH Carroll DIRECTOR Carroll Lutheran Village Westminster RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Glyndon Baltimore Md. 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 10f. ZIP COOE FUNERAL 340 Central Ave. 21071 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 M Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 18s. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp College (1-4 or 5+) Elementary/Secondary (0-12) Asst. Engineer B. & O. Railroad once. 17. FATHER'S NAME (First, Middle, Last) Frederick Eckhardt 18. MOTHER'S NAME (First Middle, Melder Sumame)
Myrtle Elizabeth Waltman To notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 205 St. Mark Way, Apt. 425, Westminster, Md. 21158 Alice Eckhardt pe 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or METHOD OF DISPOSITION 20c. LOCATION — City or Town, State must 1 A Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) Kriders Cemetery July 21, 1992 Westminster, Md. 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL-GERVICE LICENSES examiner Eckhardt Funeral Chapel a Owings Mills, Md. 11605 Reisterstown Rd. medical diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23. PART I. Enter the Approximate ahock, of heart failure. List only one cause on each lins. Onset and Daath IMMEDIATE CAUSE (Final the disease or condition ardio resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF if any, leading to immediats cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury other that initiated events reaulting in death) LAST 6 any injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE YES 2 DATE OF DEATH? 1 TES 2 DING PHYSICIAN: 124 23 25. WAS CASE REFER EXAMINER? RED TO MEDICAL 28, PLACE OF DEATH (Check only tem HOSPITAL: OTHER 1 YES 2 NO 1 - Inpetient 2 - ER/Outpetient 3 - DOA ing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Daniel . 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. IMPORTANT: 11 2 🔲 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The inspection with the death certificate be encounted within 24 froms after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate the been signed by the attending adjusters and completing filled in by the funeral director, page 5 should be det	be filed within 72 hours after death with the State Test and Mental Hydrine prior to burie, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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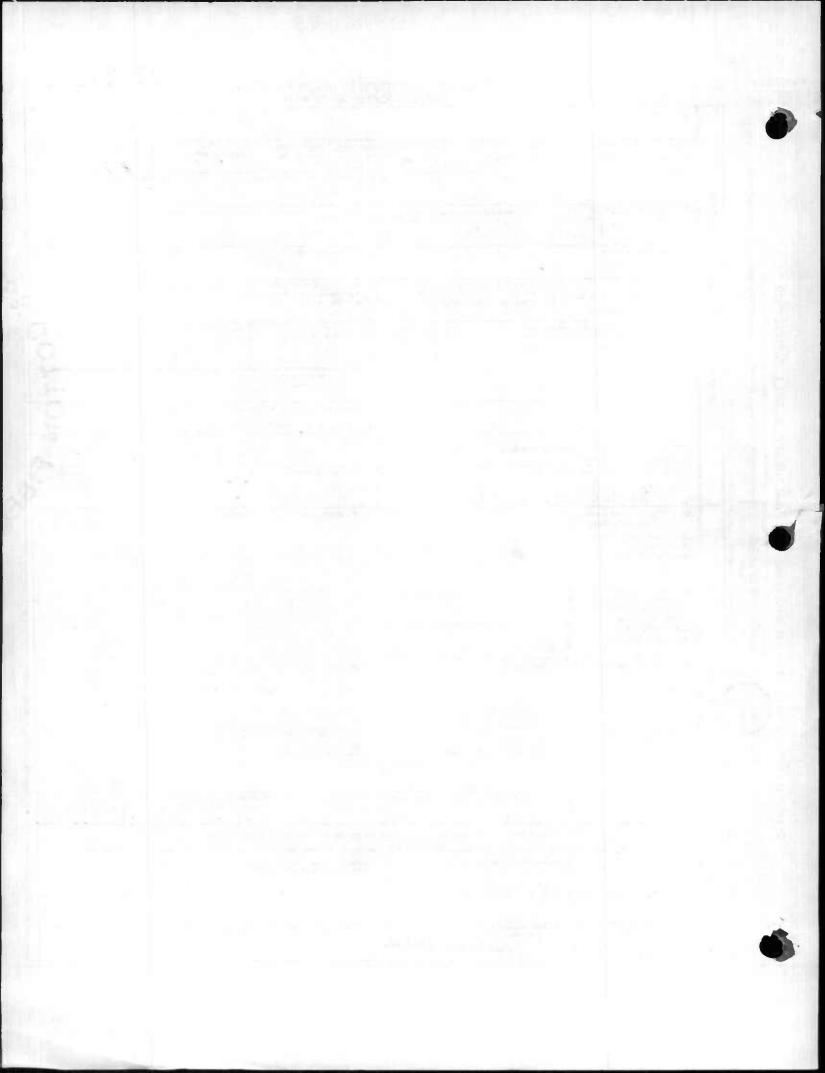
RAY	st, Middle, Last) VAUGHN	I	TREMAIN	E	F	ORD			2. DATE OF DEATH MONTH	DAY	YEAR 92	3. TIME OF DEATH 3:45 P
4. SOCIAL SECURITY NUI 579-90-695	ABER	5. SEX 1 XM 2 F	6. AGE (In yrs. In: 23		IF UNDER		IF UNDES	R 24 HRS.	7. DATE OF BIRTH	100	8. BIRT	HPLACE (State or Foreign Thington, DC
90. FACILITY NAME (II not 7832 BUR	NSIDE R	treet end number)				b. CITY, TOWN OR LOCATION OF DEATH Palmer Park				9c. COUNTY OF DEATH PRINCE GEORGES		
Maryland	Prin	ce Georg	e's		v, town o							10d. INSIDE CITY LIMITS? 1 XYES 2 NO
7832 Buri		d.				101	ZIP COD	207	785		ISA	WHAT COUNTRY?
11. MARITAL STATUS 1 X Never Married 2 [3 Widowed 4 Di		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AF YES 2 1	RMED NO		If yes, sp	ENDENT (ocify Cubi 2 NO	ın, Mexica	NIC ORIGIN? (Specify an, Puerto Rican, etc.) y:	Yes or No-	Blac	E — American Indian, k, White, etc.
	CEDENT'S EDUC nly highest grade (0-12)		·) UI	CEDENT'S Silve kind of hempy Physi	work done	during mo	st of world		16b. KIND OF E	N/A	DUSTRY	
17. FATHER'S NAME (First, Emanue		ene Rola					16. MOT	HER'S NA	AME (First, Middle, Meid Ca Ford	en Sumame)		
196. INFORMANT'S NAME Sandra Bi									Route Number, City or 1			
20a. METHOD OF DISPOS 1 XBurial 2 Cremer 4 Donation 6 Oth	ion 3 🗆 Reme	ovel from State	20b. PLACE cappetery, crit Harrix	AND DATE	OF DISPOS	SITION (Na	me of		mer Park DATE 20c.	LOCATION -	City or To	
21. SIGNATURE OF FUNEF	AL SERVICE LIC			Jily I	22.	NAME AP	D ADDRE	SS OF FA	Rd. Land	KINS	FUNE	RAL HOME
23. PART . Enter the ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heart failure.	n. PNEU	ise on eech line	C O M P	L I C	the mo	da of dy	ing, suc		apiretory ar	rest,	Approximate interval Between Onset and De
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING jury	2	(OR AS A CONSE								411	
PART II. Other signific	eant condition	s contributing to	death but not	resulting	in the un	ndariying	cause	given in		AN AUTOPSY ORMED?	248	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	ED/Outpetlant 2	DOA	OTHER	o -			eck only one) 6 Other (Specify)			
27. MANNER OF DEATH	Pending Investigation	28a. DATE OF (Month, D	INJURY	286. TIM IN. 2:3	E OF P	28c. INJ WO 1 \bigcup \cdot	URY AT RK?		26d. DESCRIBE HOW Subject 28f. LOCATION (Street	was	sho	

Wonald & Wright MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DONALD G. WRIGHT MD 111

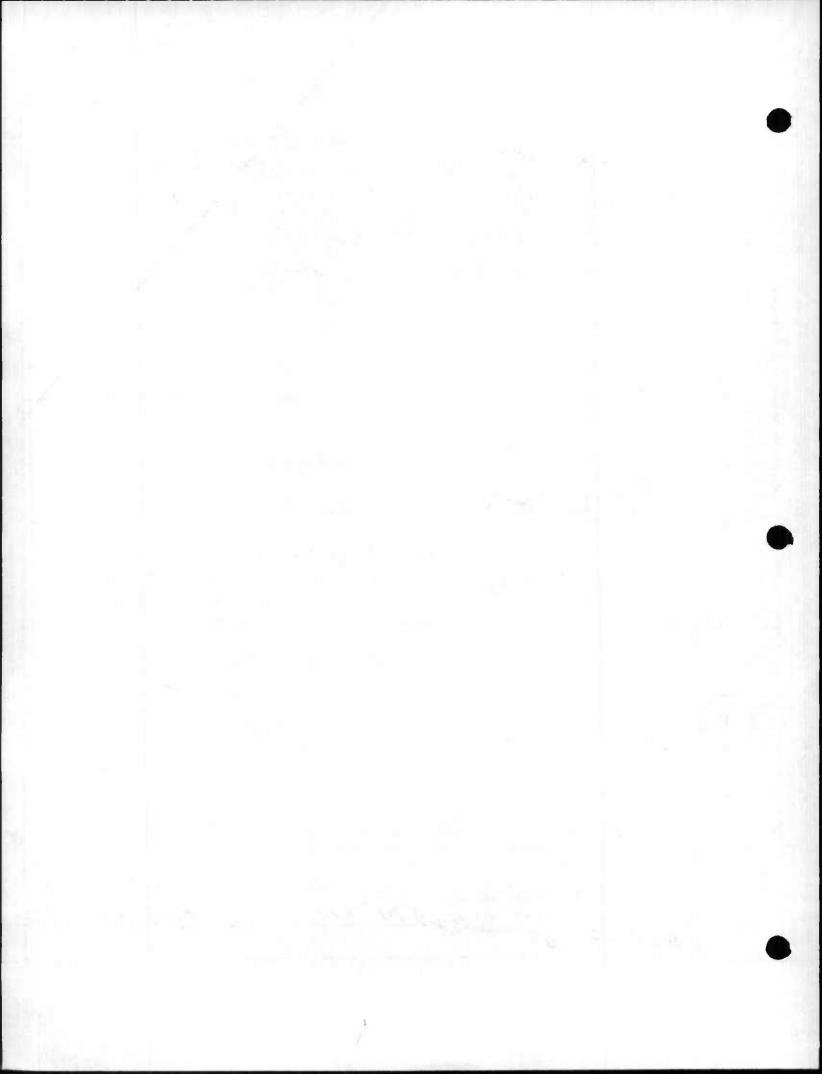
31. DATE FILED (MORTH, Day, Year)

32. REGISTRAR'S SIGNATURE Juni Davidson-Rendere 111 PENN STREET, BALTIMORE, MARYLAND 21201



ath. Page 6 may be retained by the hospital or atter	uneral director, page 5 should be detached for use a	aminer must be notified at once.
THE HOSPITAL OR ATTENDING PHYSICIAN. The law includes that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten-	THE FUNERAL DIRECTOR: After this centil care and the same beginning the form and completely filled in by the funeral director, page 5 should be detached for use a seminary member of the formal of the same beginning the same and the same an	IMPORTANT: If Item 28 is marked, or Item 25 and any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)	STATE OF MARYLA				
ROBERT			ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
ROBERT	-4:11	-	- 0	2. DATE OF DEATH	3. TIME OF DEATH
11012	ANTHOT	24 FIT	ZPHTRICK	MONTH DAY	1997 10:30 P
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (I	n rs. last birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
578 20 2420	1 2 m 2 0 F		THE DAYS HOURS MIN,	MAR 20 193	Country)
Se. FACILITY NAME (If not institution, give st	reet and number)	9b.	CITY, TOWN OR LOCATION OF		OUNTY OF DEATH
11900 CLESTANDO	1 AVE		Brandy wine	- IR	MCE GEORGES
10s. STATE 10b. COUNTY	,	10c. CJJY, TO	WN OR LOCATION		10d, INSIDE CITY
MD Prince	c Ceremie	Bon	ade wine		LIMITS?
10e. STREET AND NUMBER	yeury es	provi	10f. ZIP CODE	Total Control	1 TES 2 NO
Transferred and a second of the second	1 1		IUI. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
11900 CRESTO	son fore		20613		USA
11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 TYES			ANIC ORIGIN? (Specify Yes or No-	- 14. RACE — American Indian, Black, White, atc.
1 Never Married 2 Married	FORCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	If yes, specify Cuban, Maxi 1 YES 2 X NO Spec		Specify:
3 Wildowed 4 Divorced	WW	2			White
15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUSINESS	
(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of work life. Do NOT use ret	done during most of working ired.)		
	College (1-4 or 5+)	0.1.2.		m	
12	2	Cab Driv		Taxi Cab	
17. FATHER'S NAME (First, Middle, Last)			l l	IAME (First, Middle, Maiden Surnam	·
MartinFitzDatric	k		Elsie	Alberts Fitz	patrick
19a, INFORMANT'S NAME (Type/Print)		196. MAILING ADD	PRESS (Street and Number or Rura	I Route Number, City or Town, State	Zip Code)
Albert Fitzpatri	o le				
20a. METHOD OF DISPOSITION			Detrick Ave K		
1 🕅 Burial 2 □ Cremation 3 □ Remo		PLACE AND DATE OF DI etery, crematory or other p	lacel		- City or Town, State
4 Donation 5 Other (Specify)			Cedar Hill		and_MD
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS OF	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
DR. A OF	11		Robert E. Wi	lhelm F.H. Sui	tland MD 20746
10/100 (2)	4 Gas				
IMMEDIATE CAUSE (Final	List Dnly one cause on ea	ich line.	to dia		Interval Betwee
	DUE TO (OR AS A	CONTROUENCE OF):	1.		
_	Henry	tersin	· Serterisse	clustic é	and D
Sequentially list conditions,	BUEND IOR AS A	CONSEQUENCE OF	,	,	
if any, leading to immediate cause. Enter UNDERLYING			lease	culor dis	ease
CAUSE (Disease or Injury	DISE YOU AND AS A	CONSEQUENCE OF:			
that initiated events resulting in death) LAST	STATE FOR HALL	CONSEQUENCE OF J			
	a postalbutina to death to				
PART II Other significant condition	contributing to death bu	or not resulting in th	e underlying cause given is	Pert I. 24a. WAS AN AUTOP PERFORMED?	AVAILABLE PRIOR TO
PART II. Other algnificant condition					0. 00
PART II. Other algnificant condition.					1 TYES 2 NO
PART II. Other algnificant condition					
25. WAS CASE REPERRED TO MEDICAL			26. PLACE OF DEATH OF	mck only one)	
	HOSPITAL:		HER:		
25. WAS CASE REPERRED TO MEDICAL EXAMINER?	1 Inputient 2 ER/Outpu	itlant 3 DOA 4 D	HER: Nursing Home 5 (The sidence	6 Other (Specify)	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1 PES 2 NO 27. MANNER OF DEATH			HER: Nursing Home 5 Employees 28c, INJURY AT WORK?		1 TES 2 NO
25. WAS CASE REPERRED TO MEDICAL EXAMINER?	1 Inputient 2 ER/Output 28e. DATE OF INJURY	ttient 3 DOA 4 DOA 26b. TIME OF	HER: Nursing Home 5 [Investmence 28c, INJURY AT	6 Other (Specify)	1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY	26b. TIME OF INJURY	HER: Nursing Home 5 The Idence 28c, INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW INJURY 28f. LOCATION (Street and Num	1 TYES 2 NO
25. WAS CASE REPERRED TO MEDICAL EXAMINER? 1 PES 2 NO 27. MANNEB OF DEATH 1 Netural 5 Pending Investigation	1 Inpatient 2 ER/Outpa 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	HER: Nursing Home 5 The Idence 28c, INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW INJURY	1 TYES 2 NO
25. WAS CASE REPERRED TO MEDICAL EXAMINENT 1	1 Inputent 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Special	26b. TIME OF INJURY At home, farm, street	HER: Nursing Home 5 Invalidence 28c. INJURY AT WORK? M 1 YES 2 NO , factory, office	28d. DE\$CRIBE HOW INJURY 28d. DE\$CRIBE HOW INJURY 28f. LOCATION (Street and Nun City or Town, State)	1 YES 2 NO OCCURED OCCURED Number,
25. WAS CASE REPERRED TO MEDICAL EXAMINENT: 1	1 Inputent 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Special Control of the Contr	26b. TIME OF INJURY At home, farm, street	HER: Nursing Home 5 Medianos 28c. INJURY AT WORK? M 1 YES 2 NO , factory, office	28d. DESCRIBE HOW INJURY 28d. DESCRIBE HOW INJURY 28f. LOCATION (Street and Num City or Town, State)	1 VES 2 NO OCCURED OCCURED Number,
25. WAS CASE REPERRED TO MEDICAL EXAMINENT: 1	1 Inputent 2 ER/Outpe 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building, stc. (Special Control of the Contr	26b. TIME OF INJURY At home, farm, street	HER: Nursing Home 5 Medianos 28c. INJURY AT WORK? M 1 YES 2 NO , factory, office	28d. DESCRIBE HOW INJURY 28d. DESCRIBE HOW INJURY 28f. LOCATION (Street and Num City or Town, State)	1 VES 2 NO OCCURED OCCURED Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1	1 Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the best of my knowledge.)	26b. TIME OF INJURY At home, farm, street	HER: Nursing Home 5 The literace 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DE\$CRIBE HOW INJURY 28d. DE\$CRIBE HOW INJURY 28f. LOCATION (Street and Num City or Town, State) In to the cause(a) end manner as the time, data and place, and due to	1 YES 2 NO OCCURED ober or Rural Route Number, stated, o the cause(s) and manner as stated
25. WAS CASE REPERRED TO MEDICAL EXAMINENT: 1	1 Inpetient 2 ER/Outpe 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Special Control of the best of my knowledge.)	26b. TIME OF INJURY At home, farm, street	HER: Nursing Home 5 Medianos 28c. INJURY AT WORK? M 1 YES 2 NO , factory, office	28d. DE\$CRIBE HOW INJURY 28d. DE\$CRIBE HOW INJURY 28f. LOCATION (Street and Num City or Town, State) In to the cause(a) end manner as the time, data and place, and due to	1 VES 2 NO OCCURED occurrent Route Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	1 Inpettent 2 ER/Outpet 2 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Special Clans: To the best of my knowledge. On the basis of examination of examination of the basis of examination of the basis of examination of	26b. TIME OF INJURY At home, farm, street and/or investigation, in	HER: Nursing Home 5	28d. DE\$CRIBE HOW INJURY 28d. DE\$CRIBE HOW INJURY 28f. LOCATION (Street and Num City or Town, State) In to the cause(a) end manner as the time, data and place, and due to	1 VES 2 NO OCCURED ober or Rural Route Number, stated, o the cause(a) and manner as stated.
25. WAS CASE REFERRED TO MEDICAL EXAMINENT 1	1 Inpettent 2 ER/Outpet 2 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Special Clans: To the best of my knowledge. On the basis of examination of examination of the basis of examination of the basis of examination of	and/or Investigation, in	HER: Nursing Home 5	281. LOCATION (Street and Nun City or Town, State) 28 to the cause(a) and manner as the time, data and place, and due to JMBER 29d. 1	1 VES 2 NO OCCURED ober or Rural Route Number, stated, o the cause(a) and manner as stated.



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

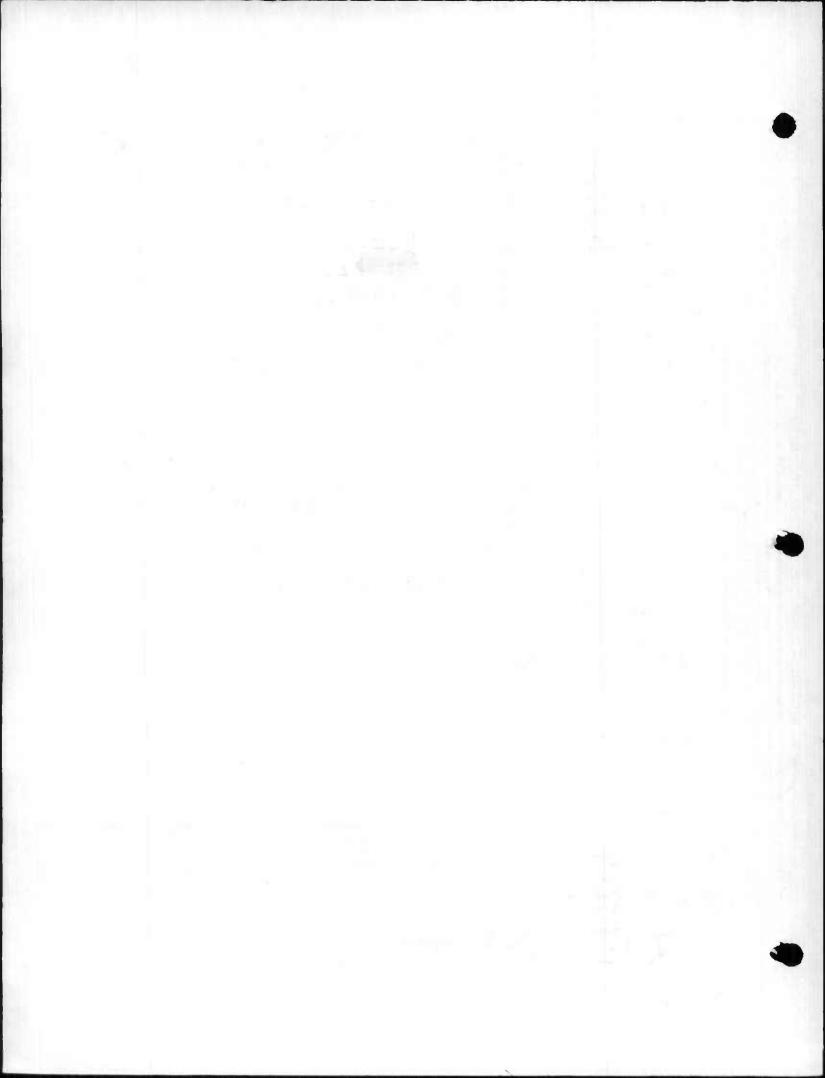
1. DECEDENT'S NAME (First, Midd											E OF DEATH			3. TIME OF DEATH	
Estin U	Vanc	la G	Fo	42						MON	7 1	7	92	1156 A	м
4. SOCIAL SECURITY NUMBER		S. SEX				IF UNDER 1 Y	_	IF UNDER	24 HRS.	7. DAT	E OF BIRTH		8. BIRTHE Country	PLACE (State or Foreign	
232-54-5553		□ M 2 🖔 F	5	9	YRS.			(500)		4-	-3-193	-	Wes	t Virgin	ile
9a. FACILITY NAME (If not institution Carroll Cou		,	T.O			9b. CITY, TO			-	ATH			INTY OF DE		
RESIDENCE OF DECED		Gen.	IOSP	•		Wes	tmi	nst	er			C	arro	11	_
	COUNTY				10c. CITY,	TOWN OR	LOCATIO	N						10d. INSIDE CITY	\dashv
Maryland	Car	roll			W	estm	ins	ter	1					LIMITS?	
10e. STREET AND NUMBER								ZIP CODE				10g. CF	TIZEN OF WI	HAT COUNTRY?	
2033 Fridi							2	115	7			U.	S.A.		
11. MARITAL STATUS 1 Never Married 2 Married		2. WAS DECEDEN FORCES? 1	YES	2 A	MED IO	13. WA	S DECEN	NDENT O	F HISPAN	IC ORIG	IN? (Specify Yes o Rican, etc.)	or No—	14. RACE Black,	- American Indian, White, etc.	
3 Widowed 4 Divorced		IF YES, GIVE Y	WAR OR DA	TES					Specify				Specify	White	
15. DECEDEN	T'S EDUCAT	TION		16a. DE	CEDENT'S U	SUAL OCCI	PATION	K.		10	Bb. KIND OF BU	SINESS/IN		MIIICE	
(Specify only high Elementary/Secondary (0-12)		mpleted) College (1-4 or 5	+)	(Gi	ve kind of wo Do NOT use	ork done duri retired.)	ng most	of workin	g						
12				H	ouse	wife					Hom	emal	ker		
17. FATHER'S NAME (First, Middle,	,							18. MOTH	IER'S NAI	ME (First	, Middle, Melden	Surname)			\neg
Russell T		bbert						Sa	lly						
19a. INFORMANT'S NAME (Type/Pi	,										mber, City or Tow				
Richard L.									Mil					er, Md.	211
24e METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 4 Donation 6 Other (Spec	Ramova	I from State	2000		Date of		,		7 0	1			City or Tow		
21. SIGNATURE OF FUNERAL SEE	**	SEE	- TA	ew .	Luth	eran 22. NA	ME AND	M .	S OF FAC	Anux N=1	.992	Man	chest	ter, Md.	-
D 4.	1	511	17	(Ec.	kha	rdt	Fu	ner	al Ch	ape.	L		
J. Non	ex	com				32	96	Che	rmi	1 I	r. Ma	nch	ester	, Md. 2	110
23. PART I. Enter the disease ahock, or heart	feliure. Lla	t only one cau	ise on e	ich ilne.	ein. Do no	enter tri	e mode	or ayı	ng, aucr	1 aa ca	ralec or respi	ratory a	Teat,	Approximate interval Between	
iMMEDIATE CAUSE (Fine) disease or condition		60	PT	1	5	4	`							Onset and De	ath
resulting in death)	a. _	DUE TO	(OR AS A	CONSEC	DUENCE OF	Jeen	~ ~								\dashv
Commentation was a section of	b	Cigo	areal	- 5	Summer of	cing.								!	
Sequentially list conditions, if any, leeding to immediate		pulsto	(OR AS A	CONSEC	UENCE OF)	. 0									
cause. Enter UNDERLYING CAUSE (Disease or Injury	c	DUE TO	OR AC A	CONSTO	UENCE OF)										
that initiated events resulting in death) LAST	1	002 10	(On As A	CONSEC	MENCE OF	i									
	d													-1	
PART II. Other aignificant co							riying	cause g	iven in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FINDING	38
Hyperosciero	tic c	Level in u	24 3C -	(00	disa	as <					1 TYES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	:
														1 TES 2 NO	
25. WAS CASE REFERRED TO ME	DICAL I														
EXAMINER?	Н	IOSPITAL:	1 =n +			OTHER:			EATH (Che						-
27. MANNER OF DEATH	11	26a, DATE OF		etlent 3	28b. TIME	OF 28	Home c. INJUF	_	aldence		er (Specify)	N.RIBY O	CHOED		-
1 Netural 5 Pendi		(Month, D			INJU	RY	WORK	(? ົ່ S 2 [NO	200. 0	EQUINDE NOW P	NJOH! OC	CONED		
2 Accident invest 3 Suicide a Could	Igation	26a. PLACE O	F INJURY	— At hor	me, term, etc						CATION (Street I	and Numbe	r or Rural Ro	oute Number,	\dashv
	mined	ounding,	etc. (Speci	ну)						CH	y or Town, State)				
29a. CERTIFIER (Check only	G PHYSICIA	N: To the best of	my knowl	edge, des	eth occurred	at the time	, dete er	nd place.	and due	to the c	euse(a) and mar	oner as at	rted.		\neg
														and manner as stated.	
29b. SIGNATURE AND TITLE OF C	ERTIFIER						2	lec. LICE	NSE NUM	BER		29d. DA	TE SIGNED	Month, Day, Year)	\dashv
Will	- Co	me	me	9				Di	359	74		•	7/17	7/90	
30. NAME AND ADDRESS OF PER			SE OF DEA	TH (ITEN	1 27) (Type, f	Print)	01		•	_			. , , ,	,,,	
William C	- 6	nyers	n	10		00	Sla	ckr	ock	129	- Hans	aste	ed n	492 PL	
31. DATE FILED (Month, Day, Year))	32. AGGISTRA	R'S SIGN	TURE	and so										
00L Z U 3		guna	new (4)	-1	- force										

select the selection with HANN AN TO H vers . Care I

DIVISION OF VITAL RECORDS, F.O. BOX 13149, BALLIMORE, MARYLAND	THE HISPITAL OR ATTENDING PHYSICAN THE law requires that the death certificate be executed within . And after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR AND THE STATE OF STATE O	IMPORTANT II liem 28 is minded from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIO	TO THE HOSPITAL OR ATTENDED	TO THE FUNERAL DIRECTOR: A be filed within 72 hours after di	IMPORTANT: If item 28 is

	1 - FOR STATE REGISTRAR	ATE OF MARYLAN	ID / DEPARTI			MENTAL HYGIEN	_	
	1. DECEDENT'S NAME (First, Middle, Last)	NHAM Etl	nel Doro	thy Far	nham	2. DATE OF DEATH DO		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SE D 2-6 - 01 - 2367 1 -	6. AGE (In)		ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02/01/14	0	HRTHPLACE (State or Foreign country)
HOI	9a. FACILITY NAME (If not institution, give street an CARROLL MANUR VIII) RESIDENCE OF DECEDENT	RSING HON	TE !		SUIUE		PHNO	OF DEATH
DIMECTOR	10a. STATE 10b. COUNTY			town or Locat				10d. INSIDE CITY LIMITS? 1. YES 2 NO
UNEHAL	100. STREET AND NUMBER 7600 Fountain Bleau	Drive. #5	11	101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 12. V	WAS DECEDENT EVER IN U ORCES? 1 YES YES, GIVE WAR OR DATE	S. ARMED	If yes, sp	ENDENT OF HISPAN	HC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)	n or No→ 14.	RACE — American Indian, Black, White, atc. Specify: White
EIEUB	15. DECEDENT'S EDUCATION (Specify only highest grade comple		6a. DECEOENT'S US (Give kind of wor life. Do NOT use	rk done durina mo		16b. KIND OF BU	SINESS/INDUST	
COMPLI	12	0	Bookkee	per		Suttor	n Distr	ibutors
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden La Jonson	Surname)	
DE	Peter Nordquist 19a. INFORMANT'S NAME (Type/Print)	•	19b. MAILING A	DDRESS (Street a	Ann	Route Number, City or Tow	n, State, Zip Coo	le)
_	Barbara Farnham Byr					y, Hyatts	ville,	MD 20784
	20a. METHOD OF DISPOSITION 1 WBurlel 2 Cremetion 3 Removel fr 4 Donation 5 Other (Specify)	om State 0	ther place)				exandri	or Town, State a, Virginia
	21, SIGNATURE OF FUNERAL SERVICE LICENSES			22. NAME AI	ID ADDRESS OF FA			
	* Jack &	Fuer	nd	4739 E	altimore	Ave., Hya	attsvil	le, MD 20781
	23. PART Enter the disesses, or compishock, or heart fellure. List of IMMEDIATE CAUSE (Finel disesses or condition resulting in deeth)	ications that ceused the course on ascharge of the course on ascharge of the course of	h line. ICARDII	in IN	FARCT	ian	5.30	interval Batween Onset and Daath
HILLAIM	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	ONBEQUENCE OF):	GEST)	t hem	DISEASE	e con	
CEHILLI	CAUSE (Disease or injury thet initieted events rasulting in deeth) LAST	OUE TO (OR AS A C	ONSEQUENCE OF):					
MEDICAL	PART II. Other eignificant conditions con		not resulting in	ths underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA		SPITAL:		OTHER:	ACE OF DEATH (Ch			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	Inpetiant 2 ER/Outpet(28s. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN.	URY AT DRK? YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY — building, atc. (Specify	At home, farm, str	reet, factory, offic	•	261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLEIED								use(s) and manner as stated.
O BE	200. SIGNATURE AND TITLE OF CERTIFIER	udustr	0		Dales		29d. DATE St	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COM	MPLETED CAUSE OF DEAT	Н (ITEM 27) (Туре, F	Print)				
	JUL 1 5 1992	32. REGISTRARY SIGNAT	URE Randall	_				

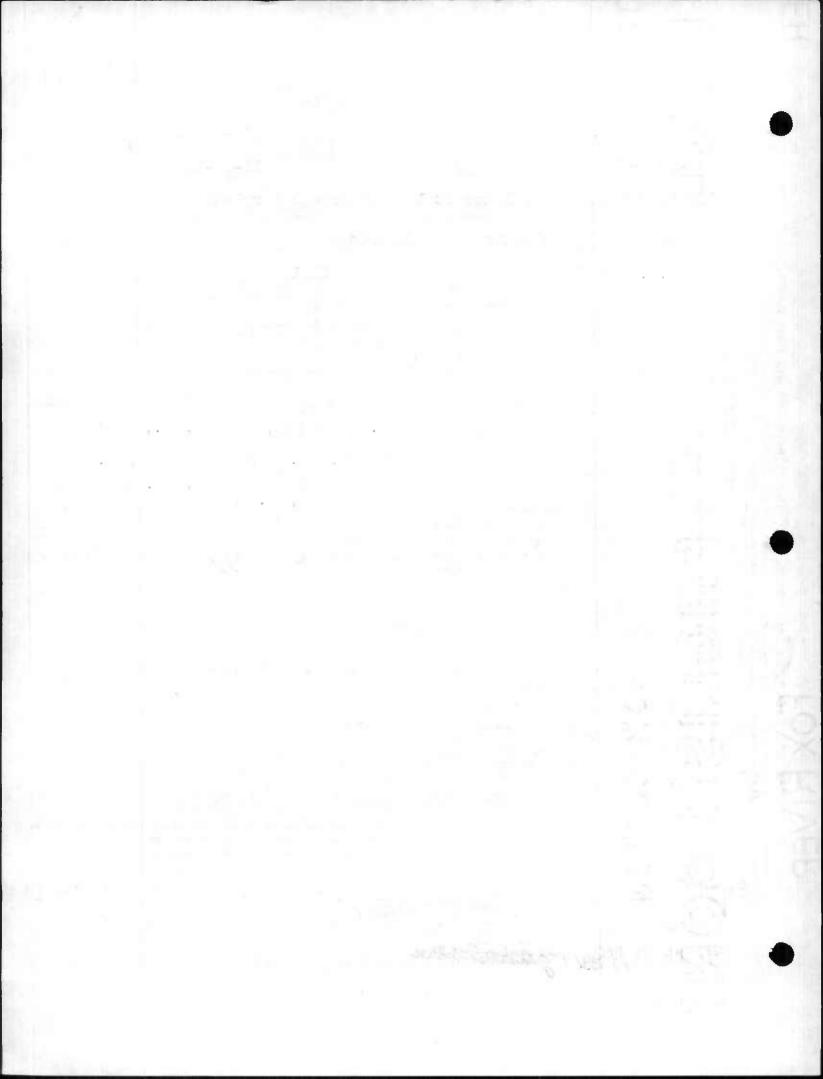




TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the connection within 24 hours after death. Page 6 may be retained by the host TO THE FUNETAL DIRECTOR. After this certificate has been signed by the intended of the funetal director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and write the principle of commation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH AND		HYGIENE			
	1. DECEDENT'S NAME (First, Middle, Last) Lindsey, Fag	ggins				2. DATE OF MONTH	27-9	2	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF	BIRTH	T	8. BIRTHI	PLACE (State or Foreign
ij	223-16-5198	1 M 2 □ F 7	9 YRS.	MONTHS DA	5 - 6 -		4-12			
_	9e. FACILITY NAME (If not institution, give s		44.9		WN OR LOCATION OF D			9c. COUN		
	Dorchester G	eneral Hos	pital	Cam	bridge M	aryla	nd	Do	ren	nester
	10a, STATE 10b, COUNT			TY, TOWN OR L						10d, INSIDE CITY LIMITS?
5		rchester	Ca	mbrid					1	1 TYES 2 NO
	100. STREET AND NUMBER				101. ZIP CODE 21613					HAT COUNTRY?
JNE	P.O. BOX 919	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN?	Specify Yes	USA or No I	-	American Indian,
10	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 TYES		If ye	s, specify Cuben, Mexico YES 2 X NO Specif	en, Puerto Rica		[Black BLAC	, White, etc.
2	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	work done durin	PATION g most of working	16b. KJ	ND OF BUS	NESS/INDL	ISTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	30RER			AW MI			
L L	17. FATHER'S NAME (First, Middle, Last)		LAL	DONEN	18. MOTHER'S NA	1			-	
סב כל		MOSES FAGG				MARTH	A JAC	KSON		
2	190. INFORMANT'S NAME (Typo/Print) WILLIE FAGO	GINS			BOX 1675					501
	20a. METHOD OF DISPOSITION 1\(\) Buriel 2 \(\) Cremation 3 \(\) Rem 4 \(\) Donation 5 \(\) Other (Specify)	noval from Stata	DWAY BAT				20c. LOC CUMB			
	21. SIGNATURE OF EUNERAL SERVICE LI	CENSEE		² 300	LEY MEMOR		_			
	· Darula	BUN!		SAL	ISBURY, M	218	01			
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Sepsis Sepsis	each line.	own eti				atory arre	3_1,	Approximate Interval Between Onset and Death
CHILICALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE (
ALC	PART II. Other aignificant condition	na contributing to death	but nof resulting	in the unde	rlying cause given in	Part I. 2	4a. WAS AN		24b	WERE AUTOPSY FINDINGS
	Urine tract	infection				1	YES 2			COMPLETION DF CAUSE OF DEATH?
MEDIC	Adomina	dirtensio								1 TYES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL	+ mult	igle s	-trok	e 5					
2	EXAMINER? 1 YES 2 KNO	HOSPITAL:	tretter 1 004	OTHER:	26. PLACE OF DEATH (C		Dan a 16 d			
	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TI	ME OF 28	Home 5 Aesidence		RIBE HOW IP	JURY OCC	URED	
	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Year)	16	M 1	WORK?					
ם חשו	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, atc. (Sp	RY — At home, farm, ecify)	, street, factory	office	28f. LOCAT City or	ION (Street e Town, State)	nd Number	or Rural f	Route Number,
COMPLEIED BY	TOROGO OTHY	SICIAN: To the best of my kno ER: On the basis of examinat								s) and manner as stated.
מ	296 SIGNATURE AND TITLE OF CERTIFIE	2-11	in 1	4 N	29c. LICENSE NU	MBER 209		29d. DATE	SIGNED	(Month, Day, Year) 27 - 92
2	30. NAME AND ADDRESS OF TERBON W. Edmund MacLaugh	MacLauft	TATH (ITEM 20 (W	Print Au	Cambrida Vora	ge, W	216	13	, /	nd 21613
4	31. DATE FILED (Morith, Day, Year)	32. REGISTRAD'S SIC	NATURE DE					1		
-	JUL 9 19920	1								DHMH-18 Rev 1/89



			nsit permit. Pages 1, 2, 3 should		
	7LAND 21215-0020	by the hospital or attending physician	be detached for use as the bunial-tra		at once.
	BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law regular may the provincate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has be an anoling physical and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	Moval.	, or item 23 shows any latery, or other traumatic event, the medical examiner must be notified at once.
•	D. BOX 68760,	tificate be executed within 24 hours	g physician and completely filled in	erre prior to burial, clemation, or re	ther traumatic event, the med
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The law regulnes that the hosth cer	e has been something the manding	te Dept.	m 23 shows any latery, or o
	DIVISION OF VIT	AL OR ATTENDING PHYSICIAN: 1	THE FUNERAL DIRECTOR: After this certificate	De med within /2 hours allei ueau! will the sta	MPORTANT: If Item 28 is marked, or ite
		TO THE HOSPI	TO THE FUNER	De med within	IMPORTANT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL	HYGIENE
CERTIFICATE OF DEATH		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF	IEALTH AND I	MENTAL	HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	Flowers				2. DATE O		y 0	YEAR 2	3. TIME OF DEATH 22: 45 p. m
		G	yrs, lest birthday) 5 YRS,	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, 13 M	F BIRTH Day, Year) AR 19]		BIRTHP Country	LACE (State or Foreign
IOR	98. FACILITY NAME (If not institution, give street Baltimore County Ge	,	tal	эь сту, тоww Baltim	OR LOCATION OF DE	EATH		9c. COUNT Balt	Y OF DE	ATH
DIRECTOR	10e. STATE 10b. COUNTY Maryland Baltim	ore		v, town on Loca						10d. INSIDE CITY LIMITS? 1 YES 2 N NO
FUNERAL	10e. STREET AND NUMBER 10919 Huntcliff Dri	ve Apartmen		10	1. ZIP CODE				EN OF WI	HAT COUNTRY?
BY		2. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	U.S. ARMED 2 XNO	13. WAS DE	CENOENT OF HISPAN Hecity Cuben, Mexica is 2X NO Specify	n, Puerto Ri	(Specify Yes can, etc.)		4. RACE Black,	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	ION npleted) College (1-4 or 5+)	(Give kind of life. Do NOT u	2011/12/20			KIND OF BUS			
OMF	17. FATHER'S NAME (First, Middle, Last)		Labor	er	18. MOTHER'S NA		Domest			
BE C	Not Available				Ella M			sorrieme)		
TO B	19a. INFORMANT'S NAME (Type/Print) Leroy Flowers		10919	Huntcli	and Number or Rural F ff Drive	#1,	Owings			D 21117
	26s, METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remova 4 Donation 6 Other (Specify)	I from State 20b.	PLACE AND DATE	of Disposition (Nother place) Baptist	‱cemete Church		20c. LOC 2 Mo 1 f	eation - co		.,
	21. SIGNATURE OF FUNERAL SERVICE LICENS			C.W.	Edwards 395, Bow	Fune:	ral Ho	ome	224	
1/	23. PART I. Enter the diseases, or com shock, or heart failure. Lis	plications that ceused	the deeth. Do i	not enter the me	de of dyling, auci	h aa cerdia	ac or respir	atory arres		Approximete
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)		SIS	/						Interval Between Onset and Death
NOI	Sequentially list conditions, if any, leading to immediate	INCC+	CONSEQUENCE O	graft	•					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):						
	PART II. Other algnificent conditions of	ontributing to death bu	it not resulting	In the underivin	Cause alven in	Part I	4s. WAS AN	UTTOBEY	1 000 1	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	A .	llitus			g vedao given in		PERFORI	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M	3 Revil to	2.lyre	MARGOLI			_				1 PES 2 NO
CIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Che	eck only one)				
IYSI		XInpatient 2 ☐ ER/Outpa			e 5 🗆 Residence					
	1 Netural 6 Pending	28s. OATE OF INJURY (Month, Day, Year)	28b. TIM	JURY W	URY AT ORK? YES 2 NO	28d. DESC	RIBE HOW IN	JURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined	26s. PLACE OF INJURY building, atc. (Special	— At home, ferm,				TON (Street er Town, State)	nd Number or	Rural Ro	ute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSICIAI 2 MEDICAL EXAMINER: C									and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	M Cen	d,		D388	BER 2	_	29d. DATE 5	SIGNEO (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO C	ALIB,	Baltim	cre Co	unty	Gen	ral l	408	ita	0
	JUL 1 6 1992	32. REGISTRAR'S SIGNA	doon-Rand	all						

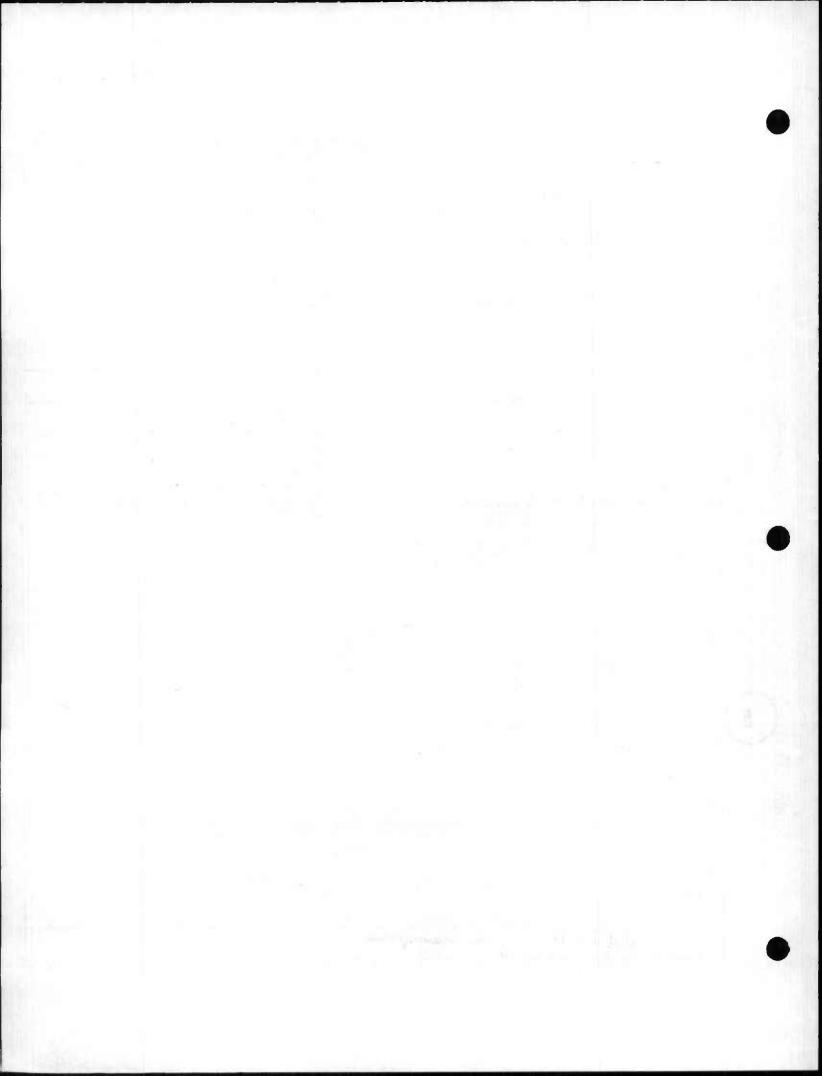


Amount & Sound

fr any toluny, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR: After this certifical be filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or literal

	1 - STATE OF MA		MENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	E	-03/3
	1. DECEDENT'S NAME (First, Middle, Last) RAJARANI RAJARANI	GHATAK GHA-	TAK	2. DATE OF DEATH DAY	YEAR 92	3. TIME OF DEATH
	155-62-2066 1 D M 2 X F	AGE (In yrs. last birthday) 77 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH 04/20/15	8. BIRTH Countr	PLACE (State or Foreign Y) INDIA
TOR	96. FACILITY NAME (If not institution, give street and number) SHADY GROVE ADVENTIST HOSP RESIDENCE OF DECEDENT	ITAL	9b. CITY, TOWN OR LOCATION OF DI GAITHERSBURG	EATH	MONTG	
DIRECTOR	MARYLAND MONTGOMERY		TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
FUNERAL	100. STREET AND NUMBER 21712 BRINK MEADOW LANE		101. ZIP CODE 20876		10g. CITIZEN OF V	VHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 FYES, GIVE WAR	YES 2 (X))(0	13. WAS DECENDENT OF HISPAN If yee, specify Cuben, Mexice 1 YES 2 NO Specify	NIC ORIGIN? (Specify Yee on, Puerto Rican, etc.)	or No- 14, RACE	- American Indian, t, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) UNKNOWN UNKNOWN	16a. DECEDENT'S L (Give kind of w life. Do NOT use HOMEMAKE		166. KIND OF BUSI		INDIAN
COM	17. FATHER'S NAME (First, Middle, Last)	HOMEMAKE		ME (First, Middle, Meiden S		
BE	SATYABHUSAN CHATTERJEE 190. INFORMANT'S NAME (Typo/Print)	T 10h MAII ING	UNKNO ADDRESS (Street and Number or Rural I			
5	RASBIHARI GHATAK		BRINK MEADOW LAN			20876
	20a. METHOD OF DISPOSITION 1	20b. PLACE AND DATE OF		DATE 20c LOC	ATION City or To	wn, State
	21. SIGNATURE OF FUNERAL SÉRVICE LICENSEE	l -	FLECK FUNERAL 7601 SANDY SP	HOME, INC		
CERTIFICATION	OUE TO (O	on each lina.	INFARCTIO		atory arreat,	Approximate Interval Between Onset and Daath
SERTIF	that initiated events resulting in death) LAST d.	R AS A CONSEQUENCE OF)	:			
PHYSICIAN: MEDICAL (PART II. Other algnificent conditions contributing to de		the underlying cause given in	Part I. 24a. WAS AN A PERFORM 1 YES 2	NEO?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH? 1 YES 2 ANO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO		26. PLACE OF DEATH (Che	ock only one)		
ЭНХВ	27. MANNER OF DEATH 28s. DATE OF IN.	JURY 28b. TIME		6 Other (Specify) 28d. DESCRIBE HOW IN.	JURY OCCUREO	
В	2 Accident Investigation	NJURY — At home, farm, str	M 1 YES 2 NO			
TED	3 Suicide 6 Could not be determined 28e. PLACE OF II building, etc	. (Specify)	eet, factory, office	261. LOCATION (Street and City or Town, State)	d Number or Rurel R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1					and manner as stated
BE CC	29b. SIGNATURE AND TITLE OF CERTIFIER	440	29c. LICENSE NUM		29d. DATE SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, F	12477	30	,	0-92
	MICHAEL ANCHORS	, MD 971	1 MEDICAL CE	wron Di	2 ROCI	50820 CMCCG WY
-	31. DATE FILED (MODE) DEX MAT 3 1992 32. REGISTRANTS	SIGNATURE Pand	elle			



1 -

STATE REGISTRAR

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this certificate in with the State

DIRECTOR: After the hours after death v

DIVISION OF VITA OR ATTENDING PHYSICIAN; TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Itom 2

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH John Joseph Griffin :05 AM 92 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) JUNE 6, 1 062-14-3130A 74 DAYS HOURS MIN. 1 XM 2 F YRS. PEEKSKILL, 1918 N.Y 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital at Easton Talbot Easton 10b COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. TALBOT CORDOVA 1 YES 2 NO FUNERAL Councell 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9753 COUNCILL RD., 21625 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 10 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married Specify: WHITE BY 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Industrial Residentcy Renovation (Give kind of work done during most of working life. Do NOT use retired.) Carpenter— Self Employer Elementary/Secondary (0-12) College (1-4 or 5+) New Homes/CARPENTER 10th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MYRON GRIFFIN notified at KATHERINE GAUDINEER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) AUGUSTA GRIFFIN ADDRESS SAME AS ABOVE 2 20s. METHOD OF DISPOSITION
1 Gentles 2 Greenation 3 General from State
4 General On State (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of ComSALCINS BURING POREMATORY SALISBURY, MD. 21801 must the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOLLEY MEMORIAL 2 CHAPEL, RTE. 2, BOX 920 Jarella 23. PART I. Enter the diseases, or complications that ceased the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heert failure. List only one ceuse on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Peath disease or condition_ PROBABLE SEPSIS event, resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) socutor a Phanestois Authoritis traumatic CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF) If sny, leading to immediate USSIBUE cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Inlury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 TYES 2 NO NA 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Herm PITAL . OTHER: 1 TES 2 NO Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 28d, OESCRIBE HOW INJURY OCCURED 1 Natural Accident 5 Pending 1 YES 2 NO BY Investigation 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 Could not be determined COMPLETED 28 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated 296. MONAYURE AND TITLE OF CENTY 29d. DATE SIGNED (Morth, Day, Year) 29c. LICENSE NUMBER BE don 2 WIND COMPLETED CAUSE OF DEATH (ITEM 27) (100, Print)

VESTE 606 KICHHAWS EASTON MO. 21601 606 CEVIN 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 0 9 1992 hie Davidson-Randale

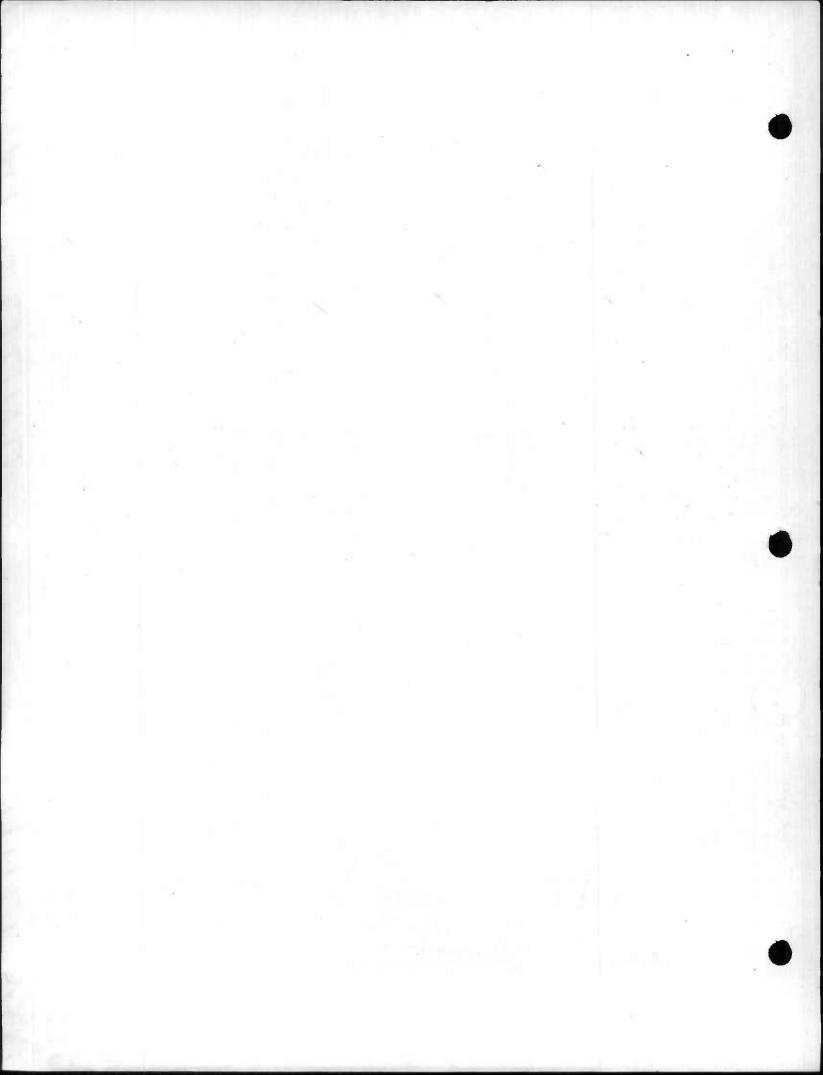
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-15 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146, IL OR ATTENDING PHYSICIAN: The Instrumental Management of the executed within

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Library of death certificate be executed within security after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has recovered for use a stending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	SIAIE UF W		IFICATE		EATH	MICHIA	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME OF DEATH
		Geral	d W. Gobr	echt			0.7	15	19	YEAR	10:05 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. leat birthd	sy) IF UNDER	1 YEAR IF	UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHI	PLACE (State or Foreign
	402-05-3242	1 M 2 - F	88 YR	B. MONTHS	DAYS HO	OURS MIN.		h, Day, Year) -14-1	100	Country	nsylvania
	9s. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY,	TOWN OR L	OCATION OF I		1-7-1	7	ITY OF DE	
DIRECTOR	Longview Nursi	ng Home		1	Manch	nestei	5			Carı	coll
E	10a. STATE 10b. COUNTY		10c.	CITY, TOWN O	R LOCATION	1					10d. INSIDE CITY
8	Maryland Ba	ltimore	- 1		E	Reiste	ersto	าเขา			LIMITS?
	10e, STREET AND NUMBER					P CODE	LDC	J W11	10a, CITIZ	ZEN OF W	HAT COUNTRY?
FUNERAL	504 Owings Ave	niie				21	1136				
Ž	11. MARITAL STATUS		EVER IN U.S., ARMED	13. V	WAS DECEND	DENT OF HISP		17 (Specify Ve	a or No-	USA 14. BACE	- American Indian,
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO	, It		y Cuban, Mexic	en, Puerlo		01110	Black Specif	, White, atc.
8	15. DECEDENT'S EDUC	ATION	18a. DECEDEN				18b	KIND OF BU	SINESS/IND	USTRY	WILLC
E	(Specify only highest grade - Elementary/Secondary (0-12)	College (1-4 or 5+)	Me Do NO	of work done of T use retired.)	during most of	f working					
립	high school			Sales	S			Bond	Clo	thir	ig Co.
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					. MOTHER'S N	AME (First,				
BE C	Samuel B. Gobre	echt				Dolly	Bla	ckbu	rn		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	INO ADDRESS	S (Street and I	Number or Rura	l Route Num	ber, City or Tov	vn, State, Zip	Code)	
5	Jeanne G. Gloss	3	171	l Per	pperm	nint I	la. V	Vestm	inst	er,	Md. 21157
	20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 Ramo	wel from State	20b. PLACE OF DIS	POSITION (Na	ime of cemete	ery, crematory or		20c. LC	CATION -	City or To	wn, Stata
	4 Donation 5 Other (Specify)		Carrol	1 Cre	emati	on Se	ervio	ces H	amps	tead	d, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1	22.1	NAME AND	ADDRESS OF F	ACILITY	Elin	e Fin	nera	al Home
	Samos	LI	ine	11	L824 F	Reister	cstown				own, Md. 2113
7	23. PART I. Enter the disesses, or c									-	Approximate
V	ahock, or heart fellure. I	lat only one caus	se on each line.								Interval Between Onset and Death
	diseese pr condition		Ask: not	1	Pro.	men.					1 wester
	resulting in death)	DUE TO (OR AS A CONSEQUENC	E OF):	10.00	3010011					
z			•								
은	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONSEQUENC	E OF):							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury										
造	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENC	E OF):							
CERTIFICATION		i									
	PART II. Other algnificant condition	a contributing to	deeth but not resulti	ng in the un	nderlying c	euse given i	n Part I.	24a. WAS AI	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
JICAL	Stroke							1 TYES		-	COMPLETION OF CAUSE
	Dahotes	Dew.	cuti								1 YES 2 NO
2											
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL		J		28. PLAC	E OF DEATH	Check only o	ne)			
SIC	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DO	A OTHER	R: rsing Home	5 Residence	s 🗆 Othe	er (Specify)			
Ŧ	27. MANNER OF DEATH	28a. DATE OF (Month, Da		TIME OF	28c. INJURY WORK		28d. DE	SCRIBE HOW	INJURY OC	CURED	
ВУ Р	2 Accident 5 Pending investigation	(MONO), DO	ay, 70017	M		2 NO					
ED B	3 Suicide S Could not be	28s. PLACE Of building.	F INJURY At home, fai atc. (Specify)	rm, street, fact	tory, offica		28f. LOC	CATION (Street or Town, State	and Number	or Rural F	loute Number,
1	4 Homicide detarmined							ar rown, otali	,		
COMPLET	29a. CERTIFIER CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, death oc	curred at the 1	lime, data and	d place, and d	us to the ca	use(s) and ma	nner as stat	ted.	
MO	one) 2 MEDICAL EXAMINE	: On the basia of ex	amination and/or investig	getion, in my o	opinion, deati	h occured at 1	he filme, date	a and place, s	nd due to th	e cause(a) and manner as stated.
E C	29b. SIGNATURE AND TITLE OF CENTIFIED		N 0		21	9c. LICENSE N	UMBER		29d. DAT	E SIGN O D	(Month, Bay, Year)
00	IV		4 4 4			033	165		•	71	15/92
10	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUS				2.1	1.	4 . 1	1	. ^	21.01
	31. DATE FILED (Month, Day, Year)	32 DECISTRA	D'6 CIONATURE	Haro	iscr t	rike	H an	- 12+	col	MZ	21074
	WI 20'02	Li	Lavidan-An	plane				7			



	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE REMAINS NOT THE REMAINS AND THE HOSPITAL OR ATTENDING PHYSICIAN THE REMAINS AND THE HOSPITAL OR ATTENDING PHYSICIAN THE REMAINS AND THE HOSPITAL OR ATTENDING PHYSICIAN THE REMAINS AND THE HOSPITAL OR ATTENDING PHYSICIAN THE REMAINS AND THE HOSPITAL OR ATTENDING PHYSICIAN THE REMAINS AND THE HOSPITAL OR ATTENDING PHYSICIAN THE PHYSICIAN	TO THE FUNERAL DIRECTOR: After this cermination for the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or tem 22 those any injury, or other traumatic event, the medical examiner must be notified at once.
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	2	10	pe f	H

1 - STATE REGISTRAR	STATE OF MA	CERT	IFICAT	E OF DEATH	R	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) EVA GUI	NN				2. DATE OF E	DAY 09	92	10:20
4. SOCIAL SECURITY NUMBER 259-28-4668	1 🗆 M 2 🂢 F	AGE (In yrs. last birtho	IS. MONTHS		(Month, Day	HITH (Ybar) -12	S. BIRTHPI Country)	ACE (State or Foreign LCAROL: 1
Perchester G	en, Ho	sp:tal	96. CIT	MbRide	C		rche	ster
MD, DON	chest		city, town	OR LOCATION 1 b R i d a	0		1	Od. INSIDE CITY LIMITS? YES 2 NO
MAILARD BAY	Mussin	4 Home	Cam	hode Me	1. 216	/3 10g. CIT	ZEN OF WH	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Vidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I	YES 2 ND	13.	WAS DECENDENT OF HIS If yes, specify Cuben, Mei 1 YES 2 NO Sp	ican, Puerto Rican	ectly Yea or No— , etc.)	14. RACE - Black, 1 Specific	- American Indian, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a, DECEDER (Give kine life, Do No		during most of working	16b. KIN	OF BUSINESS/INC	DUSTRY	Jack
17. FATHER'S NAME (First, Middle, Last)	/OW/N			16. MOTHER'S	NAME (First, Middle	, Meiden Surname)		
19a. INFORMANT'S NAME (Type/Print)	VO INT TO	19b. MAII	LING ADDRES	SS (Street and Number or Ru	ral Route Number, C	ity or Town, State, Zij	Code)	
20s. METHOD OF DISPOSITION 1	val from State	20b. PLACE AND DI cemelery, cremetory	or other place	11-1011	OATE	20c. LOCATION -	City or Town	n, State
1 Buriel 2 Cremetion 3 Remode 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART 1. Enter tha diseases, processor, or haart failure. Limited in the service Lice of the service lice of the service lice of the service lice of the servic	Herry omplications (her ca	cemelery, crematory	22 20 500 not anta	EMETARY NAME AND ADDRESS OF HENRY FO MOSH. It that mode of dying, a	FACILITY UNERAL	Cambr Home St. Cam	idge Ibrid	Approximate Interval Betwo
1 Burlel 2 Cremetton 3 Remote 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PARY I. Enter tha diseases, Dr cishock, or heart failure. LimmeDiate Cause (Fine)	DUE TO (OR	cemelery, crematory	Do not anta ASE CE OF): CE OF):	emetary Henry F	FACILITY UNERAL	Cambr Home St. Cam	idge Ibrid	Approximate Interval Betwo
23. PARY I. Enter tha diseases, proshock, or heart failure. It immediate cause. Enter UNDERLYING CAUSE. CARDIOVASCUL.	DUE TO (OR	aused the death. I on each line. As a consequence of the but not result! MAI.NITT	Do not anta	EMETARY NAME AND ADDRESS OF HENRY FOR A THAT MODE OF DYING, a EPSIS HOLECYSTO CHOLE Indarlying cause given ON	PACILITY LANG ROL LANG TON LOT SE CARDING CYSTIT IN Part I. 24e. 1	Cambr Home St. Cam	Ibrid	Approximate Interval Between Onset and De 3 week
23. PARY I. Enter tha diseases, prospective of the conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) PART II. Other aignificant conditions of the	DUE TO (OR DUE TO (OR	aused the death. I on each line. As a consequence of the but not result! MAI.NITT	Do not anta SE OF): CF OF): C	PARTON ADDRESS OF THE NRY FOR ARY FOR	PACILITY LANG ROLL LANG TON UCH SE CARDIAC CHECK ONLY ONE)	Cambre Home St. Cam Dr reapiratory and AL FIST IS WAS AN AUTOPSY PERFORMED? YES 2 NO	Ibrid	Approximate Interval Betwee Onset and De 3 we e 5 1 PCU 7 Y PC
1 Burlel 2 Cremetton 3 Remoted 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PARY I. Enter tha diseases, Dr created seases of shock, or heart failure. It immediates that the sease of condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions Manufrit CARDIOVASCUL 25. WAS CASE REFERRED TO MEDICAL EXAMINERY.	DUE TO (OR DUE TO (OR	aused the death. I on each line. As a consequence of the but not resulting the but not	Do not anta SE OF): CF OF): C	EMETARY PARAMETER NO. 10 PROPERTY FOR THE PROPERTY FOR T	PACILITY LANG ROLL LANG TON Uch as cardiac DUDDEU CYSTIT In Part I. 24a. 1 Check only one) a 8 0 Other (Spe	Cambre Home St. Cam Dr reapiratory and AL FIST IS WAS AN AUTOPSY PERFORMED? YES 2 NO	Ibrid	Approximate Interval Betwee Onset and Dec 3 we get 5 years 7 years 10 years
1 Burlel 2 Cremetton 3 Remote 4 Donatton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE Company Comp	DUE TO (OR DUE TO (OR	Rused the death. I on each line. RAS A CONSEQUENCE OF THE CONSEQUENCE	Do not anta SE OF): CH CH CH CH CH CH CH CH CH C	PARTON OF THE PROPERTY OF THE	FACILITY LANG FON UCH SE CARDIAC CYSTIT In Part I. 24a. 1 Check only one) 28d. OESCRIB	Cambre Home St. Cam Dr reapiratory and AL FIST IS WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WAA	Approximate interval Between Onset and Dee 3 week 15 years 17 years 18 year

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

21 tuve//, MD 4

32. REGISTRAR'S SIGNATURE
Sulia Davidson



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31. DATE FILED (Month, Day, Year)

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DIVISION OF VITAL BECORDS,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has bren segment	hath
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		Item 6, per Infor	mant, G-690	, 8/4/92	gn					C	2 20977
		1 - STATE REGISTRAR	STATE OF N				F HEALTH		ENTAL HYGIEN REG. NO	E	
		1. DECEDENT'S NAME (First, Middle, Last)						1	DATE OF DEATH		3. TIME OF DEATH
		VIRGINIA	LOUISE	HYS	SAN				July 14		2 1:48 a M
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER ! Y	AR IF UNDE	R 24 HRS. 7	DATE OF BIRTH	,	8. BIRTHPLACE (State or Foreign
		577-20-1796	1 🗌 M 2 💢 F	71 7	2 YRS.	MONTHS D	WS HOURS	MIN.	(Month, Day, Year) 06/12/20		Country)
		9a. FACILITY NAME (If not institution, give	street and number)		4	9b. CITY. TO	WN OR LOCAT	ION OF DEAT		Se cour	Washington, DC
	Œ	D									
	DIRECTOR	Doctors Commun	1ty Hospi	tal		L La	nham			Prin	ce George's
	Ä	10a. STATE 10b. COUNT	ry		10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY
	5	Maryland Prin	ce George	t _e	Т	anham					LIMITS?
		10e. STREET AND NUMBER	ce dedige	0		amiam	10f. ZIP COD	F		100 CITIZ	ZEN DF WHAT COUNTRY?
	FUNERAL	6610 Magnalia T									
	Z	6610 Magnolia To	12. WAS DECEDENT	F EVER IN U.S. AS	1450	1 40 1111		0706			SA
	E	1 Never Married 2 X Married	FORCES? 1	YES 2 X	IO IO	If ye	s, specify Cubi	en, Mexican, I	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	 RACE — American Indian, Black, White, etc.
	BY	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆	YES 2 X NO	Specify:		1	SpecHy: White
	0	15. DECEDENT'S EDI	ICATION	I see DE	CEDENTIA	USUAL OCCU	DATION				
	E	(Specify only highest grad	e completed)	(Ge	ive kind of a	work done durin	g most of world	ng	16b. KIND OF BUS	SINESS/INDI	USTRY
	7	Elementary/Secondary (0-12)	College (1-4 or 5+)				0661	77.0	.	7 0 1
8	COMPLET	17, FATHER'S NAME (First, Middle, Last)		Spa	ice o	Procu					al Service
5							_		(First, Middle, Maiden		
9	BE	George J.W. Cumi	nings						M. Thomp		
be notified at once	0								te Number, City or Town		
9	10	Joseph R. Hysan		16	610	Magno]	ia Ter	race,	Lanham,	Mary.	land 20706
must		20a. METHOD OF DISPOSITION 1 XBurlal 2 Cremation 3 Ran	noval from State	20b. PLACE A	ND DATE	OF DISPOSITIO	N (Name of	1	DATE 20c. LO	CATION — C	City or Town, State
Ē		4 Donation 5 Other (Specify)	31-010-00-00-0	Ft. I	inco	In Cen	etery	07/	18/92 Br	entwo	ood, Maryland
line.		21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		1	22. NAN	E AND ADDRE	SS OF FACIL	ITY TO	7	
examiner		1 Vacho	1.7						Sons Fur		
Cai		23. PAST I. Enter the diseases, or	complications that	caused the de	ath. Do r	of anter the	Daiti	Lmore	Avenue, F	iyatts	sville, MD 2078
medicai e		anock, or neart failure.	List only one ceu	se on sech line		A	7	ing, such a	is cardiac or reapi	ratory arre	est, Approximate interval Between
the r		MMEDIATE CAUSE (Final	(10.	· CYLL	1	the man	8 .1		N	110	Onset and Death
F. 1		resulting in death)	· Men	o you	muc	me	100	шои	cary of	ul	age 3 uns
matic event, the			DUE TO	OR AS A CONSEC	UENCE O	1):			/		
other traumatic	ON	Sequentially list conditions,	h		O-AVE INC				_/		/
E SE	RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEC	WENCE OF	4			1		
er trau	3	CAUSE (Disease or Injury	6.						1		
or other	Ë	that initiated events resulting in death) LAST	OUE 10 (OR AS A CONSEC	IUENCE OF	7:					
Y, 0	E I	Tooling in death, 5.5	d								
in in		PART II. Other algnificant condition	ns.contributing to	Seath but not n	sultina l	n the voder	vina cause d	alven in De	rt I. 24a, WAS AN	ALLTORON	1 - 4 -
any injur	MEDICAL	G. VOIDARVER	teal best	INLUM		1 1	100	given in rai	PERFOR		AMILABLE PRIOR TO
2 6		ung weeren	- Cour	LOVILA	Ma	1.109	RULLA	2	_ 1 YES 2	Z yo	OF DEATH?
shows		-							_		1 TES 2 ND
23	z										
Item	SICIAN:	25. WAS CASE REFERRED DO MEDICAL EXAMINER?	HOSFITAL:				B. PLACE OF D	EATH (Check	only one)		
0 1	1SI	1 TES 2 DATO	1 pinpetlant 2	ER/Outpatient 3	□ DOA	OTHER:	Home 5 🗆 Re	sidence 8	Other (Specify)		
rked.	PHY	27. MANNED OF DEATH	28a. DATE OF (Month, Da		28b. TIM	E OF 28c	INJURY AT WORK?	28	d. DESCRIBE HOW IF	JURY OCC	URED
marked,	BY	1 Natural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, ,,,,,			YES 2	ND ND			
3 60		3 Suicide 6 Could not be	28a. PLACE OF	INJURY — At hor	ne, term, a	treet, factory,	office	28	II. LOCATION (Street a	nd Number o	or Rural Route Number,
28	쁘	4 Homicide determined		ree (opocny)					City or Town, State)		
item	PLE	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the heat of a	w knowledge des	th occurre	d at the time	data and alone				
=	M		ICIAN: To the best of a								d. cause(s) end manner as stated.
TANT	COM	11111				in my opinic	n, uean occur	ed at the time	w, uses and place, and	dua to tha	cause(s) end manner as ateted.
MPORTANT	BE	296 HIGHAT THE MICH TITLE OF CENTIFIE	1	1600	1/1	1	292490	ENSE HUMBE	7 7	29d. DATE	SIGNED (Month, Day, Year)
M	2	MILLIAMIX	100	4			WI	689		•	1-16-42
	- 1	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	E OF DEATH (ITEM	At they	partico .		-			

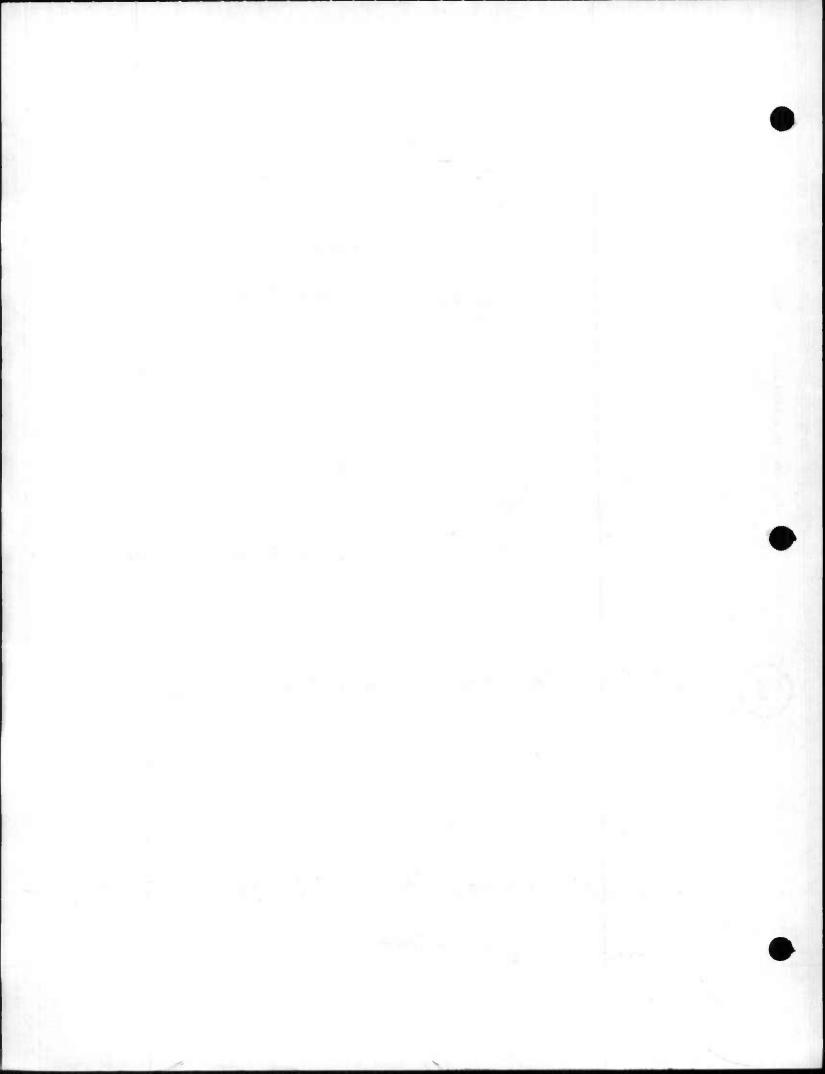
32. REGISTRAR'S SIGNATURE
GUNA DAVIDSON-Randell



31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The pay equives many each certificate be executed within 24 mours after death. Page 6 may be re	TO THE FUNERAL DIRECTOR: After this certific - The page 1 attending physician and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director, page 5 and completely filled in by the funeral director and completely filled in by the funeral director.	١.	xam
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 13^{DAY} 3. TIME OF DEATH 07 1992 YEAR Joseph Frank Haislipp, Sr. 9:45 p 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign MONTHS DAYS 1 M 2 F 577-16-4941 71 01/11/21 Washington, DC 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Manor Care Nursing Home Largo Prince George's RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Prince George's Landover Hills TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3839 64th Avenue, #406 20784 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Merried 2 X Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 6th Grade Laborer Construction 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Joseph Haislipp Ida BE Gibson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3839 64th Ave. #406, Landover Hills, Md Charlotte A. Haislipp 20a. METHOD OF DISPOSITION
1 ◯ Source | 2 □ Cremation | 3 □ Removat from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State • Lincoln Cemetery 4 Donation 5 Other (Specify) 7/17/92 Brentwood, Maryland 21. SIONATURE OF FUNERAL SERVICE LIGENSEE Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave., Hyattsville, MD 20781 1. Enter tha diseesas, or complications thet causad tha death. Do not enter tha mode of dying, such ea cardiac or respiretory arrest, Approximate shock, or heert fellure. List only ona causa on aech lina. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Pneumonia resulting in death) OUE TO (OR AS A CONSEQUENCE OF): Lung Cancer CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE Stroke 1 YES 2 NO Hypertension 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER:
4 © Nursing Home 5 © Realdence 6 © Other (Specify) 1 - YES 2 NO 1 Inpatiant 2 ER/Outpatient 3 DOA 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural
2 Accident 1 YES 2 NO B 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: on the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d, DATE SIGNEO (Month, Day, Year) D32261 92 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Richard J. Feldman, M.D. 9500 Annapolis Road, Lanham, Md. 20706 32. REGISTRIAR'S STGMATURE Pandall



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires the control of the contr
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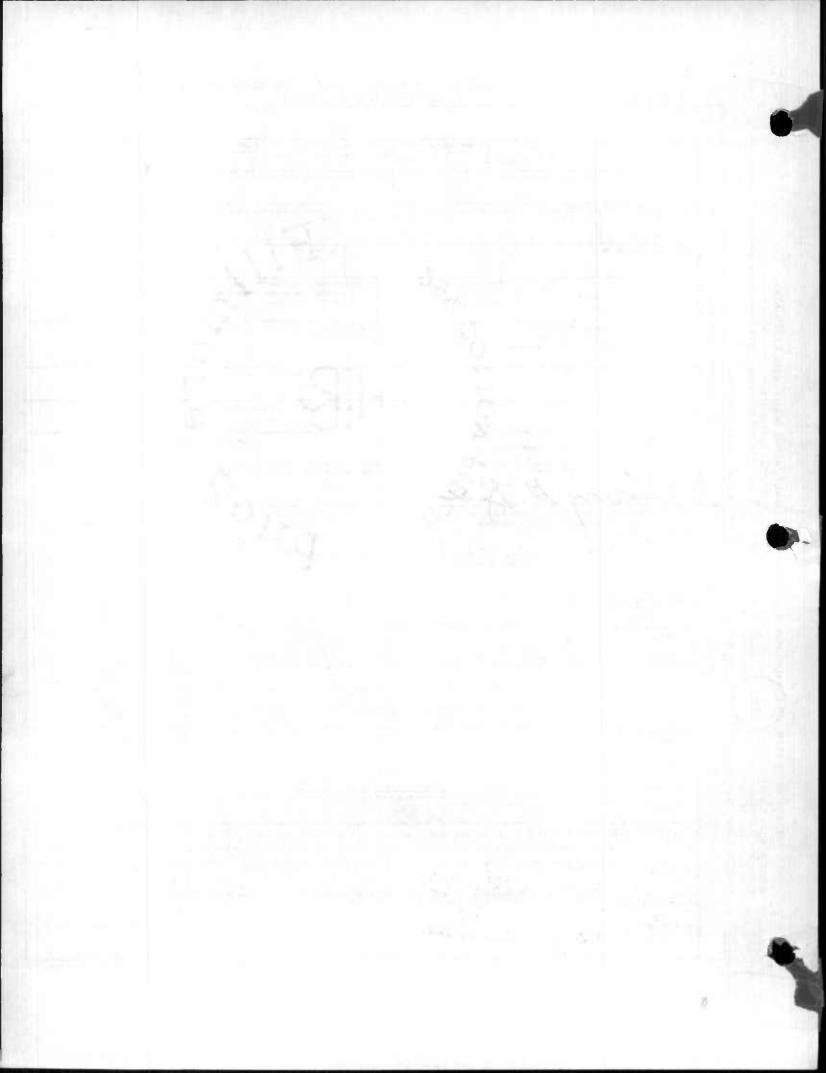
FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR			CERTIF	ICALE	OF	DEATH	REC	. NO				
	1. DECEDENT'S NAME (First, Middle, Ellsv	Lest)						2. DATE OF DEA	ATH D	NA .	YEAR	3. TIME OF D	EATH
	RICHARD	HUNT, S	r.					JULY	q		92	6:45	AMM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra	. last birthday)	IF UNDER t	YEAR	IF UNDER 24 HRS.	7. DATE OF BIR	ГН		6. BIRTI	IPLACE (State o	
	578-26-0438	1 ⅔M 2 □	_F 66	YRS.	MONTHS	DAYS	HOURS MIN.	Februar		102	Count	» arvlan	a
,	9a. FACILITY NAME (If not institution,	give street end number			9b. CITY. T	TOWN O	R LOCATION OF D		у		NTY OF D	1	u
œ								LAIN					
2	PRINCE GEORG	F'S HOSPI	TAA CTE	2.	CHE/	VERL	.Y			PR	INCE	GEORGE	15
<u> </u>		OUNTY Princ		10c. CIT	Y, TOWN OR	LOCATI	ION					10d, INSIDE C	YTY
DIRECTOR	Manual and		,									LIMITS?	
اد	Maryland Ge	eorge's			Morni						Call In the second	1 YES 2	
FUNERAL						101.	ZIP CODE			10g. CIT	TIZEN OF Y	WHAT COUNTRY	Y?
<u> </u>	6702 Larche						20746				U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECE FORCES?	DENT EVER IN U.S	ARMED NO.				NIC ORIGIN? (Spec		or No-	14. RACI	E — American I k, White, etc.	indian,
B	1 Never Married 2 XX garried 3 Wildowed 4 Divorced		1 XYES 2 E WAR OR DATES		1 1 (YES	2 XXIO Specif		10.7		Spec	tty:	
	3 Wildowed 4 Divorced	_ W	II								Cau	casian	
	15. DECEDENT'S (Specify only highest		160	. DECEDENT'S	USUAL OCC			16b, KIND	OF BUS	SINESS/IN	DUSTRY	_	
4	Elementary/Secondary (0-12)	College (1-4 c	r 5 +)	life. Do NOT u	se retired.)			1					
Ē	8th	N/A		Tire	Servi	ce			GC	odve	ar		
COMPLETED	17. FATHER'S NAME (First, Middle, La.	st)		-			10. MOTHER'S NA	ME (First, Middle, I	-				
	Richard Tee	Hunt				ŀ	Fran	ces Set	+10	mr 102			
BE	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS ((Street or		Route Number, City	-				
2	Rosalee Hunt				_			,	0. 1011	.,,	, 0000,		
	200. METHOD OF DISPOSITION		005 010	CE AND DATE			10 A-F	1 1					
	1 NBuriet 2 Cremetion 3		cemetery	, cremetory or o	ther plece)			71 13 d2			City or To		
	4 ☐ Donetion 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVI		— Mary	land S			erans Ce	em				m Mary	
-1	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	1				D ADDRESS OF FA	TEE				me, Inc	
_	Shanne	b. Col as	Same.	.)	6	633	Old Ale	exander	Fer	ry R	d Cl	inton,	Md
	23. PART I. Enter the diseases	, or complications	that caused the	deeth Do	not enter ti	he mod	le of dving, auc	h as Cardian or	reani	ratory er	reat	Approx	imate
	shock, or heart fel	lure. List only one	ceuse on eech	line.	3153357777		, , , , ,				, , ,	Interva	Between
1	IMMEDIATE CAUSE (Final disease or condition	177.00	1-001	60 1	0 .	2 W	2 01	1.	0	1		Onset	and Deeth
ļ	reaulting in death)	a	TO (OR AS A COP		-	c/10	one Do	Live	1-a	ele	-		
1		DOE	TO (OR AS A CO	NSEQUENCE O	F):			V					
5	Sequentially list conditions,	b	TO (OR AS A COR	INCOLLENGE O									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	002	TO (OH AS A COR	4SECUENCE U	r):							i	
3	CAUSE (Disease or Injury	C. DUIS	TO (OR AS A COR	IRECUIENCE O									
Ē	that initiated events resulting in death) LAST	000	TO (OR AS A CO	13EOUENCE U	r).							İ	
Į.	Common of the state of the	d											
-	PART II. Other algnificent con	ditiona contributing	to death but n	ot resulting	In the und	erlying	ceuse given in	Part I. 24a, V	AS AN	AUTOPSY	24b	. WERE AUTOPS	Y FINDINGS
5	Dul	none 1 - 2	Chale	_				P	ERFOR		-	AVAILABLE PRI	OR TO
5	- 17	11) 10	- Lane					10	YES 2	□ NO		OF DEATH?	OF CAUSE
Ĕ	polit	the seg	me									1 YES 2	□ NO
PHYSICIAN: MEL		0											
3	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSFITAL			OTHER		ACE OF DEATH (C)	neck only one)					
2	1 TYES 2 NO		2 ER/Outpatien	H 3 DOA	OTHER:		5 🗆 Residence	8 Other (Speci	ly)				
-	27. MANNER OF DEATH		OF INJURY h, Day, Year)	26b. TIN	E OF 2	8c. INJL WOR	JRY AT	28d. DESCRIBE	HOW I	NJURY OC	CURED		
_	1 W Netural 5 Pending	2.6	n, bay, rour,	""	M		ES 2 NO						
	2 Acoldant Investige		E OF INJURY - A	t home, farm,	street, factor	ry, office		28f. LOCATION	Street	and Numbe	r or Rural I	Poute Number,	
	2 Accident Investige 3 Suicide 6 Could n	28e. PLAC	les ste (Considir					City or Town	State)				
20		ot be 28e. PLAC	ing, etc. (Specify)										
	3 Suicide 6 Could n	ot be build build	ing, etc. (Specify)	SC = 71						-	_		
	3 Suicide 6 Could n determing 29e. CERTIFIER (Check only	ot be belied 28e. PLAC build	t of my knowledge										
	3 Suicide 6 Could n determing 29e. CERTIFIER (Check only	ot be build build	t of my knowledge									s) end <i>m</i> enner s	ns stated.
E COMPLEIEU BY	3 Suicide 6 Could n determing 29e. CERTIFIER (Check only	ot be led 28e. PLAC build build physician: To the best	t of my knowledge				ath occured at the	time, date and pla MBER		d due to t	he ceuse(s	i) end menner i	
DE COMPLETED DI	3 Suicide 4 Homicide 6 Could n determin 29e. CERTIFIER (Check only One) 2 MEDICAL EX.	ot be led 28e. PLAC build build physician: To the best	t of my knowledge				ath occured at the	time, date and pla MBER		d due to t	he ceuse(s		
	3 Suicide 4 Homicide 6 Could n determin 29e. CERTIFIER (Check only one) 2 MEDICAL EX.	of be ded 28e. PLAC build build physician: To the best stripper	ing, etc. (Specify) It of my knowledge of examination enc	1/or Investigation	on, In my opi		eath occured at the	time, date and pla MBER		d due to t	he ceuse(s		
DE COMPLETED DI	3 Suicide 4 Homicide 6 Could n determin 290. CERTIFIER (Check only one) 1 CERTIFVING 2 MEDICAL EX. 391. SIGNATURE AND TITLE OF CERTIFVING	of be ded 28e. PLAC build build physician: To the best stripper	ing, etc. (Specify) It of my knowledge of examination enc	1/or Investigation	on, In my opi		ath occured at the	time, date and pla MBER		d due to t	he ceuse(s		
DE COMPLETED DI	3 Suicide 4 Homicide 6 Could n determin 290. CERTIFIER (Check only one) 1 CERTIFVING 2 MEDICAL EX. 391. SIGNATURE AND TITLE OF CERTIFVING	ot be 28e. PLAC build bu	ing, etc. (Specify) It of my knowledge of examination enc	I/or Investigation	on, In my opi		ath occured at the	time, date and pla MBER		d due to t	he ceuse(s		

worldings - Filed

IMPORTANT: If Item 28 is marked, or Item 23 more any Injury, or other traumatic event, the medical examiner must be notified at once.	IMPORTANT:
be filed within 72 hours after death with the State Dec. of Heart and Mental Hygiene prior to burial, cremation, or removal.	be filed within
TO THE FUNERAL DIRECTOR: After this certificate in the manufacture of the detached by the funeral director, page 5 should be detached.	TO THE FUNER
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The min recomment the death certificate be executed within 24 nouns after death. Page 6 may be retained by the host	TO THE HOSPI
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND	

STATE REGISTRAR	STATE OF MARY		ICATE O		MENTA	REG. NO.	<u>.</u>		
1. DECEDENT'S NAME (First, Middle, Lest) CHARLES	RUDOLPH CH RUDOLF		LLAND, H	R DLLAND	2. DATE MONT 07	of death h da 09	199	3. TIME 2 9:1	OF DEATH
218-88-1500	1√□(M 2 □ F	E (in yrs. lest birthday) 21 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE (Mont	of BIRTH th, Day, Year) 14 197	1	BIRTHPLACE (Country) MARYLA	State or Foreign
9a. FACILITY NAME (If not institution, give stre ANNE ARUNDEL GEN		PAL PAL	ANNAP	OR LOCATION OF D	EATH			OF DEATH ARUNDE	L
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY MARYLAND ANNE ARUNDEL AN								U	SIDE CITY
10e. STREET AND NUMBER	ARUNDEL	AI	NNAPOLIS	Of. ZIP CODE				N OF WHAT CO	ES 2 NO
1873 BOWMAN COURT	12. WAS DECEDENT EVER	IH U.S. ARMED	13. WAS D	21401 ECENDENT OF HISPA	NIC ORIGI	N7 (Specify Vac	U.S.	A .	does ladies
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	S XXNO	It yes,	specify Cuben, Mexico S 2 X No Specif	en, Puerto	Rican, etc.)	0 110-	Black, White, Specify: BLACE	etc.
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u	WORL OCCUPATION WORK done during in the retired.) MPLOYED	TION nost of working	162	, KIND OF BUS	IHESS/INDUS		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First,	Middle, Melden	Surname)		
RUDOLPH CHARLES HO	OLLAND, SR.		1 1			LORES J			
VIVIAN D. HOLLAND				cT. ANNA				ode)	
20a, METHOD OF DISPOSITION 1XXX Burlel 2 Cremation 3 Remov		Ob. PLACE AND DATE	OF DISPOSITION		OAT			y or Town, State	
23. PART I. Enter the diseases, or co shock, or heert eliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions,	oue TO (OR AS	A CONSEQUENCE C	nds	of Ba	ek		atory arrow	in	pproximate terval Betw nset and D
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE O							
PART II. Other significant conditiona	contributing to deeth	but not resulting	in the underly	ng ceuse given in	Part i.	24a. WAS AN PERFOR	MED?	AVAILAE COMPLE OF DEA	UTOPSY FINDI LE PRIOR TO TION OF CAUS TH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (CA	eck only o	ne)			
	1 Inpetient 2 XER/Or	rtpetlent 3 🗆 DOA		IJURY AT		SCRIBE HOW IN	JURY OCCU	RED	
1 YES 2 - NO	28e. OATE OF IHJURY	26b, TII			1				
	28e. OATE OF INJUM (Month, Day, Year, 07/09/19	92 8:4	1/pm 1	YES 2 NO		BJECT S			
1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending	28e. OATE OF IHJURY (Month, Day, Year, O7/09/19) 28e. PLACE OF IHJUR building, etc. (Sc	92 8:4 TY — At home, ferm,	street, factory, of	YES 2 NO		SJECT S CATION (Street or Town, Street) NAPOLIS		A PINES	S"COUR
27. MANNER OF DEATH 1	28e. OATE OF IHJURN (Month, Day, Year, O7/09/19) 28e. PLACE OF IHJURN building, etc. (Sc APAR'T)	92 8:4 TY — At home, ferm, sectify) MENT BUIL wiledge, death occurr	street, factory, of LDING	YES 2 NO	281. LOC City ANN	CATION (Street of or Town, Stepe) NAPOLIS	MAR		
27. MANNER OF DEATH 1	28e. OATE OF IHJURN (Month, Day, Year, O7/09/19) 28e. PLACE OF IHJURN building, etc. (Sc APAR'T)	92 8:4 TY — At home, ferm, sectify) MENT BUIL wiledge, death occurr	street, factory, of LDING	YES 2 NO	281. LOC City ANN to the ca- time, dute	CATION (Street of or Town, Stepe) NAPOLIS	MAR MAR due to the company DATE S		nner ae atate Day, Year)



TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The invanilier has been certificate be executed within a forms after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTOR: After this certificate has the page of the attending physician and completely fit. of in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Days of Hesian and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or from 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146, L. OR ATTENDING PHYSICIAN: The Inc. maillen may be death certificate be executed within 2.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.								
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE O	F DEATH DAY			. TIME OF DEATH					
FLORES	NEE 5	HOFF			MONTH O7	DA		EAR .	239 pM 11					
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF			BIRTHPI	ACE (State or Foreign					
275-28-4994	1 🗆 M 2 🍱 F	07 YRS.	MONTHS DAYS	HOURS MIN.		Day, Year)	25	Country)	OHO					
9a. FACILITY NAME (If not Institution, give st		9_/	Sh CITY TOWN C	OR LOCATION OF DE		07	9c. COUNT	V OF DEA	0//(0					
4 4		.450	Al .	A COCATION OF DE	MIN									
RESIDENCE OF DECEDENT	Edical CEN	TER	HAM	7 PO 115			Ann	1	runde/					
10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	TION			1000	1	Od. INSIDE CITY					
Mn An	18 Anna	100	Ann	0/1					LIMITS?					
10e. STREET AND NUMBER	1 - /)/0/19			ZIP CODE			40~ CITIZE		AT COUNTRY?					
190/Anns/	Longo h.	2	100	1210	12		log. Citize	JC W	A COUNTRY?					
1000 mps 0	1641 01	100		W.C.	1	_		2	+					
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES			ENDENT OF HISPAN ecify Cuben, Mexica			or No- 1	Black,	- Americen tridlen, White, atc.					
3 N. Widowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	1 TYES	2 NO Specify	r:			Specify:	hito!					
		1						u	DAIL					
15. DECEDENT'S EDUC (Specify only highest grade		(Give kind of willing_Do NOT use	rork done during mo		16b. F	CIND OF BUS	INESS/INDU	STRY						
Elementary/Secondary (0-12)	College (1-4 or 5+)	/ NOT US	reurea.)			Dro-	Sch	/						
10	4	/each	1er			/		201						
17. FATHER'S NAME (First, Middle, Last)	ita no -	- mad a 1		18. MOTHER'S NA	ME (First, Mi	ddle, Maiden	Surname)	(10	11/1=					
MILLIAM S.	SIOPPLE	MAN		EU	4/60	-/H	P	M	IVE					
19e. INFORMANT'S NAME (Type/Print)	4.11	19b, MAILING	ADDRESS (Street e	and Number or Rural I	Route Numbe	r. City of Town	, State, Zip C	ode)						
BARBARA LAUT	CHART	102	7.011	nstend	1 CI	rie	HIV	6/1	MB 2(0/)					
20a METHOD OF DISPOSITION 1 Buriel 2 Crematton 3 Rem		b. PLACE OF DISPOS	ITtON (Name of cer	metery, crematory or	,	20c. LO	ATION — CI	ly or Tow	n, State					
4 Donation 6 Other (Specify)	- C	THUMA	er cer	METER	7	DI	470	N	0140					
21. SIGNATURE OF PUNERAL SERVICE LIC	ENGEL		22. NAME A	ND ADDRESS OF FA	CILITY			2						
I MALLET	1	1	DAO	00000		on	10	00	11 mn					
100cm >7	22	///	DIKI	RANCO	SE	- / /			KMD					
23. PART I. Entar the diseases, or canock, or heart fallure.	complicationa that cause List only one cause on o		ot antar the mo	de of dying, auc	h aa cardi	ac or reapl	ratory arre	st,	Approximate Interval Between					
IMMEDIATE CAUSE (Finel									Onset end Death					
diseese or condition	Remot	raile.							1					
resulting in death)	DUE TO OR AS	A CONSEQUENCE OF	j:		-				1					
_														
Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF	ງ :											
If any, leading to immediate cause. Enter UNDERLYING														
CAUSE (Disease or injury	OUE TO (OR AS	A CONSEQUENCE OF	7):				CAUSE (Disease or Injury C. C. CAUSE OF AS A CONSTRUCTION OF							
resulting in deeth) LAST	that Initiated events OUE TO (OR AS A CONSEQUENCE OF):													
	J.													
	d													
PART II. Other algnificant condition	a contributing to death	but not resulting i	n the underlyln	g cause given in	Part I.	24a. WAS AN			WERE AUTOPSY FINDINGS					
PART II. Other algnificant condition	d	but not resulting is	n the underlyln	g cause given in		PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE					
PART II. Other algnificant condition	da contributing to death	but not reculting i	n the underlyIn	g cause given in			MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?					
PART II. Other algnificant condition	d.	but not resulting l	n the underlyIn	g cause given in		PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE					
PART II. Other aignificant condition	d	but not resulting i		g cause given in		PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (C)	eck only one	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out	tpetient 3 □ DOA	26. P OTHER: 4 □ Nursing Hon	LACE OF DEATH (Ch	eck only one	PERFOR 1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	tpetient 3 DOA	26. P OTHER: 4 Nursing Hon E OF 28c. IN. URY W	LACE OF DEATH (Ch	eck only one	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Out 26e. DATE OF INJUSY (Month, Day, Year)	tpetlent 3 DOA	26. P OTHER: 4 Nursing Hon E OF 28c. IN. URY W M 1	LACE OF DEATH (Ch	6 Other	PERFOR	MED? NO	FRED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEORCAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpetient 2 ER/Out	tpetient 3 DOA 26b. TiMi	26. P OTHER: 4 Nursing Hon E OF 28c. IN. URY W M 1	LACE OF DEATH (Ch	6 Other 28d. DESC	PERFOR 1 YES 2	MED? NO	FRED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEORCAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	HOSPITAL: 1 Inpetient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR	tpetient 3 DOA 26b. TiMi	26. P OTHER: 4 Nursing Hon E OF 28c. IN. URY W M 1	LACE OF DEATH (Ch	6 Other 28d. DESC	PERFOR 1 VES 2 (Specify) CRIBE HOW 6	MED? NO	FRED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEORCAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR	tpetient 3 DOA 26b. TIMI INJ IY — At home, ferm, a	26. P OTHER: 4 Nursing Hon E OF 28c. IN. WY M 1	LACE OF DEATH (Ch	6 Other 28d. DESC 28f. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW 9 TION (Street is r Town, State)	MED? NO NJURY OCCU	PRED	MANLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJUR building, stc. (Sp.	tpetient 3 DOA 26b. TIMI INJ IY — At home, ferm, a	26. P OTHER: 4 Nursing Hon E OF 28c. IN. URY M 1 Intreet, factory, office	LACE OF DEATH (Ch.	eck only one 6 Other 28d. DESC 28f. LOCA City o	PERFOR 1 YES 2 (Specify) (Specify) CRIBE HOW to TION (Street is Yourn, State)	MED? NO NJURY OCCU	PRED r Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEORCAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, stc. (Sp. ICIAN: To the best of my kno	tpetient 3 DOA 26b. TIMI INJ IY — At home, ferm, a	26. P OTHER: 4 Nursing Hon E OF 28c. IN. URY M 1 Intreet, factory, office	LACE OF DEATH (Ch	8 Other 28d. DESC 28f. LOCA City o	PERFOR 1 YES 2 (Specify) (Specify) CRIBE HOW to TION (Street is Yourn, State)	MED? NO NJURY OCCU and Number of the state of the stat	JRED r Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Nutre Number, end menner as stated.					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, stc. (Sp. ICIAN: To the best of my kno	tpetient 3 DOA 26b. TIMI INJ IY — At home, ferm, a	26. P OTHER: 4 Nursing Hon E OF 28c. IN. URY M 1 Intreet, factory, office	LACE OF DEATH (Ch	eck only one 6 Other 28d. DESC 28f. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW to TTION (Street or Yown, State) se(e) end metered place, end	MED? NO NJURY OCCU and Number of the state of the stat	JRED r Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicida 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES	HOSPITAL: 1 Inpettent 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY 26e. PLACE OF INJUR building, stc. (Spo	tpetient 3 DOA 26b. TIM INJ IY — At home, ferm, a ecify) wiedge, death occurre on end/or investigation	26. P OTHER: 4 Nursing Hon URY M 1 Intreet, fectory, office ad at the time, date in, in my opinion, in	LACE OF DEATH (Ch. ne 5 Reeldence JURY AT JRK? YES 2 NO ca e end place, end due death occurred at the	eck only one 6 Other 2ed. DESC 2er. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW to TION (Street a Yourn, State) se(e) end mere and place, end	MED? NO NJURY OCCU Ind Number of the did due to the	JRED r Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Nutre Number, end menner as stated.					
25. WAS CASE REFERRED TO MEORCAL EXAMINER? 1	HOSPITAL: 1 Inpettent 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY 26e. PLACE OF INJUR building, stc. (Spo	tpetient 3 DOA 26b. TIM INJ IY — At home, ferm, a ecify) wiedge, death occurre on end/or investigation	26. P OTHER: 4 Nursing Hon URY M 1 Intreet, fectory, office ad at the time, date in, in my opinion, in	LACE OF DEATH (Ch. ne 5 Reeldence JURY AT JRK? YES 2 NO ca e end place, end due death occurred at the	eck only one 6 Other 2ed. DESC 2er. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW to TION (Street a Yourn, State) se(e) end mere and place, end	MED? NO NJURY OCCU Ind Number of the did due to the	JRED r Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Nutre Number, end menner as stated.					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Sulcida 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES	HOSPITAL: 1 Inpettent 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY 26e. PLACE OF INJUR building, stc. (Spo	tpetient 3 DOA 26b. TIM INJ IY — At home, ferm, a ecify) wiedge, death occurre on end/or investigation	26. P OTHER: 4 Nursing Hon URY M 1 Intreet, fectory, office ad at the time, date in, in my opinion, in	LACE OF DEATH (Ch	eck only one 6 Other 2ed. DESC 2er. LOCA City o	PERFOR 1 YES 2 (Specify) CRIBE HOW to TION (Street a Yourn, State) se(e) end mere and place, end	MED? NO NJURY OCCU Ind Number of the did due to the	JRED r Rural Ro	MANLABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Nutre Number, end menner as stated.					

1 . STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	j.	
	1. DECEDENT'S NAME (First, Middle, Last) Mildred	Hollar	nd			2. DATE OF DEATH MONTH	WY 3 9 YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-05-3902	1 M 2 X F	(In yrs. lest birthday) O YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	11 V3	RTHPLACE (State or Foreign unitry)
NO.	PENINSULA REGION.		ENTER	96. CITY, TOWN SALIS	OR LOCATION OF DE	ATH	Sc. COUNTY OF WICOMI	F DEATN
5	RESIDENCE OF DECEDENT							
FUNERAL DIRECTOR	Virginia ACCC			incotea				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FERAL	Route 1, Box 13	6 Deep Hol	Le	10	23336		10g. CITIZEN O	PE WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2 NO	If yes, s	CENDENT OF NISPAN pecify Cuban, Mexical S 2 NO Specify	IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	(8)	ACE — American Indian, lack, White, etc.
	15. DECEDENT'S EDU		16a, DECEDENT'S	USUAL OCCUPATI	ON	185 KIND OF BU	SINESS/INDUSTRY	v
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	Domes	work done during m se retired.) tic	ost of working	Housev		
17. FATHER'S NAME (First, Middle, Lest) Isiah Cropper Mary E. Fletcher 18. MOTHER'S NAME (First, Middle, Meigen Surname Mary E. Fletcher					her			
TO B	190. INFORMANT'S NAME (Type/Print) Mary Wise					Sel hyvil		19975
	20a. METNOD OF DISPOSITION 1 St Burlal 2 Cremation 3 Remoted Donation 5 Other (Specify)	oval from State 20	b. PLACE AND DATE	OF DISPOSITION /N	ame of	OATE 20c. LO	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LIC				ND ADDRESS DF FAC			,
!	· Keith w?			Whar	hon FZH.	Accomac	. Va.	23301
	23. PART I. Enter the diseases, or of ahock, or heart fellure.	complications that cause	d the death. Do	not enter the me	ode of dying, such	n ea cardiec or reap	retory arrest,	Approximata
- 1	IMMEDIATE CAUSE (Final	List only one cause on t	ecti iitie.					Interval Between Onset and Death
	disease or condition resulting in death)	_		-	whysur	Pluio		
- 1	resulting in death)	DUE TO (DR AS	A CONSEDUENCE O	F):				
z		b		(-Idodon	20-10	with ya	dvarak
ATIO	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE O	F):	74			
CERTIFICATION	CAUSE (Diseese or Injury thet initieted events	DUE TO (OR AS	A CONSEQUENCE O	F):				
#	resulting in death) LAST	d,						
	PART II. Other algolificant condition	a contributing to death i	but not resulting	In the underlyin	a cause alves la l	Boot I Day MED AN	AUTODON I	
EDICAL	RA Diebit		out not remarking	m the dilderlyn	g couse given in	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ā		,				1 YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
Σ						_		1 TES 2 ND
Ž								
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF OEATN (Che	ick only one)		
PHYSICIAN:	1 YES 2 HO 27. MANNER OF DEATH	Inpatient 2 - ER/Out		4 - Nursing Hon	ne 5 🗌 Residence			
ву Р	1 Netural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)		M f	JURY AT DRK? YES 2 ND	26d. OEŞCRIBE NOW I	NJURY OCCURED	
8	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, ocify)	street, factory, offic		281. LOCATION (Street of City or Town, State)	and Number or Run	al Route Number,
7	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	viedne deeth occurr	ad at the firms, date	and place, and due	to the assertal and man		
COMPLET	one) 2 MEDICAL EXAMINE	R: On the besis of examination						ie(a) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER	\supset			DZLG 13		29d. DATE SIGN	IED (Month, Day, Year)
TO 1	30. NAME AND ADDRESS OF PERSON WAS	COMPLETED CAUSE DE DE	EATN (ITEM 27) (Type	Print)				
2	31. DATE FILED (Morith, Day. Year)	32. REGISTRAR'S SIGN	ATURE	1				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 105 Pizz Bluff Red, Selsburg MD 2 (FG) 31. DATE FILED (Mornin, Day, Your) 32. REGISTRAT'S SIGNATURE 11 4 1992 Julia Davidson-Randall							

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING THE LAW T DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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020	physician
BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Pane 6 may he retained by the hospital or attending physician
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MAR	retained
DRE, I	may he
M	Pane 6
ALT	death
0	after
	24 hours
	S

TAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICAL THE majors that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certified the period of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the medical event. The medical examiner must be notified at once. DIVISION OF

31. DATE FILED (MONTH Gey, Mer)

30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'92

9 may 1...
32. REGISTRUS S. SIGNATURE
STATE STATE SEVEN

	FOR	STATE OF MADVI AND	/ DEDAD	FRAFAIT		CALTIL AND		UVOLENI		2	0983	
	1 - STATE REGISTRAR	STATE OF MARYLAND				DEATH	MENIA	REG. NO.				
Î	1. DECEDENT'S NAME (First, Middle, Last) LOUIS A.		JR	,			2. DATE MONTH	OF DEATH	- 9	EAR 3	0517 M	
	4. SOCIAL SECURITY NUMBER 218 - 18 - 3107	YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	HOURS MIN. (Month, Day, V			-24 Country) Maryland			
TOR	9a. FACILITY NAME (II not institution, give stre Baltimore Coun: RESIDENCE OF DECEDENT		CITY, TOWN OR LOCATION OF DEATH Randallstown 8c. COUNTY OF DEATH Baltimo:					тн				
DIRECTOR	10a. STATE 10b. COUNTY	10a. STATE 10b. COUNTY 10c. CIT					N OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 YNO					
FUNERAL	100. STREET AND NUMBER 3305 Carroll	Ave.	1		10f.	ZIP CODE 21117					AT COUNTRY?	
B≺	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WW II	RMED NO		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 24☐ NO Specify: Specify:						- American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION 16a. DI (C) College (1-4 or 5 +)	ECEDENT'S USING kind of wind Do NOT use	ork done (retired.)	during mos	N t of working		KIND OF BUS	F.B	.I.	f Investigs	
BE CON	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Gladys Matilda Grovenstein										in	
10	19a. INFORMANT'S NAME (Type/Print) Bernadette Hogan 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3305 Carroll Ave., Owings Mills, Md. 21117											
	20a. METHOD OF DISPOSITION 1 M Burlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place) Maryland Veterans Cemetery 07/20/92 Owings Mills, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place) Maryland Veterans Cemetery 07/20/92 Owings Mills, Md. 22. NAME AND ADDRESS OF FACILITY Eckhardt Funeral Chapel 21117											
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given i						Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ICE OF DEATH (Ch	eck only on	9)				
YSI	t VES 2 NO	HOSPITAL:	3 🗆 DOA		sing Home	5 Residence	8 🗆 Other	(Specify)				
ву рну	1 Natural 5 Pending 2 Accident Investigation	2 Accident Investigation Investigation						CRIBE HOW IN				
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, term, et	reet, fact	ory, office			TION (Street as or Town, State)	nd Number or I	Bural Rou	te Number,	
COMPLET		AN: To the best of my knowledge, do On the basis of examination end/or								ruse(s) as	nd menner es stated.	
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Leg mo				29c. LICENSE NUN			29d. DATE SI	GNED (M	lonth, Day, Year)	
IFI	30, NAME AND ACCRESS OF PERSON WHO	COMPLETED CALISE OF DEATH ATE	M 27) /Tmo /	Ou(at)						_		

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- M. ALL PART TO STANK TO STANK HERESTS PROTECTION

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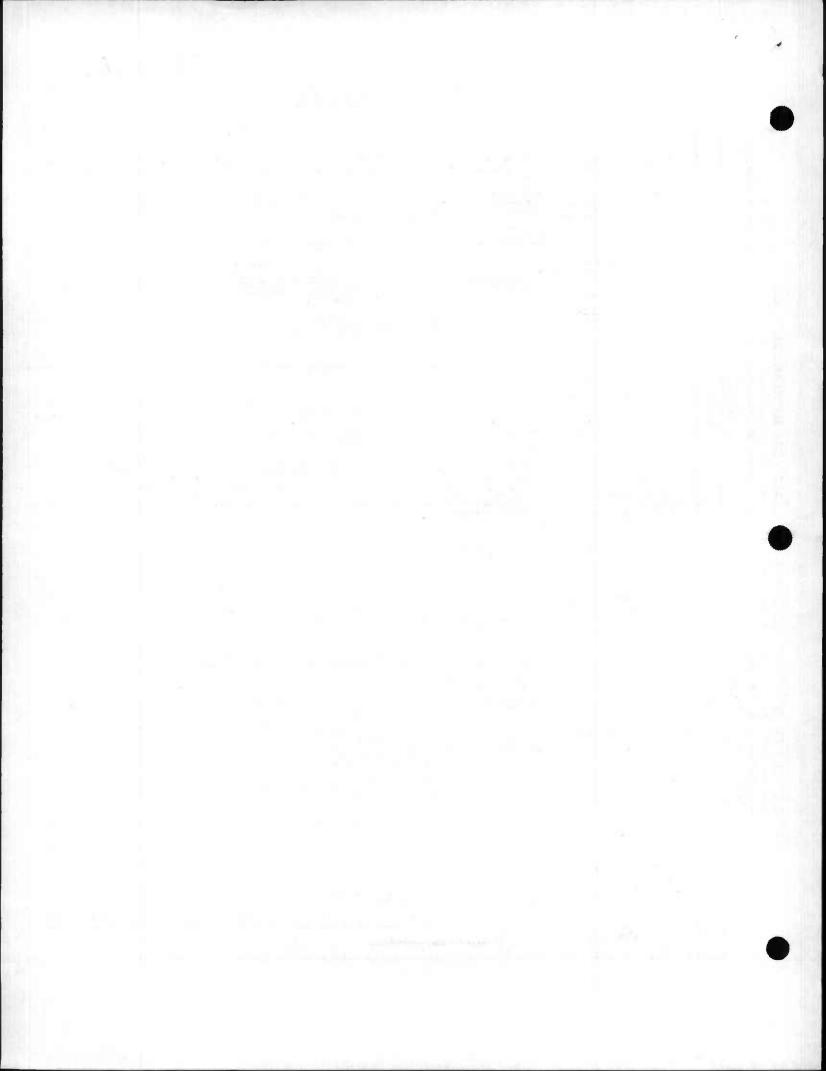
DIVISION OF VITAL BECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21,
PITAL OR ATTENDAMS PRINCIPAL BY INVIDENT BY BE death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or

the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	le attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1, 2, 3 should	emation, or removal.	, or ham 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
and the death certificate be executed	med by we attending physician and con	un un Mental Hygiene prior to burial, cremation, or removal,	sany injury, or other traumatic er
THE HOSPITAL OR ATTENDING PHYSICIAN; The law requir	THE RINERAL DIRECTOR. After this certificate has been significant	filed within 72 hours after death with the State Dept. Or the	PORTANT: If Item 25 is marked, or Item 23 shown

	FOR 1 STATE	STATE OF MARYL		TMENT OF HEALTH AN	D MENTA			0984		
	REGISTRAR		CERTIF	ICATE OF DEATH		REG. NO.	_			
- 1		OTHY HOOP			MONT	of DEATH DAY	92 9	3. TIME OF DEATH 3.000 AND A M		
	4. SOCIAL SECURITY NUMBER 16162-22-8522-4	1 M 2 REMALE	(In yrs. lest birthday) 6 363 YRS.	IF UNDER 1 YEAR IF UNDER 24 HS MONTHS DAYS HOURS MIN	Mont	OF BIRTH h, Day, Year) 1341/4/21	BIRTHPLACE (State or Foreign Country) PENNSYLVANTA			
TOR	99. FACILITY NAME (If not institution, give CARROLL COUNTY) RESIDENCE OF DECEDENT	1 0	fusp.	SE CITY, TOWN OR LOCATION OF		c. COUNTY OF DEATH CARROLL				
DIRECTOR	10e. STATE 10b. COUNT	CARROLL	110000	V, TOWN OR LOCATION UNION BRIDGE	10d. INSIDE CITY LIMITS? 1 YES 2 MAIO					
AL	10e. STREET AND NUMBER			10f, ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?		
ER	210 PHILLIPS I	LN.			21791			U.S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma 1 YES 2 NO Sp	PANIC ORIGIN	4? (Specify Yes o	or No- 14	. RACE — American Indian, Black, Whita, atc. Specify:		
	Married 15. DECEDENT'S EDU	NO NO	44- DEGEOGRAFIA		NO			WHITE		
COMPLETED	(Specify only highest grade	College (1-4 or 5+)	(Give kind of w life. Do NOT us	USUAL OCCUPATION York done during most of working e retired.) STRESS		SEWING FACTORY				
	17. FATHER'S NAME (First, Middle, Last) JOSEPH SPIRIDONOFF 16. MOTHER'S NAME (First, Middle, Maiden Surname) MABEL LOCKMAN									
TO BE	198. INFORMANT'S NAME (Type/Print) KENNETH J. HOOPER, SR. 198. MAILING ADDRESS (Street and Number or Rural Acute Number, City or Town, State, Zip Code) 210 PHILLIPS LN. UNION BRIDGE MD									
	20e. METHOO OF DISPOSITION 1									
	4 Donation 5 Other (Specify) PIPE CREEK CEMETERY 7/18/92 LINWOOD, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY D. D. HARTZLER & SONS									
	NEW WINDSOR, MD 21776 23. PART I. Enter the diseases, or complications that endsed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	shock, or heart fellure.	Complications that decised List only one cause on a	d the death. Do n lach line.	ot entar the mode of dying,	auch aa card	diac or reapira	itory arrest	Approximate interval Between		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Congest	CONSEQUENCE OF	teart faile	1 re			Onset and Death		
RTIFICATION		DUE TO (OR AS A	A CONSEQUENCE OF	Arteny di		y				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF	Cardiomyc Arteny di	seas	y				
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions Diabete	b. I SCHO DUE TO (OR AS A DUE TO (OR AS A d	A CONSEQUENCE OF	Cardio myc Arteny di Arteny di	seas	24e. WAS AN AN PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
- 1	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificant condition Diaheter Chronic	DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF	Cardiomyc Arteny di Arteny di in the underlying cause given	seas	PERFORM 1 TYES 2	ED?	Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE		
- 1	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition Diahete EXAMINER?	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF	Cardio myc Artery di in the underlying cause given uny dise 28. PLACE OF DEATH OTHER:	in Part I.	PERFORM 1 VES 2 5	ED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
- 1	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant condition Diabete 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF	Cardio myc Artery di In the underlying cause given Uny di Se 28. PLACE OF OEATH OTHER: 4 Nursing Home 5 Residen	in Part I. Check only or Check only or Check only or	PERFORM 1 YES 2 5	ED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition D	DUE TO (OR AS A COTO M OUE TO (OR AS A d. MEQUE ON STANCE HOSPITAL: 1.2 Inpetient 2 = ER/Outs (Month, Day, Year)	A CONSEQUENCE OF	cardiomyc Artery di Artery di in the undarlying cause given 26. PLACE OF OEATH OTHER: 4 Nursing Home 5 Residen URY WORK? 1 YES 2 NO	in Part I. OSF (Check only or ce 8 Other 28d. OES	PERFORM 1 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 Y	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 6 Pending Investigation 3 Suicide 8 Could not be determined	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF DOLL THE CONSEQUENCE OF DOLL THE CONSEQUENCE OF DOLL THE CONSEQUENCE OF DOLL THE CONSEQUENCE OF A CONSEQUENCE OF DOLL THE C	cardiomyc Artery di Artery di in the undarlying cause given 26. PLACE OF OEATH OTHER: 4 Nursing Home 5 Residen URY WORK? 1 YES 2 NO	in Part I. Check only or Ce 8 0 Other 28d. OES	PERFORM 1 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 Y	ED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition Diobete Chrowc 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 NO 27. MANNER OF CEATH 1 Netural 6 Pending investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	DUE TO (OR AS A C. COTO M DUE TO (OR AS A d	A CONSEQUENCE OF Out not resulting I out not resulting I account 3 DOA 286. TIMI NJI A thome, farm, a	cardiomyc Artery di Artery di in the undarlying cause given 26. PLACE OF OEATH OTHER: 4 Nursing Home 5 Residen URY WORK? 1 YES 2 NO	in Part I. Check only or Check only or 28d. OES 28f. LOC City due to the ceu	PERFORM 1 VES 2 respectively respectively ATION (Street and or Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO		
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa reaulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICAL EXAMINE	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE OF Out not resulting I out not resulting I account 3 DOA 286. TIMI NJI A thome, farm, a	Carclio Myc Artery di The undarlying cause given 26. PLACE OF OEATH OTHER: 4 Nursing Home 5 Residen E OF 28c. INJURY AT URY M 1 YES 2 NO treet, factory, offica d at the time, data and place, and	in Part I. Check only or (Check only or 28d. OES 28f. LOC City due to the cau the time, data	PERFORM 1 VES 2 recording rec	NO NO NO NO NO NO NUMBER OF IT	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO		
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition D	DUE TO (OR AS A C. COTO M DUE TO (OR AS A d. M. C. COTO M DUE TO (OR AS A d. M. C. C. C. M DUE TO (OR AS A d. C. C. C. M DUE TO (OR AS A d. C. C. C. M DUE TO (OR AS A DUE TO (OR AS A C. C. C. C. M DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. C. C. C. C. C. C. C. C. C. C. C. C. C	A CONSEQUENCE OF A CONSEQUENCE OF DOLL THE CONSEQUENCE OF DOLL THE CONSEQUENCE OF DOLL THE CONSEQUENCE OF A CONSEQUENCE OF DOLL THE CONSEQUENCE OF A CONSEQUENCE OF DOLL THE CONSEQUENCE OF The Consequence of the Co	Carclio Myc Artery di Artery di The underlying cause given 26. PLACE OF OEATH OTHER: 4 Nursing Nome 5 Resident E OF 28c. INJURY AT WORK? 1 YES 2 NO treet, factory, offica d at the time, data and place, and n, in my opinion, death occurred at 29c. LICENSE A y a	in Part I. Check only or (Check only or 28d. OES 28f. LOC City due to the cau the time, data	PERFORM 1 VES 2 recording rec	NO NO NO NO NO NO NUMBER OF IT	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition D	DUE TO (OR AS A C. COTO M DUE TO (OR AS A d	A CONSEQUENCE OF C. T. A CONSEQUENCE OF Dut not resulting I CONSEQUENCE OF DUT NOT resulting I CONSEQUENCE OF DUT NOT resulting I CONSEQUENCE OF DUT NOT RESULTING CONSEQUENCE OF C	Carclio Myc Artery di Artery di The underlying cause given 26. PLACE OF OEATH OTHER: 4 Nursing Nome 5 Residen E OF 28c. INJURY AT WORK? 1 YES 2 NO treet, factory, offica d at the time, data and place, and n. in my opinion, death occured at Print) Print)	In Part I. O S (Check only or Check only or 28d. OES 28f. LOC City due to the cau the time, data NUMBER O S 7	PERFORM 1 YES 2 S From (Specify) SCRIBE HOW INJ ATION (Street and or Town, State) ree(a) and manner and ptecs, and	IURY OCCUR I NO I VAN OCCUR	Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		

192 32. REGISTRAR'S SIGNATURE
Typical Day don-inanda



DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The taw man TO THE FUNERAL DIRECTOR: After this certificate has been be filed within 72 hours after death with the State Dept. of HIMPORTANT: It Item 28 Is marked, or item 23 show

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)	. Jones					3- 9	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 579-26-8888 9s. FACILITY NAME (If not institution, give	1 DM 2 DF 6	7 YRS. MC	ONTHE DAYS H	IF UNDER 24 HRS. HOURS MIN.	2. DATE OF BIRTN (Month, Day, Year) 3/17/192	5	BIRTHPLACE (State or Foreight Country) Louisa County		
DIRECTOR	Shady Gou	N	200 1100	gomery						
	Maryland P.G		Land				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FERAL	8907 Ardwick-Ard	dmore Rd .	10785		N OF WHAT COUNTRY? USA					
BY FUN	11. MARITAL STATUS 1 Never Married 27 Married 3 Wildowed 4 Divorced	Never Married 27 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, etc.								
PLETED	15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	completed) College (1-4 or 5+)	Ille. Do NOT use n	k done during most o		16b, KIND OF BU	SINESS/INDUS	STRY		
once.	17. FATHER'S NAME (First, Middle, Last)	<u> </u>	y care			(First, Middle, Maiden	Sumame)			
E G	William E. Hool	cer		1		. Kenney		6		
TO B	19a. INFORMANT'S NAME (Type/Print)	100	196. MAILING AD			te Number, City or Tow	n, State, Zip Co	ode)		
- B	Jay P. Jones		8907 A	rdwick-A	rdmore R	d./Landov	ver, M	d. 20785		
r must be notified at once. TO BE COM	20e. METHOD OF DISPOSITION 15 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	cemeter Yang	y, crematory or other	pisposition (Name place) y Cemete				county, Va		
examiner	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			ADDRESS OF FACIL	ITY				
еха	Sam Butler Funeral Service 716 Kennedy St. NW/ Washington, DC.									
vent, the medical	IMMEDIATE CAUSE (Final	a. ASPIRATIONE TO OR AS A CO	line.	enter the mode	of dying, such a	a cardiec or reapi	ratory arrea	t, Approximate interval Betwee Onset and Daar		
n, or other traumatic event, the CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST B. GASTROINTESTINAL BLEEDING 3 DAYS 3 DAYS CARCINOMA CELL TIMENTH C. ARCINOMA									
MEDICAL	PART II. Other significant condition	na contributing to death but n	not resulting in t	the underlying c	ause given in Pa	rt I. 244. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
r Item 23 SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 84 40	E OF DEATH (Check	anti anti				
SIC.	EXAMINER?	HOSPITAL:		THER:						
	27. MANNER OF DEATN	26a. DATE OF INJURY	28b. TIME O	F 28c. INJURY		d. DESCRIBE HOW II	NJURY OCCUF	REO		
marked, BY PH	1 Netural 5 Pending Investigation	(Month, Day, Year)	PANCAL		2 NO		2000 1200			
28 is	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Nomicide Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
IMPORTANT: It Item O BE COMPLE		ICIAN: To the best of my knowledge						ause(s) and manner as stated.		
E CC	29b. SIGNATURE AND TITLE OF CERTIFIE	(1 (1)	Hand	-	c. LICENSE NUMBE			IGNED (Month, Day, Year)		
TO BE	CAROLYN B.	HENDRICKS	, MD	. 17-1	0372	36	D 7	113/92		
	30. NAME AND ADDRESS OF PERSON WH			mint)	12 /	POCKVIC	LEI	10 20850		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	~ Randall							

,, 10, 24 LOUISABCOUNTY, Va

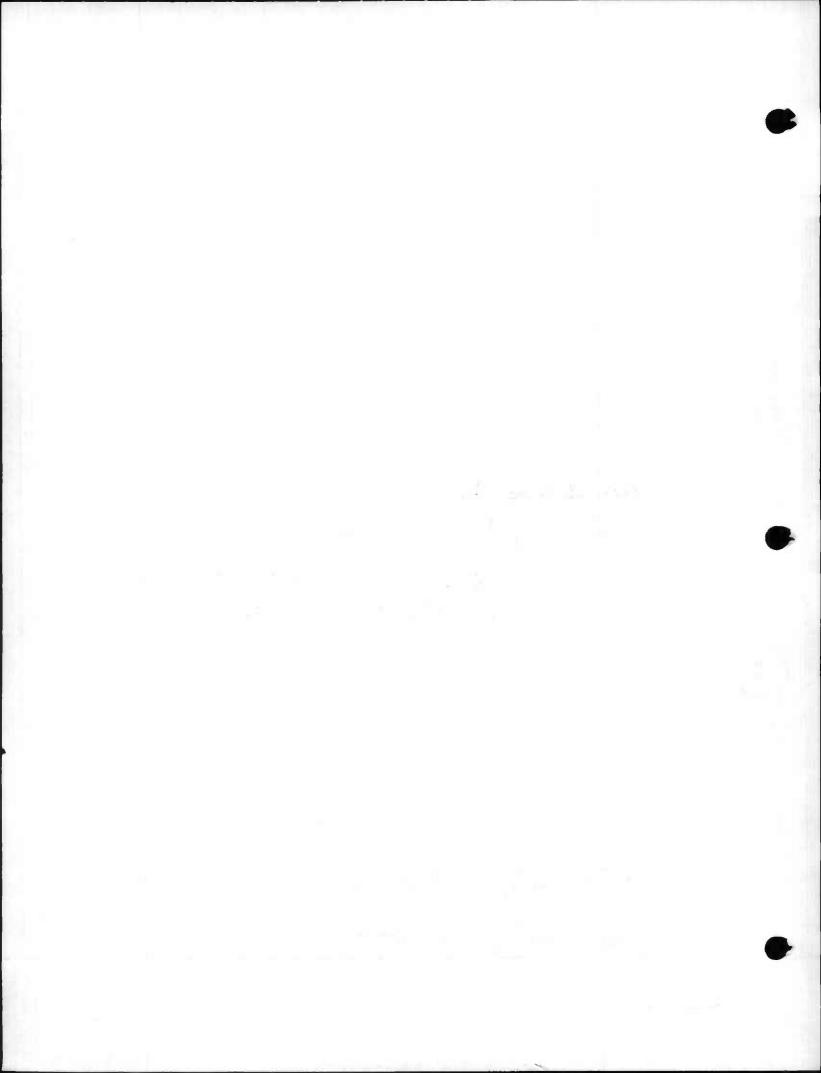
Sam Butler Funeral Service 716 Kennedy St. NW/ Washington, D..C.

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should moval.	cal examiner must be notified at once.	מטייים ואמיווין אם מידדי ומווסס יום סד
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement are certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been a breat by the among physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Hamman Higher prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	O BE COMPLETED BY BUYSION MEDICAL CERTIFICATION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

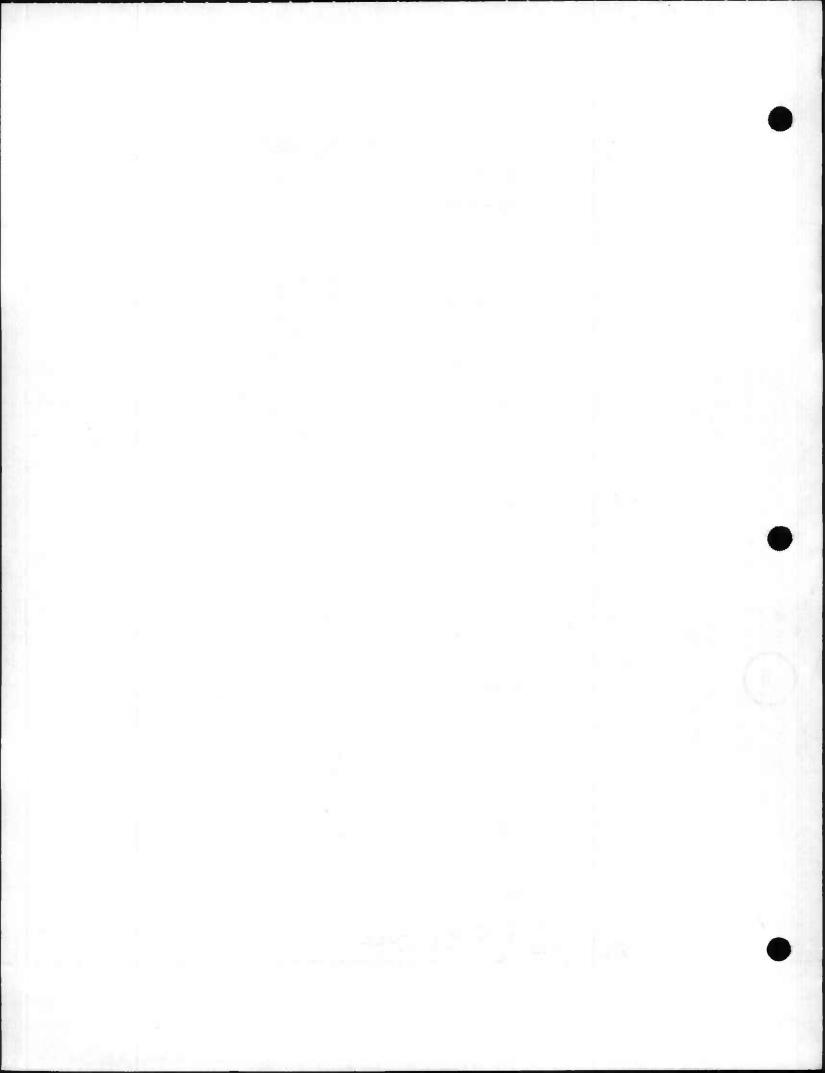
FOR STATE REGISTRAR		STATE OF 1	MARYLA		PARTMEN IFICAT				MENTA	L HYGIEN	_	92	20986
1. DECEDENT'S NAME (First		OROTHY	N	2, 7	ACK	SOI	γ		2. DATE	OF DEATH	7	J'EAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In you					day) IF UND	DAYS	IF UNDER	R 24 HRS.	7. DATE	OF BIRTN		6. BIRTNE	PLACE (State or Foreign
114 42 0673 1 □ M 2 🖾 F 64 9e. FACILITY NAME (If not institution, give street and number)					IS.					6 192			YORK, N.Y.
SWITHERN RESIDENCE OF DEC	PITAL		ZIN	TO.	ON OF D	EATH		Por	nce	Georges			
10a. STATE	10c	CITY, TOWN	OR LOCAT	ION					I	10d. INSIDE CITY			
MARYLAND		FORT	RT WASHINGTON 1 TY YES 2 \(\sigma \) NO										
100. STREET AND NUMBER		TDG= DO	_			101	. ZIP COD				10g. CIT	IZEN OF W	HAT COUNTRY?
2901	TAX BE	12. WAS DECEDEN		U.S. ARMED		WAS DEC		0744	NIC ODICI	M2 /Passific Mar		TED	STATES
1 Never Married 25(2) 3 Wildowed 4 Divo		FORCES? 1	YES	2 NO		If yes, sp	IS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, Whita, etc. Specify: Specify: BLACK						<i>i</i> :
	EDENT'S EDU			16a. DECEDE (Give kin	d of work done	during mo	ON ist of worki	ng	16	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (t		College (1-4 or 5	+)		OT use retired. EKEEP					НО	SPITA	\L	
17. FATHER'S NAME (First, M ARTHUR ED		ENHETNO								Middle, Msiden	Sumame)		
196. INFORMANT'S NAME (ENKINS		19h MAI	LINO ADDRE	SS (Street s		RUBY		RRIS	m Ctata 7/	n Codel	
LUTHER	JACKSO	N								C WASH			4
20s. METHOD OF DISPOSIT Suriet 2 Crematic Donation 6 Other	TION on 3 - Rem	oval from State		PLACE AND D	ATE OF DISPO	SITION(Na	me of		715	E 20c. LO		City or Tow	
21. SIGNATURE OF FUNERAL Collect	L SERVICE LIC	Pope C	7.	-		ALEX	ANDE	as of F		E FUNEI		IOME 200	20
iMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequantially list condit if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuthat initieted events resulting in death) LAS	ions, diate iNG	DUE TO	and ut	CONSEQUENCE	an	atte	A	ean	ta	Eur	Ine	<u></u>	Interval Between Onset and Death
PART II. Other significe	ent condition	s contributing to	death bu	it not result	ing in the c	ınderiyin	g cause	given in	Part i.	24s, WAS AN PERFOR 1 YES 2	RMEO?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTTO		ACE OF D	EATH (Ch	eck only o	ne)			
1 YES 2 NO		1 Inpatient 2				insing Hom		esidence		of (Specify)			
1 Netural 5	Pending	26a. DATE OF (Month, E		26b	TIME OF INJURY		RK?	NO.	28d. DE	SCRIBE NOW I	NJURY OC	CURED	
3 Suicide 6	2 Accident Investigation Inves									oute Number,			
		CIAN: To the best of a											and manner as stated.
296. SIGNATURE AND TITLE	DE CERTIFIES	Vary.	D	AHO	ndi	W	29¢ LIC	ENSE NUI	WBER V5	35	29d. DAT	7/12	Month Day Mari
30. NAME AND ADDRESS OF	BEA.		300	MET	Type, Print)	ce	LA	NE	1	ANDO	רש עו	mi	20785
31. DATE FILED (Month, Day,	T 3 19	392 ^{32. REGISTRA}	IR'S SIGNA	W(d)01	Handale								



BALTIMORE, MARYLAND 21215-0020

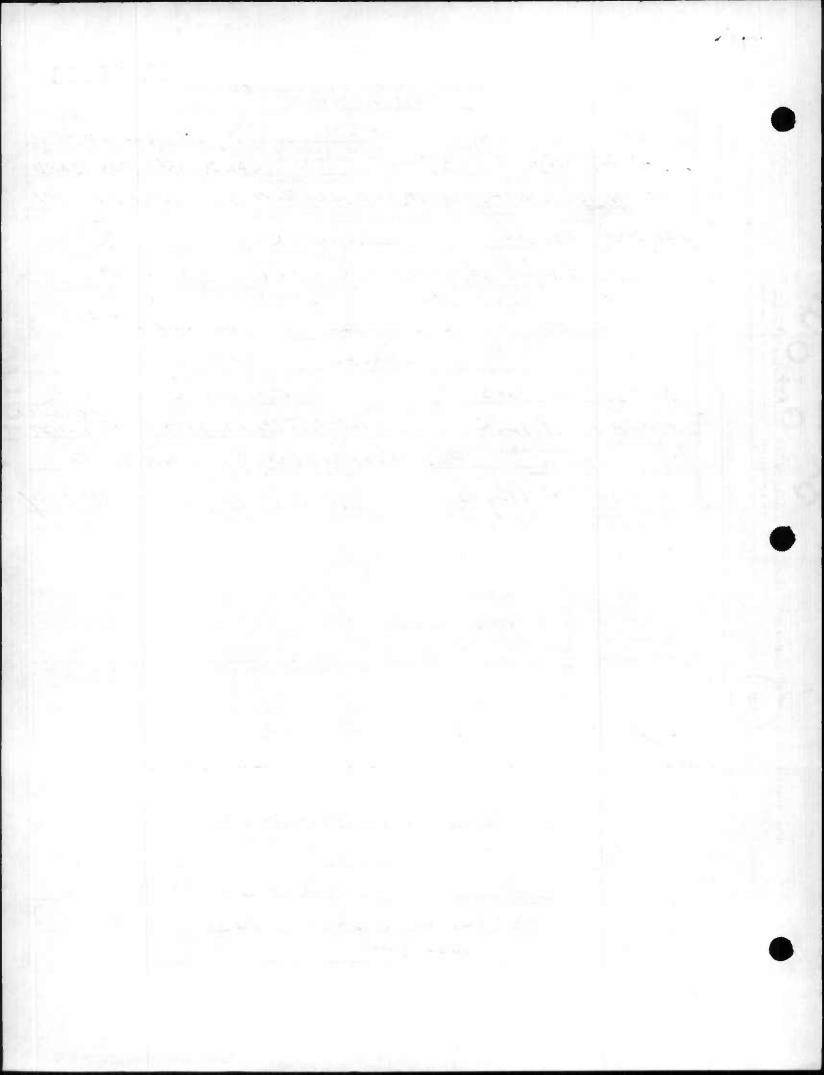
1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTHAH		CER	CLIFIC	CALE	T DEA	HIL	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last) ERIC DUVALL JOH	INSON							AY 1	YEAR 992	3. TIME OF DEATH 6:05 PM
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. last bir	rthday) (IF UNDER 1 YEA	R IF UNDE	R 24 HRS.	7. DATE OF BIRTH	, 1	-	PLACE (State or Foreign
	226-76-7325	1 🔀 M 2 🗆 F	25	YRS.	ONTHS DAY	8 HOURS	MIN.	NOV 5, 19	066	Country	(۱۷
	9e. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOW	N OR LOCAT	ION OF DE			INTY OF D	EATH
5	NIH, THE CLINIC	AL CENTE	R		BETH	ESDA,	MARY	LAND		NTGO	
5	RESIDENCE OF DECEDENT										
DIRECTOR	10a. STATE 10b. COUNT	Y	. 10		TOWN OR LO						10d, INSIDE CITY LIMITS?
	VIRGINIA 100. STREET AND NUMBER			ANN.	ANDAL						1 XYES 2 NO
FUNERAL		D				10f. ZIP COE		10g. CITIZEN OF WHAT COUNT			/HAT COUNTRY?
빌	7018 DONNA CIRCI				_	2200			USA		
	1 X Never Married 2 Merried	FORCES? 1	T EVER IN U.S. ARMED)	If yes,	specify Cub	an, Mexicar	IC ORIGIN? (Specify Yes, Puerto Rican, etc.)	or No—	14. RACE Black	— American Indian, , White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		101	ES 2 KNO	Specify			Specif	WHITE
E	16. DECEDENT'S EDU		16e. DECED	ENT'S US	BUAL OCCUP	TION		16b. KIND OF BU	SINESS/IN	DUSTRY	***************************************
<u>-</u>	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Give A	NOT use i	k done during retired.)	most of work	ing A E E c	ina			
P P		4+	Offi	cer	nt Wo	DETG	ALL	ins In	tern	atio	nal Ctr.
COMPLETED	17. FATNER'S NAME (First, Middle, Last)					18, MOT	TNER'S NAI	ME (First, Middle, Melden	Sumeme)		
BE	William C. Jo	hnson						M. Duva:			
0	19e. INFORMANT'S NAME (Type/Print)	1011 /TIATIT	\					loute Number, City or Tow			
	WILLIAM C. JOHNS	ON (FATH	ER) 701	8 DO	NNA C	IRCLE	, ANN	ANDALE, V	IRGIN	VIA,	22003
	20a. METNOD OF DISPOSITION 1 Notice 1 Comments 1 Perror	oval from State	20b. PLACE AND cemetery, cremate	nry or other	r niecel			DATE 20c. LC			
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENCEE	Fairfa	x M	emori	al P	ark	7-11 Fa	airf	ax,	Va.
	21. SIGNALONE OF FORENAL SERVICE LI		0 . 0		LI O m	AND ADDRE	ESS OF FAC	Marsha 217 9th	all'	s Fu	neral
	Julia		ishall				V	<i>lashingto</i>	on.	D.C.	^w 20011
	23. PART I. Enter the diseases, or mock, or heart fellure.	complications that	t coused the deeth	. Do not	enter the	node of dy	lng, such	as cardiac or reep	ratory an	reat,	Approximata
	IMMEDIATE CAUSE (Finel	List Only One Lea	as on sach line.								Interval Between Onset and Death
	disease or condition	. SEP.	TIC 5 H	OCI	C						12 HRS
		-									
S S	Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of):									10 DATS	
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								2401		
음	CAUSE (Disease or Injury that Initiated events Due TO (OR AS A CONSEQUENCE OF):									< 7 YC).	
E	reaulting in death) LAST										
8	d										
EDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.						Pert I. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS	
ă	MYELOSUPERESSION						1 X YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?	
Σ	1 YES 2 NO								1 - YES 2 NO		
Z											
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MOSPITAL: OTHER:										
PHYSICIAN:	1 TYES 2 NO	28e. DATE OF	ER/Outpetient 3 1	DOA 4	☐ Nursing N		lesidence (Other (Specify)			
	Natural 5 Pending	(Month, Di		INJUR	Y	NJURY AT WORK?	7 40	28d. DEŞCRIBE NOW I	NJURY OC	CURED	
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE O	F INJURY — At home,	form, stre			NO	28f. LOCATION (Street	and Mumba	or O.m/ O	auto Mumbas
	4 Nomicide 8 Could not be	building,	etc. (Specify)		ot, actory, o	THE W		City or Town, State)	ina Numbei	FOF MURBI PR	oute Number,
COMPLETED	29a. CERTIFIER	Do. APPRING									
M M	(Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner as stated.										
- 11	29b. SIGNATURE AND TITLE OF CERTIFIE		The state of the s	- Gardal' (my opinior	_					
BE	29th SIGNATURE AND TITLE OF CERTIFIE	MA					ENSE NUM		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLS	E OF DEATH STEM OF) (Time f	(mt)	107	+1+ -	1018	0	7-1	0-92
	· **	DUCCIA	^			ישדק ק	r Re	THESDA, M	A DVT A	V VID 3	0802
	31. DATE FILED (Month, Day, Year)					L IIV.	e, DE	ITTESUA, M	ALILF	עווע Z	0092
		392 fi	n's signature hia Davidson-	-Aland	402						
	A O L	(1									



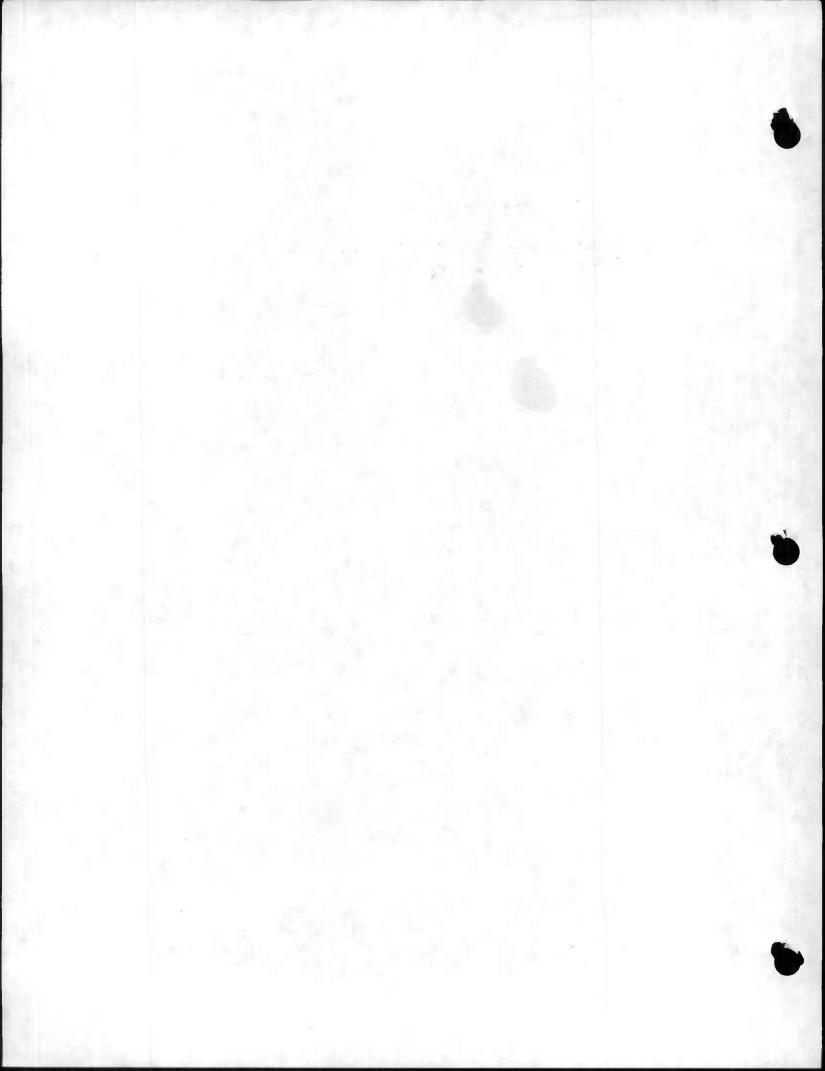
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	1 - STATE STATE CERTIFICATE OF DEATH STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY VEAR 3. TIME OF DEATH MONTH DAY VEAR 3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) STATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) STATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (State or Foreign Country) STATE OF BIRTHPLACE (STATE OF							
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	MASHINGTON GENERAL HISPITHE HAGERSTOWN, MD WASHINGTON							
DIRE	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 VES 2 NO							
RAL	10a. STREET AND NUMBER 107. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?							
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married PORCES? 1 VES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, stc.) 12. WAS DECEDENT EVER IN U.S. ARMED IS. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— Black, White, stc.)							
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify: WH ITE							
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Secondary (0-12) College (1-4 or 5 +)							
COMPLET	5 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)							
BE C	ROY VIRGIL SOMES BEETHA LOUISE HEFFNER							
5	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number or Town, State, Zip Code) WESTMINSTED 190. MAILING ADDRESS (Street and Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rural Route Number or Rur							
	20e_METHOD OF DISPOSITION 1/8 Burlei 2 Cremetton 3 Removal from Stale 4 Donetton 5 Other (Specify)							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7							
	23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate							
	IMMEDIATE CAUSE (Final Interval Between Onset and Daath							
	disease pr condition resulting in death) s							
ION	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):							
-ICAT	CAUSE (Disease or injury							
CERTIFICATION	that initiated events resulting in death) LAST oue to (or as a consequence of): d.							
CALC	PART ii. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO							
MEDIC	1 YES 2 NO COMPLETION OF CAUSE OF DEATH?							
AN: N								
PHYSICIAN:	25. Was Case_reference to Medical							
	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Vight) 28b. TIME OF Dec. INJURY AT WORKY INJURY OF DEC. INJURY OF DEC. INJURY AT WORKY INJURY OF DEC. INJURY OF DEC. INJURY AT WORKY INJURY OF DEC. INJURY OF DEC. INJURY AT WORKY INJURY OF DEC. INJURY OF DEC. INJURY AT WORKY INJURY OF DEC. INJURY OF DEC. INJURY AT WORKY INJURY OF DEC. INJURY OF DEC. INJURY AT WORKY INJURY OF DEC. INJURY OF DEC. INJURY AT WORKY INJURY OF DEC. INJURY OF DEC. INJURY AT WORKY INJURY OF DEC. INJURY OF DEC. INJURY OF DEC. INJURY AT WORKY INJURY OF DEC.							
ED BY	2 Accident Investigation 1 YES 2 NO P On h-clether exce 3 Suicide 6 Could not be determined 288. PLACE OF INJURY — Al home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, City or Rown, State)							
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.							
	one) 2 Description on the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(s) and manner as stated.							
TO BE	D26806 > 7/14/82							
+	THE HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)							
	31. DATE FILED (Month, Day, Nam) 32. REGISTRAR'S SIGNATURE							
	JUL 20 '9'2 General J 21742							



Duplicate certificate

of Baby Male Khetan -- died April 23, 1992, P.G. Co. both listed in index.



	rmit. Pages 1, 2, 3 should	
ttending physician.	e as the burial-transit pe	
ed by the hospital or at	uid be detached for use	ed at once.
Page 6 may be retain	al director, page 5 shr.	ner must be notifi
nours after death.	filled in by the funera	he medical examin
ifficate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	or physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should then prior to burial, cremation, or removal.	ther traumatic event, the medical examiner must be notified at once.

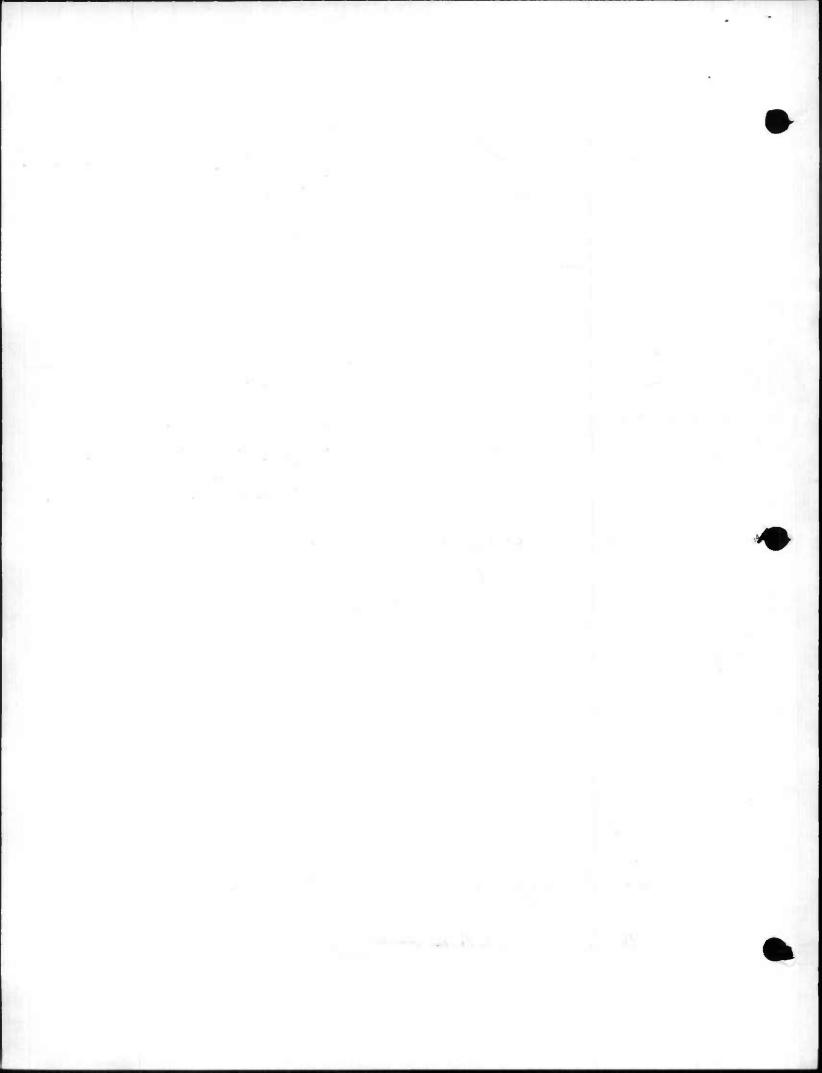
BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1 -

92 20990 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Microte, Last)		1, 3	DATE OF DEATH DA	S. TIME OF DEATH					
	MILDRED LOUISE 4. SOCIAL SECURITY NUMBER 5. SEX MAGE	75 too that a	KEMI		7 18	BIRTHPLACE (State or Foreign				
		140	Isst birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			RS. 7. DATE OF BIRTH 8. BIR (Month, Day, Year) Cou				
	212-05-3357 1 M 2 F 7 9a. FACILITY NAME (If not institution, give street and number)		CITY TOWN OR I			1916	Balto. Co. Md.			
DIRECTOR	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH CATTOLL CATTOLL CATTOLL CATTOLL CATTOLL									
<u>۾</u>	10a. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY			
	Md. Baltimore		Ирре				1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER			CODE		10g. CITIZEN	OF WHAT COUNTRY?			
빌	15701 Hanover Road 11. MARNTAL STATUS 12. WAS DECEDENT EVER H		2 1 1 5 5 NAMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify V			USA				
	1 Never Married 2 Married FORCES? 1 YES	2 NO	If yes, specif	RACE — American Indian, Black, White, atc.						
B	3 X Widowed 4 Divorced	AIES	1 🗆 YES 2	NO Specify:			Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEOENT'S USL	done during most of	working	166. KIND OF BUS	INESS/INDUS				
١٣	Elementary/Secondary (0-12) College (1-4 or 5 +)	Me. Do NOT use re	tired.)							
N N	High School 17. FATHER'S NAME (First, Middle, Last)	Housen								
	Joseph Chaney		10		(First, Middle, Meiden ine Croth	,				
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and /	lumber or Rural Rou	te Number, City or Town	, State, Zip Co	de)			
임	Patricia Ann Kemp	15701	01 Hanover Road Upperco, Md. 21155							
	20e. METHOD OF DISPOSITION 1	PLACE AND DATE OF D	OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State the place)							
1	4 Donation 5 Other (Specify)	Evergreen	n Memorial Gard. 7/21 Finksburg, Md.							
	21. SUNATORE OF PURENAL SERVICE LICENSEE		Eline Funeral Home 11824 Reisterstown Rd. Reisterstown, Md.							
	A CONTRACTOR OF THE CONTRACTOR		11824 1	Reisters	town Rd.	Reisterstown, Md.				
	23. PART I. Enter the diseases, or complications that caused shock, or hasrt failure. List only one cause on a IMMEDIATE CAUSE (Final disease or condition resulting in death)	ach lina,				ratory arrest	Approximate interval Between Onset and Death			
_	Pen	CONSEQUENCE OF):	- Ca	CO 1/2						
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST MetaStatic Cause The Portion Due to (or as a consequence or): Cause The original										
<u>র</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	eer th	poid	. •						
	that initiated events resulting in death) LAST	CONSEQUENCE OF):	0							
CE	d									
¥	PART II. Other significant conditions contributing to death b	out not resulting in the	ha underlying ca	use given in Pa	Part 1. 24s. WAS AN AUTOPSY PERFORMED?		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICAL						□ NO	COMPLETION OF CAUSE OF DEATH?			
2							1 YES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL 28 PLACE OF DEATH (Check only one)									
PHYSICIAN	28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1									
È	27. MANNER OF DEATH 28s. DATE OF INJURY	26b. TIME O	F 28c. INJURY		Bd. DESCRIBE HOW th	JURY OCCUR	EO			
BY P	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJURY		2 🗌 NO						
		— At home, farm, stree	t, tactory, office	20	28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
ETED	29a. CERTIFIER									
COMPL	(Check only one) 2 MEOICAL EXAMINER: On the best of my know one)									
	295. SIGNATURE AND TITLE OF TERTIFIER			c. LICENSE NUMBE						
O BE	Andred bus			395		DATE SI	IGNED (Morph, Day, Year)			
ř	DO, HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	7()							
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	ATURE								
	31. DATE FILED (MONTH, Day, Year) 32. REGISTRAN'S SIGN 20 92	den Aandelle	•							

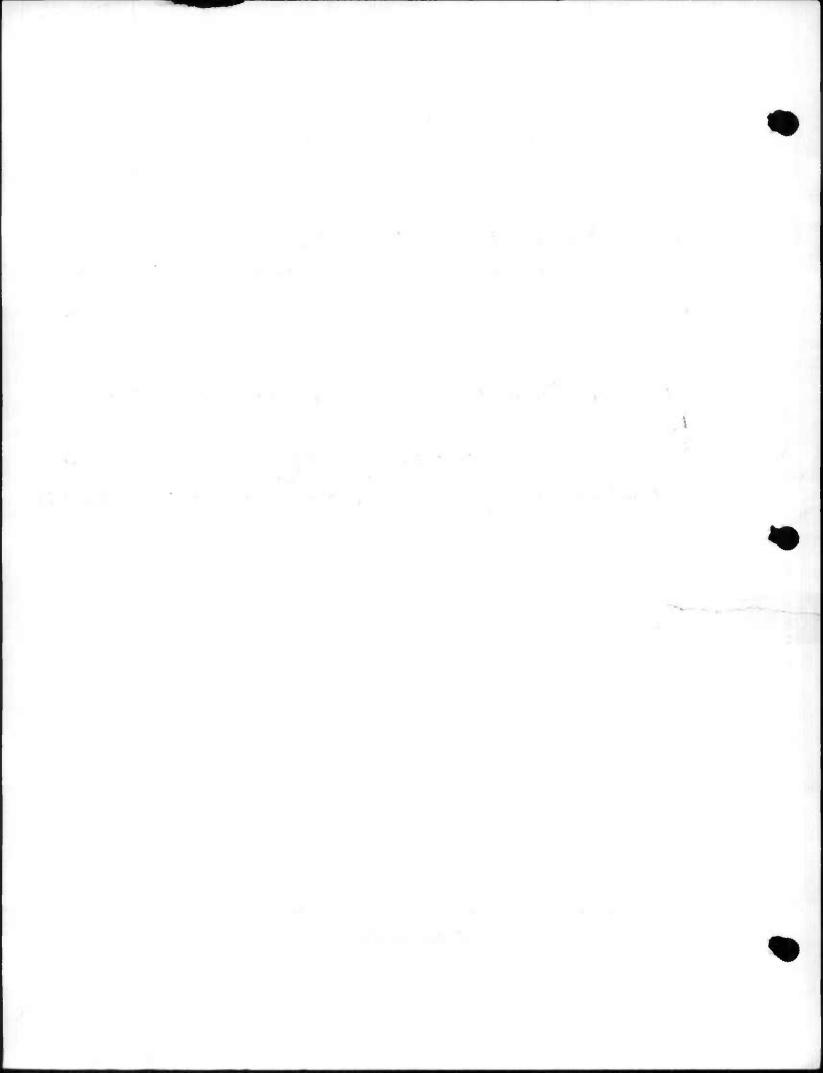


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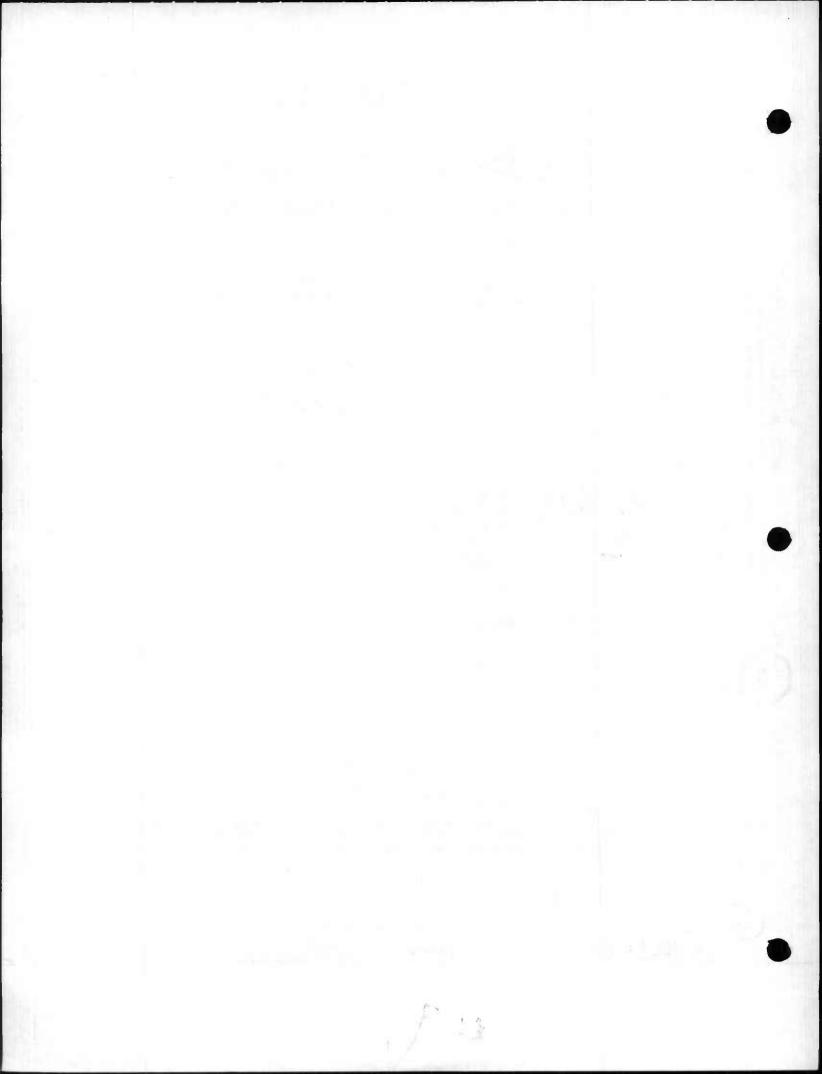
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DIVISION OF VIEW RECORDS, F.O. BOA 19149,	death certi	attending	ental Hygie	iry, or of
מפט	s that the	ned by the	alth and M	s any inju
ו ה ה	law require	as been sig	Pept. of He	23 shows
2	CIAN: The	ertificate h	the State L	or item
	NG PHYSI	fter this co	eath with	marked,
181310	R ATTEND	RECTOR: A	urs after d	sm 28 is
5	DSPITAL 0	INERAL DI	thin 72 ho	NT: If Ite
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 Just after death. Page 100 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 Just after death.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral or	be filed within 72 hours after death with the State Dept. of Health and Mental Hyggene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner

	1. DECEDENT'S NAME (First, Middle, Last) Annie Kane 2. DATE OF DEATH MONTH DAY YEAR 1.10.6.20.0. D								
	Annie Kane	077 077 922 101,0330p P							
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HOURS MONTHS DAYS HOURS M	714 O 161	BIRTHPLACE (State or Foreign Country)						
	212-16-7608 10 M 2 DF 80 YRS. MONTHS DAYS HOURS M	106-05-12	Delaware						
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION (OF DEATH 96.	COUNTY OF DEATH						
9	Dochstutened aurora St. Campidge	. Ind. Y) orchestre						
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY. TOWN OR LOCATION		10d. INSIDE CITY						
<u> </u>	MD. Dorchester Cambrid		LIMITS?						
	10s. STREET AND NUMBER	7 100	1 VES 2 NO						
FUNERAL	809- Fairmont Ave. 27	16.12	71 C A						
N.		IISPANIC ORIGIN? (Specify Yea or No	- 14. RACE - American Indian,						
		fexican, Puerto Rican, atc.)	Black, White, atc.						
ВҰ	3 Widowed 4 Divorced	эраслу.	B/ack						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b. KIND OF BUSINES	S/INDUSTRY						
Щ	Elementary/Secondary (0-12) College (1-4 or 5+)								
MPI									
Ö		'S NAME (First, Middle, Meiden Surna	me)						
BE (HENRY Showell MI	etia Hor	RMAN						
0	19a. INFORMANT'S NAME (Typ Print)	Rural Route Number, City or Town, Stat	e, Zip Code)						
-	K. Theodore Parker 90+ Camelea Ot	. Campridge	ml 2/4/3						
	209, METHOD OF DISPOSITION 1	ry or 20c. LOCATIO	N — City or Town, State						
	4 Donation 5 Other (Specify) Bethel Cemetery	Сам	bridge, MD						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS HENRY	FUNERAL HO	me !						
	I POMORO C. MONDAL -	hinaton St. (Cambridge MD.						
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying	, such as cerdlec or respiretor	y errest, ppreximate						
	shock, or heert failure. List only one cause on each line. IMMEDIATE CAUSE (Final Program is a		Interval Between Onset and Death						
	MMEDIATE CAUSE (Final disease or condition resulting in death)								
	DUE TO (OR AS A CONSEQUENCE OF):								
z	C &								
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate b. DUE TO (OR AS A CONSEQUENCE OF):								
2	CAUSE (Disease or Injury								
분	that initiated events resulting in death) LAST								
Ä	d								
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause give	en In Part I. 24s. WAS AN AUTO							
EDICAL	Blindres, Demerlin ASCV	COMPLETION OF CAUSE							
윤		1 YES 2 N	OF DEATH?						
¥ ::									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEAT	TH (Check only one)							
SIC	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Reald	ence 6 Other (Specify)							
Η	27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	26d. DESCRIBE HOW INJUR	Y OCCURED						
ВУ Р	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 1 YES 2 N	10							
	2 Accident investigation 3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	26f. LOCATION (Street and Ni City or Town, State)	umber or Rural Route Number,						
TED	4 Homicide determined	City or lown, State)							
MPLET	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, an	od due to the cause(s) and manner a	n stated						
)MF									
1 0	2 MEDICAL EXAMINEN: On the cause(a) and manner as stated.								
8	29h BIONATURE AND TITLE OF CERTIFIER 2	29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
BE C	29th BIOMATURE AND TITLE OF CENTIFIER CLERK ON	E NUMBER 29d	DATE SIGNED (Month, Day, Year)						
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR	DIR	HOU
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law receives larger days certificate be executed within 24 hours after death. Page 6	TO THE FUNERAL DIRECTOR: After this connection has been been by the money payablan and completely filled in by the funeral direct	be filed within 72 hours after death with the State Deat, or he he had been after to burlal, cremation, or removal.
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1 - STATE REGISTRAR			MENT OF HEALTH AN	D MENTAL HYGIENE REG. NO.	92 20992				
1. DECEDENT'S NAME (First, Middle, William)	Littleton		2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER 579-28-557	9 1 M 2 D F	1 M 2 F 85 YHS. MONTHS DAYS HOURS MIN.			DATE OF BIRTH (Month, Dey, Year) 11 11 06 8. BIRTHPLACE (State or Foreign Country) MD				
	9a. FACILITY NAME (If not institution, give street and number) Suburban Hospital RESIDENCE OF DECEDENT				Montgomery				
10a. STATE 10b. C	s. STATE 10b. COUNTY 10c. C				10d, INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO				
100. STREET AND NUMBER 6107 Cabot St	10e. STREET AND NUMBER			1	Og. CITIZEN OF WHAT COUNTRY? USA				
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	13. WAS DECENDENT OF HIS It yes, specify Cuban, Me 1 VES 2 NO Sc						
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	S EDUCATION grade completed) College (1-4 or 5+)		'k done during most of working retired.)		IND OF BUSINESS/INDUSTRY				
17. FATHER'S NAME (First, Middle, La		Shipping		Shipping Industry IAME (First, Middle, Malden Surneme)					
William T. Lit		100 MAII DIO A		се Кпорр	Knopp loute Number, City or Town, State, Zip Code)				
Delores Warner									
20a. METHOD OF DISPOSITION 1-XBuriel 2 Cremation 3	20s. METHOD OF DISPOSITION 1. XBuriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of particular properties) 20c. LOCATION — City or Yown, State								
	1. Description 3 Removal from State 200. PLECARD DATE 20								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	Rulmen	Bose	Onset and De				
PART II. Other significant cond	ditions contributing to death	In Part I. 24s. WAS AN AUT PERFORMED 1 YES 2	D7 AVAILABLE PRIOR TO COMPLETION OF CAUSE						
EXAMINER?	(OBBRAL: OTHER:								
3 Suicide 6 Could no	2 Accident 28s. PLACE OF INJURY - At home, form, street, factory, office 28s. LOCATION (Street and Number or Fund Review Number)								
Check only CERTIFYING	(Check only 1 Chec								
296. SIGNATURE AND TIKLE OF CER	Jahr.	PEATH (ITEM 27) (Since St	29c, LICENSE	NUMBER 29	DATE SIGNED (Month, Day, Year)				
I TENSO	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)								
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE	3218 M	(Scansing	Aug				



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TO THE HOSPITAL OR ATTENDING PHYSICIAN THE CONTROL OF THE CONTROL OF ENGLISH WITHIN 24 hours after death. Page 6 may be retain	TO THE FUNERAL DIRECTOR: After this certificate, has been account to the amendment and completely filled in by the funeral director, page 5 sh he filled within 72 hours after death with the Same	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notif
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	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / D			HEALTH AND	MENTA		9	2 20993	}	
	1. DECEDENT'S NAME (First, Middle, Last)	LENTZ	Helen Ann			DEATH		OF DEATH	YE	3. TIME OF DEATH 1653	м	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. last bit	AADAIT!	DER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH		BIRTHPLACE (State or Foreign Country)		
	193-05-6078 1□M2□ F 80 YR			YRS.				-13-11	G.	allitzen, PA		
œ	9a. FACILITY NAME (if not institution, give street and number)					OR LOCATION OF D	EATH	90		OF DEATH		
5	Anne Arundel General Hospita			1 A	nnap	olis			Α.	A Anne Arundo	e]	
DIRECTOR	Maryland Prince George's			oc. city, tow	nor Loca everl			10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO				
A	10e. STREET AND NUMBER									OF WHAT COUNTRY?	_	
ER	2306 Cheverly Av	renue				20785			II	SA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES GIVE MAD OR DATE.			If yes, sp	CENDENT OF HISPA lecity Cuban, Mexico 2 2 NO Specific	an, Puerto I	17 (Specify Yes or N Rican, etc.)		RACE — American Indien, Black, White, etc. Specify: White		
G	15. DECEDENT'S ED (Specify only highest grad			DENT'S USUAL			16b	KIND OF BUSINE	SS/INDUST		_	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	Ma Oa	kind of work do NOT use retire	d.)	ost of working	1					
MP	12	0	F]	lorist				Self Emp	loye	đ		
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, I	Middle, Meiden Surn	ame)			
BE	John Tutko							Mearni				
2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural						
		Robert H. Lentz, Jr. 712 Gettysburg Court, Davidsonville, MD 21035										
	20e. METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of complex), crematory or other place) Ft. Lincoln Cemetery 07/18/92 Brentwood, Maryland											
1	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE Z	rend	/ i	Franc	nd address of FA is Gasch	's Sc	ons Fune	ral I		,	
	23. PARTY. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Acute Cardio-Respiratory Failure Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury											
ERTIF	that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Cerebro-vascular accident 1 — YES 2 NO						24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	S				
AN: N	1 YES 2 NO											
SC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO								_			
	27. MANNER OF DEATH 1 X Natural 8 Pending	1 Inpatient 2 X ER/Outpatient 3 DOA 20e. DATE OF INJURY (Month, Day, Year) 28b. TIM			28c. IN.	JURY AT DRK?	e □ Other (Specify) 2ed. DESCRIBE HOW INJURY OCCURED					
TED BY	2 Accident Investigation 3 Suicide a Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. Lt					28f. LOC. City	CATION (Street end Number or Rural Route Number, or Yown, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYS	BICIAN: To the best of ER: On the beels of e	my knowledge, death	occurred at th	e time, date	end place, end due	to the cau	se(e) and menner of	es stated.	ouse(s) end menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIE		2, my			29c. LICENSE NUI	MBER	290	I. DATE SI	GNED (Month, Day, Year) -16-92		
2	30. NAME AND ADDRESS OF PERSON W				O T -	4 h d e	14.2				_	
	William P. Jon	ies, M.L	P.U.	ROX A	A PO	thian,	Md.	20711				

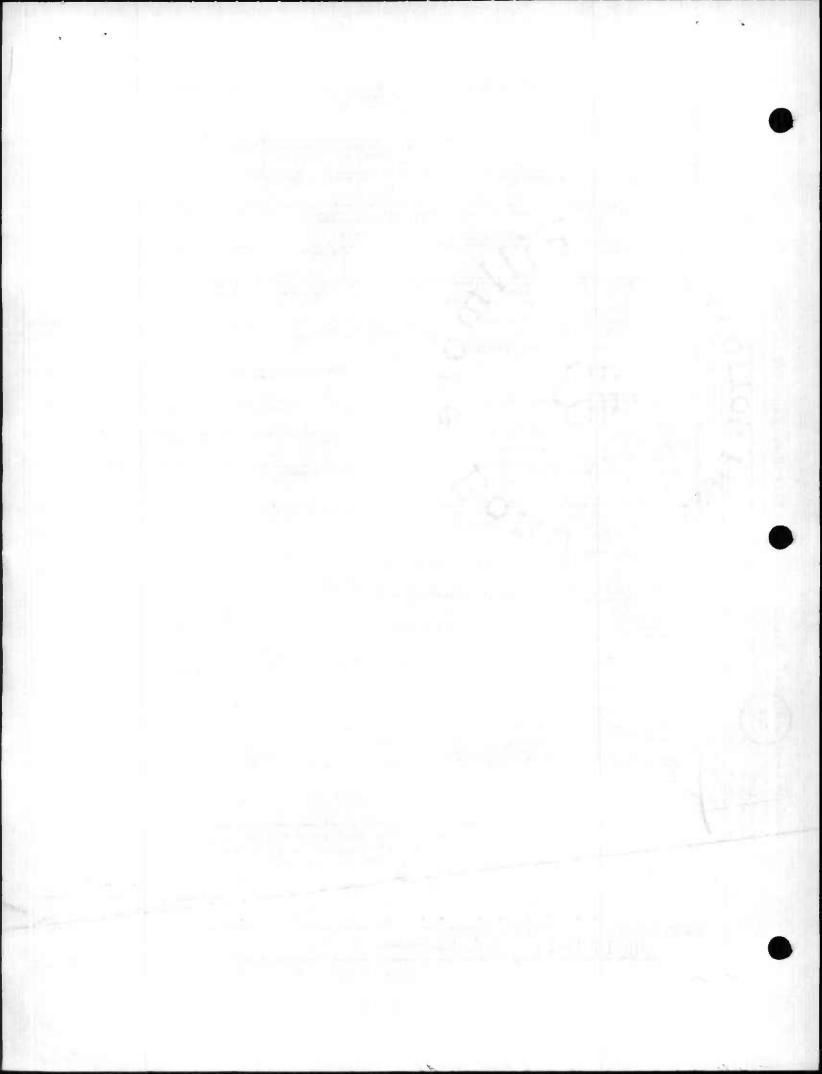
32. REGISTRAR'S SIGNATURE
GULLA DAVIDSON-Randelle



31. DATE FILEO (Month, Day, Year)

JUL 1 7

1992



FOR STATE REGISTRAR

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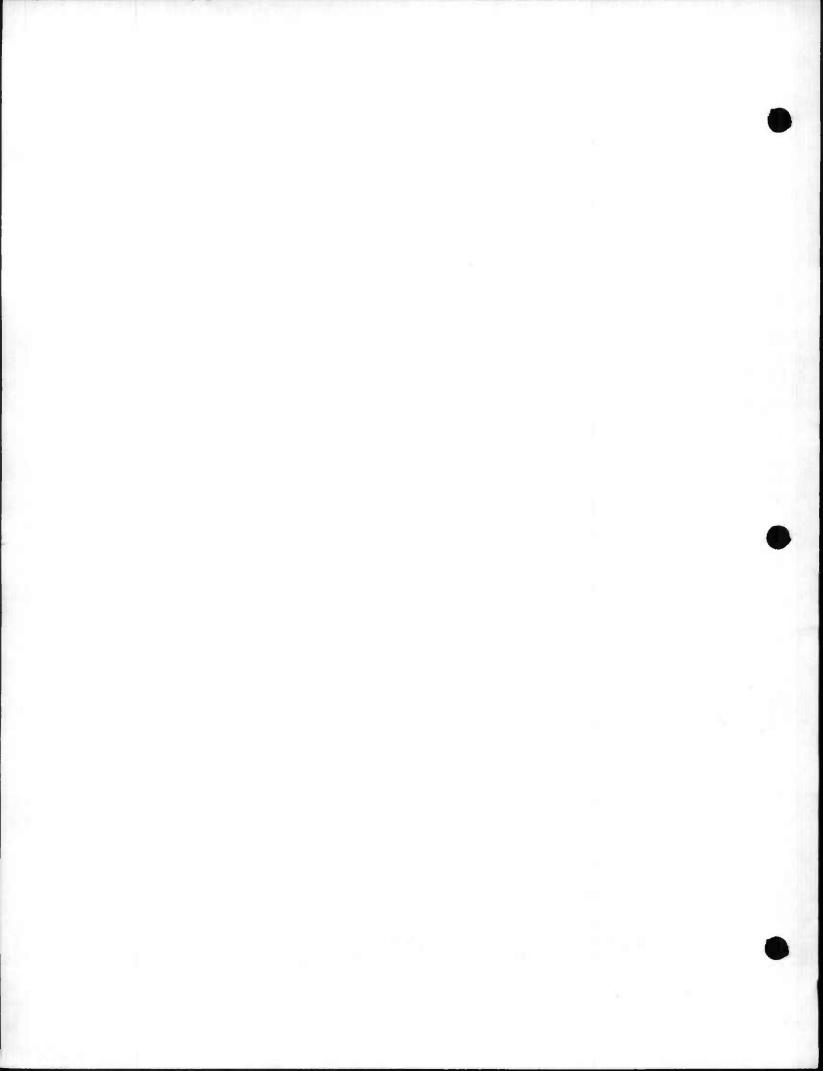
DALLIMONE, MANTLAIN	hours after death. Page 6 may be retained by the hosp	led in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.	
100 X 20 X 20 X 20 X 20 X 20 X 20 X 20 X	TO THE HOSPITAL DR ATTENDING PHYSICIAN: TW == requirement that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certification as mean compared by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the Star	IMPORTANT: If Item 28 is marked, or item 23 thou any injury, or other traumatic event, the medical examiner must be notified at once.	
	TO THE HO	TO THE FUI	IMPORTAL	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

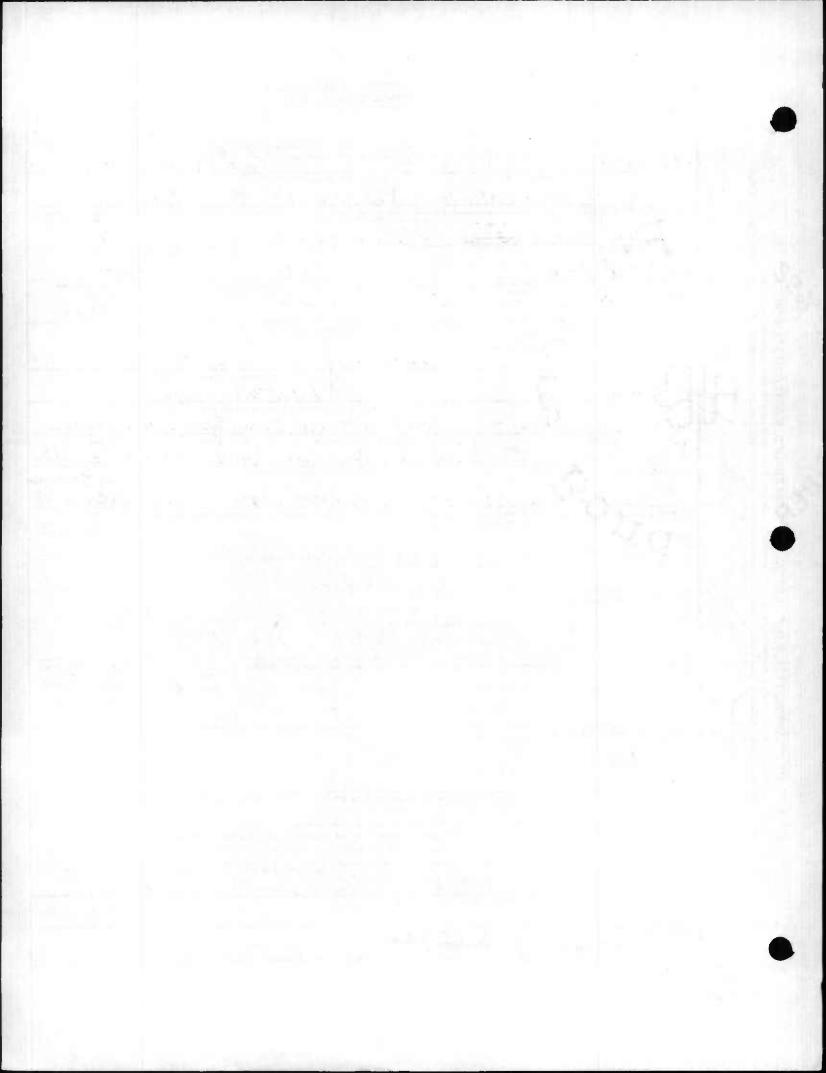
1. DECEDENT'S NAME (First, Middle, Lest) EPPA H LEAVELL, JR EPPA H LEAVELL, JR 2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH OF D										3. TIME OF DEATH				
	EPPA			AVELL,	IR .				07	10	92	5:10 P M		
1	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. la		IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRT (Month, Day, Y		8. BIRTI	HPLACE (State or Foreign		
1	578-09-833		1 ⊠ M 2 □ F	70	YRS.	MONTHS (MA	HOURS	MIN.	11/04	/21		Washington, DC		
	9a. FACILITY NAME (# not in		treet and number) EtS HOSP]	TAL CEN	ITED		WN OR LOCAT		ATH	9c. CO	PRINCE GEORGE S			
2	PKINCE	TIER		CHEVER	LI		PR	TINCE	GEURGE 3					
DIMECTO	10a. STATE	10b. COUNTY	7		10c, CITY	, TOWN OR L	OCATION					10d. INSIDE CITY		
¥	Maryland	Pri	nce Georg	re t s			age Ci	tw				LIMITS?		
- 11	10e. STREET AND NUMBER		nee dedra	50 5		0011	10f. ZIP COI			10a, C	TIZEN OF	WHAT COUNTRY?		
	4100 Cottag	oe Ter	race				207	22		1.031.01	USA			
FUNERAL	11. MARITAL STATUS	60 101.	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. WAS			HC ORIGIN? (Spec	Ify Yea or No-	_	E American Indian,		
_	1 Never Married 2 🖔	and the second second	FORCES? 1	X YES 2	NO	If yes	YES 2 NO	an, Mexica	n, Puerto Ricen, e	tc.)	Blac	k, White, etc.		
1 84	3 Widowed 4 Divo	orced	l V	WWII								" White		
3	15. DEC (Specify onl)	Sive kind of w	USUAL OCCUI	PATION a most of work	ina	16b. KIND (OF BUSINESS/II	DUSTRY						
ا ب	Elementary/Secondary (6	0-12)	College (1-4 or 5 a	·) ///	9. Do NOT use	e retired.)				D (
COMPLE	12			C.	lerk					A&P Company				
	17. FATHER'S NAME (First, M		G.						R'S NAME (First, Middle, Malden Surname)					
N N	Eppa H. Lea		Sr.		r I new drawns		_		e Berr	·		<u>_</u>		
2 ∥	Adelaide 1		ave11						Route Number, City					
	20a. METHOD OF DISPOSIT		4100 Cottage Terrace, Cottage City, Mar											
	1 X Buriel 2 - Cremetic	emetory or oth	her niece l		07/				The second second					
	4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNERA	incol	n Cem	etery	U / /	18/92	Brentw	rood,	Maryland					
Francis Gasch's Sons Funeral Home, PA									e, PA					
	23. PART Filer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximate													
	IMMEDIATE CAUSE (Find disease or condition resulting in death)										Approximate Interval Batween Onset and Death			
ERITICATION	Interval Batween Image: Cause (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):													
	PART II. Other significe	ent condition	a contributing to	death but not	reeuiting Ir	the under	lylna ceuse	oiven In	Pert I 24a W	AS AN AUTOPSY	, 241	. WERE AUTOPSY FINDINGS		
WEDICA									PI	ERFORMED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:					28. PLACE OF DEATH (Check only one)								
á	1 YES 2 NO		OTHER:	Home 5 🗆 R	esidence	6 Other (Specify)								
	27. MANNER OF DEATH	28b. TIME	OF 28c	INJURY AT		28d. DEŞCRIBE HOW INJURY OCCURED								
	1 Netural 5 2 Accident	1100			ORK? YES 2 NO									
	3 Suicide 8 4 Homicide	home, term, street, factory, office 28t. LOCATION (Street and Number or Rural Route Num City or Town, State)						Route Number,						
CIMIL			CIAN: To the best of R: On the basis of as									a) and menner as stated.		
	29b. SIGNATURE AND TITLE	OF CERTIFIER	Nayer	/				ENSE NUN				(Month, Day, Year)		
-	30. NAME AND ADDRESS OF	AR, N	COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type, 1	Print)	BR	EW1	Wood	MD	20	722		
	31. DATE FILED (Month, Day,	1992		P'S SIGNATURE C										



92 20994



1	1. DECEDENT'S NAME (First, Middle, Last)		1-1	FICATE O		2. DATE OF DEATH		3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER	MCKENA 5. SEX 6. AGE	(In yrs./last birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE OF BIRTH	4 9	2 2:0
	149-20-4972	1 🗆 M 2 🗸 F	63 YRS.	MONTHS DAY		SEPT 20	1929	WASH D
~	9a. FACILITY NAME (If not inatitution, give	street and number)	//	96. CITY, TOW	N OR LOCATION OF E	DEATH	9c. COUNT	Y OF DEATH
CTOR	WASHNGTON F	100ENTIST	HOSP	TAKO	MA PA	RIC	1401	1 tgames L
DIREC	MARY AND PER	MONTGOMERY CO.		ILVEL .				10d. INSIDE CITY
	10a. STREET AND NUMBER	043		/ Lynn	101. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	8417 11 AV	E			2090	3	1	15A
BY	11. MARYTAL STATUS 11. Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 110	If yes,	DECENDENT OF HISPA , specify Cuben Mexic YES 2 NO Speci	an, Puerto Rican, etc.	Yes or No— 1	4. RACE — American India Black, White, atc. Specify: Black
ETED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S (Give kind of life. Do NOT a	work done during	ATION most of working	16b. KIND OF	BUSINESS/INDUS	BTRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	-	CE JAL	4	Co	vt.	
COMP	17. FATHER'S NAME (First, Middle, Last)			0 111	-/-	AME (First, Middle, Me	den Surneme)	
BE (HETHUR PR	Ay			LEON	TINE	SPRIG	
2	PAUC L. Male	CHNNEY	\$41	G ADDRESS (Stre	et and Number or Rural	Route Number, City or	Town, State, Zip C	2090
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren	200	b. PLACE AND DATE	OF DISPOSITION	(Neme of	DATE 200	LOCATION - CH	ty or Town, State
	4 Donation 5 Other (Specify)		HALMON	7.1	O. PARK	7-17-92	HYATT	3ville, 11
	De la la la la la la la la la la la la la	Moto	_	/ 22. NAME	AND ADDRESS OF F	M /	411 KE	ENNERLY ST.J.
	23. PART I. Enter the diseeses, pr	complications that cause	d the death. Do	not enter the	mode of dving au	nontuney	WASH	t, Approxim
	ahock, or heart fellure. IMMEDIATE CAUSE (Final	. List only one cause on e	each line.	1	g, au	on ou danding yi	opiratory arres	Interval B
	disease or condition resulting in death)	· CA	ROLI	4-C	ARR	F S17		
	tooniting in opening					- /		i
_	Tooling in doutry	DUE TO (OR AS	A CONSEQUENCE O	of):	nlic	CHOIC	1	
LION	Sequentially list conditions,	a. C1	A CONSEQUENCE O	O GE	NIC	SHOC	(0.01
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR AS /	ARDI	O GE	NIC	SHOC	C AACT	m
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. C1	ARDI	O GE	NIC TL -	SHOC	C AACT E Z	M
CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE CO	DEP.	NIC TL - RY DI	SHOC FNF1 SEA	K AACT SE	M
CAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE CO	DEP.	NIC TC - RY DI	PER	AACT SE AN AUTOPSY FORMEDY	AVAILABLE PRIOR COMPLETION DF
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COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 5 Could not be determined. 29e. CERTIFIER (Check only)	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE CONS	OF): ACTE In the underly OTHER: 4 Nursing h AE OF 28c. JURY M 1 street, factory, or	PLACE OF DEATH (C) Nome 5 Residence INJURY AT WORKY YES 2 NO Hice	heck only one) 6 Other (Specify) 28d. DESCRIBE HO 281. LOCATION (Str. City or Town, S	W INJURY OCCUI	AMALABLE PRIOR COMPLETION DF COMPLETION DF COMPLETION DF COMPLETION DF COMPLETION DE C
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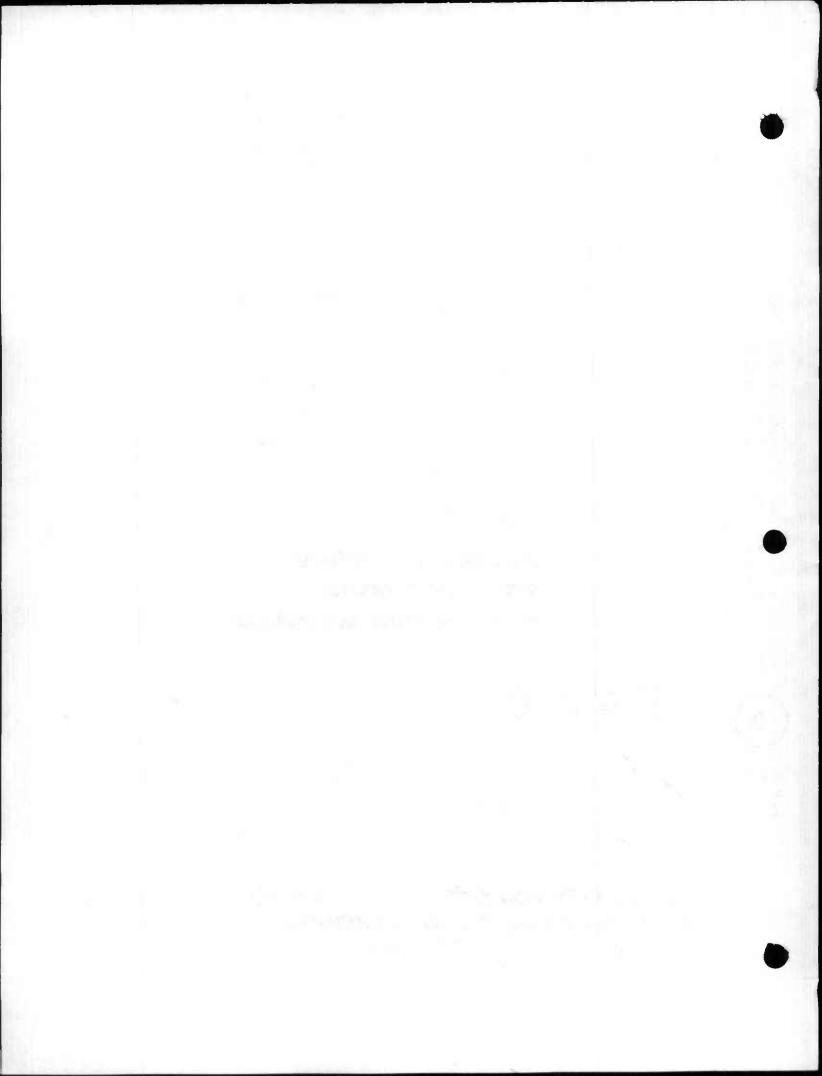
-0020	Jing physician.	ng physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should into a burial cramston, or exemption.
BALTIMORE, MARYLAND 21215-0020	ritificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	r, page 5 should be detached for use as
BALTIMO	ours after death. Page 6 r	d in by the funeral director
O. BOX 68760,	rtificate be executed within 24 n	physician and completely filled in by the

TO THE HOSPITAL OR ATTENDING PHYSICAL TO THE ABOUT THE death certificate be executed within 24 Trours after death. Page 6 may be retained by the thosp TO THE FUNERAL DIRECTOR. After this certification because the strength of physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State of the filled Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE	OF MARYLAND / DEPARTMENT OF CERTIFICATE O	F HEALTH AND MENTAL HYGIENE OF DEATH REG. NO.	
Lest)		2. DATE OF DEATH	-
senh	Montin	MONTH DAY	

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	IEALTH AND	MENTAL HYGIEI					
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH			
	James Jose	≥ph Ma	artin			07 1:	3 1992				
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	0. Bit	RTHPLACE (State or Foreign			
	182-18-9523	1 🕅 M 2 □ F 9	2 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 01/16/0(iladelphia, P			
~	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	R LOCATION OF	DEATH	9c. COUNTY O				
DIRECTOR	Carroll Manor No	ursing Home		Hyattsvi	.11e		Prince	e George's			
EC	10a. STATE 10b. COUN	TY	10c CITY	Y, TOWN OR LOCAT	TION			Tarana			
H	Maryland Prin			10d. INSIDE CITY LIMITS?							
	10e. STREET AND NUMBER	ice George's		Hyatts	ZIP CODE		Las. Occupant	1 X YES 2 NO			
FUNERAL	4922 La Salle Ro	ad		1	2078	2		F WHAT COUNTRY?			
5	11. MARITAL STATUS	12. WAS DECEOENT EVER I	IN U.S. ARMED	13. WAS DEC		ANIC ORIGIN? (Specify Ye		SA ACE American Indian,			
BY F	1 Never Married 2 Married	FORCES? 1 YES	2 XNO	If yes, sp	24 NO Spec	can, Puerto Rican, etc.)	В	lack, White, etc.			
	3 N Widowed 4 Divorced		Lag III Opol	my.	36	White					
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	16b, KIND OF BUSINESS/INDUSTRY									
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	Inte. Do NOT us								
N N	17. FATHER'S NAME (First, Middle, Last)	0	Auto Ra	diator			mployed				
	the second second second second second					AME (First, Middle, Maider	Surname)				
BE	James Grosso 19a. INFORMANT'S NAME (Type/Print)					atherine Perri					
2											
	Lydia E. Brown 200. METHOD OF DISPOSITION		13901 V	an Bure	n Street			ryland 20782			
	1 Burial 2 Commetton 3 Ren 4 Donatton 5 Other (Specify)	noval from State 20t	netary, crematory or other	F DISPOSITION (Na her place)	me of	OATE 20c. LC	792 Alexandria, Virginia				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	etropolit	an Crema	atory (07/14/92 A	lexandr	ia, Virginia			
	· 7. 6. 5	JY	0			's Sons Fu	neral Ho	ome, P.A.			
-	merc i	× /-nen	0	4739 F	altimor	e AVe. Hva	ttsville	, MD 20781			
- 1	23. PART. Enter the diseases, or shock, or heart fellura.	Complications that cause List only one cause on a	d tha death. Do n lach lina.	ot entar tha mo	de of dying, au	ch as cardiac or reap	iratory arrest,	Approximata Interval Batween			
	IMMEDIATE CAUSE (Final disease or condition	11						Onset and Death			
1	resulting in death) - aL(118651118 HEHM) FIRMULE										
	DUE TO (OR AS A CONSEQUENCE OF):										
S I	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										
¥	if any, leading to immediate cause. Enter UNDERLYING	MARTEN	THE THICK	invani	LAD NI	11-12-					
표	CAUSE (Disesse or Injury that initisted events	OUE TO (OR AS A	CONSEQUENCE OF	<i>0 </i>	MUS	EASE					
CERTIFICATION	resulting in death) LAST										
	DART II On a distillation of the	0.									
¥ I	PART II. Other aignificant condition	ns contributing to death b	ut not resulting in	tha underlying	cause given in	Part I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
ă	1111011010	WENDE				1 _ YES 2	1.14	COMPLETION DF CAUSE OF DEATH?			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence Re								1 TYES 2 NO			
Z											
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outp		26. PL	ACE OF DEATH (C	heck only one)					
₹	1 TYES 2 TYNO	8 Other (Specify)									
	1 Netural 5 Pending	Pending 28a. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK?					28d. OEŞCRIBE HOW INJURY OCCUREO				
Accident Investigation M 1 YES 2 NO											
	3 Suicide 6 Could not be 4 Homicide datarmined	building, atc. (Spec	- At nome, term, st	street, factory, offica 26f. LOCATION (Street and Number or Rural Route Number City or Town, State)							
COMPLETED	29a, CERTIFIER										
₫	(Check only CERTIFYING PHYS	ICIAN: To the best of my know	ledge, death occurred	f at the time, date	and place, and du	e to the cause(a) and mai	mer as stated.				
8		ER: On the besis of examination	n and/or investigation	, in my opinion, de	ath occured at the	lime, data and place, an	d due to the cause	e(a) and menner as stated.			
H H	296. SIGNATURE AND TITLE OF CERTIFIE	R	40		29c. LICENSE NU	MBER	29d. DATE SIGNI	ED (Morith, Day, Year)			
2	1 MINAMILIAN	rechesting			DX63	3/	· 7//2	3/92			
	30. HAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Print) ALARTA	MR. RIVA	Nullalan	20 20	nil			
		13	-/0/11		- Juliu		200	110			
	31. DATE FILED (Month, Dev. Ter) 5 19	192 32. REGISTRAD'S SIGN	widson-Rang	lell							



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rygiene prior to burial, cremation	nium or other traumatic event.
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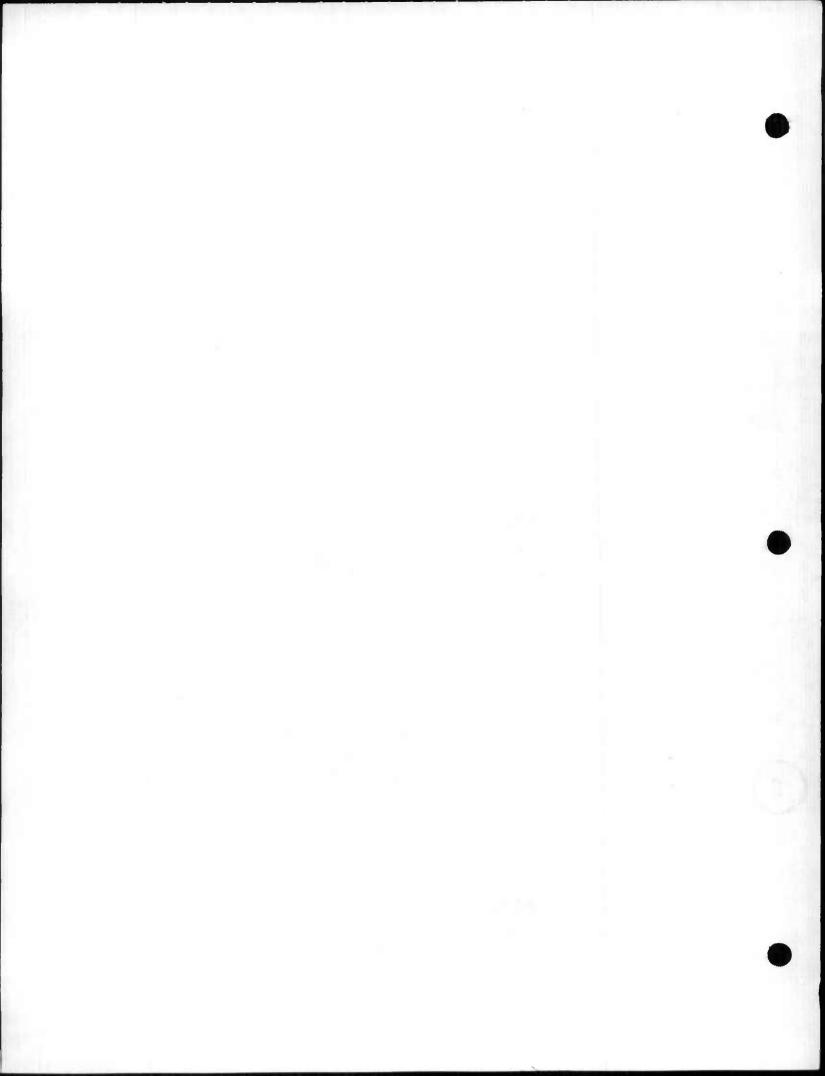
	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	ITMENT OF	HEALTH A	AND M	ENTAL HYGIENI	E - '	20391			
	1. DECEDENT'S NAME (First, Middle, Lest) BEATRICE I.		MYLES	3			2. DATE OF DEATN BA		3. TIME OF DEATH			
		SEX 8. AGE (In	yrs. lest birthday) YRS.	IF UNDER 1 YEA		MIN.	7. DATE OF BIRTIN (Month, Day, Year) 03/08/14	8	BIRTHPLACE (State or Foreign Country)			
~	9a. FACILITY NAME (If not institution, give street	and number)			N OR LOCATIO			9c. COUNT	rooklyn, NY			
DIRECTOR	Sacred Heart Nursing RESIDENCE OF DECEDENT	ng Home		Hyatt	sville			Princ	e George's			
OIRE	Maryland Prince	George's	- 1	Y, TOWN OR LO					10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER	George 5		Beltsv:	101. ZIP CODE			10g. CITIZE	1X YES 2 NO			
FUNERAL	3676 Sellman Road	. WAS DECEDENT EVER IN I	110 401150		207				USA			
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 XXIO	II yes	epecify Cuban, /ES 2 NO	, Maxican, I	ORIGIN? (Specify Yaa Puerto Rican, etc.)	or No— 14	N. BACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com Elementary/Secondary (0-12) C	apleted)	16a. DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUP. vork done during to retired.)	ATION most of working		16b. KIND OF BUS	INESS/INDUS	STRY			
MPL	12	ollege (1-4 or 5+)	Homem	aker			0wn	Home				
	17. FATHER'S NAME (First, Middle, Last) Collmar L. Dett	loff			100		(First, Middle, Maiden S Astarita	Surname)				
TO BE	19a. INFORMANT'S NAME (Type/Print)	1011	19b. MAILING	ADDRESS (Stre	Ange		ASCATICA the Number, City or Town	, State, Zip Co	ode)			
-	Thomas C. Myles 3676 Sellman Road, Beltsville, Maryland 20705 20e, METNOD OF DISPOSITION 1 K Burlai 2 Cremetton 3 Ramoval from State 20b, PLACE AND DATE of DISPOSITION (Name of cemetery, cremetery, cremetery, cremetery or other place) 20c, LOCATION — City or Town, State											
	1 X Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State 205.P	ery. crematory or of Cros	ther place)		07/1	6/92 Br					
	21. SIGNATURE OF FUNERAL SERVICE CICENS	4 (1						Home, P.A.			
-	23 PART I Fotor the diseases or some	tueno	<u> </u>	4739	Balti	more	Ave., Hyat	tsvil	le, MD 20781			
	23. PAIT I. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Pneu	mon i	7.	noda or dyin	g, such a	as cerdiac or respin	atory arres	t, Approximate interval Between Onset and Death			
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL	PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? 1 YES 2 PNO 1 YES 2 PNO 1 YES 2 PNO											
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	40/ /-		PLACE OF DEA	ATN (Check	only one)					
HYSI		Inpatient 2 ER/Outpati					Other (Specify) 6d. DESCRIBE NOW INJURY OCCUREO					
ВУ Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)		28b. TIME OF INJURY AT WORK? M 1 YES 2 NO					INJURY OCCUREO			
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — building, atc. (Specify,	A1 homa, farm, a	1arm, streat, factory, office 281. LOCATION (Stree City or Town, Ste				et and Number or Rural Route Number, te)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: 2 MEDICAL EXAMINER: On	: To the best of my knowled to the basis of examination a	ige, death occurre	d at the time, d	ita and placa, a	ind due to i	the cause(a) and mann e, data and place, and	er as stated, due to the co	ause(a) and manner as stated.			
BE (29b. SIGNATURE AND TITLE OF CERTIFIER	Co.	yering yerin	00	29c. LICEN				IGNEO (Month, Day, Ybar)			
유	30. NAME AND ADDRESS OF PERSON WHO CO				uite 4	_	001	07/	13/1992			
	Dr. Turkewitz, M.D.,	, 7500 Green	nway Cen	ter Dr	ive, G	reenb	elt, Mary	land	20770			
	JUL 1 5 1992	32. REGISTHAR'S SIGNATI	idson-Range	dell								



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IAN: MEDIC	TO BE COMPLETED BY PHYSICIAN: MEDIC	D BE COMPLI	۲		
n 23 shows any	IMPORTANT: If Item 28 is marked, or Item 23 shows any	IMPORTANT: If Iter		- 1	- 1
Dept. of Health ar	be filed within 72 hours after death with the State Dept. of Health an	be filed within 72 hou			
has been signed b	ECTOR Annum certificate	TO THE FUNERAL DIF			
he law requires that	TO THE HOSPITAL OR ATTEMPTS PHYSICAN: The law requires that	TO THE HOSPITAL OR			

	FOR STATE REGISTRAR	STATE OF	MARYLAN	D / DEPAR CERTIF	RTMENT (OF I	ALTH	AND I	MENT			E	(20330
	1. DECEDENT'S NAME (First, Middle,	Last)		OLITIII	ICATE	OF L	JEA		I a par	RE OF DI	G. NO			
	Virginia 4. SOCIAL SECURITY NUMBER	Evon	Miller						0 7	HTH		AY	1992	3. TIME OF DEATH 6:00 am M
	217-32-7656	5. SEX	6. AGE (In yr.	s. last birthday) YRS.	IF UNDER 1 Y		IF UNDER	24 HRS. MIN.	(Mo	oth, Day,	Year)		Count	
	9a. FACILITY NAME (If not Institution,	give street and number)			9b. CITY, TO	NWN OR	LOCATI	ON OF DE	2	18	15	37	Nort	h Carolina
OR	5016 Lexington				Belts			ON OF DE	EAIN					George's
בַּ	RESIDENCE OF DECEDEN											1		
DIRECTOR		ince George	15		y, town on i		H							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			1201	COVII	_	IP CODE	E				10g, CIT	IZEN OF	1 X YES 2 NO
FUNERAL	5016 Lexington Avenue					20	705					U.S.		
5	11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married FORCES? 1 ☐ YES 2 ☑ NO				13. WAS	DECEN	DENT O	F HISPAN	IIC ORIG	IN? (Spe	city Yes	or No-	14. RAC	E — American Indian,
B	3 Widowed 4 Divorced	IF YES, GIVE		1 🗆	YES 2	₩ NO	Specify	ri, Puerit	o mican,	etc.)		Spec	offy:	
03	15. DECEDENT'S	EDUCATION	16a	DECEDENT'S	USUAL OCCU	PATION			16	Sh. KIND	OF BUS	SINESS/IN	DUSTRY	White
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)								5001111						
COMPL	10th Grade		Н	ousewi	fe					Own	Hon	ne		
	17. FATHER'S NAME (First, Middle, Last) RUSSell Birdsong					1		HER'S NA		, Middle,	Maiden	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	Birdsong		10h MAN INC	ADDRESS (SI			Will			lay	K	eate	r
5	Guy Richard Mil													00705
	20a. METHOD OF DISPOSITION 1 Duriel 2 Toronation 3 D		20b. PLA	CEAND DATE	Lexing	M (Alama	not.					CATION	A4	
	4 Donation 5 Other (Specify) Metropolitan Crematory							y 7	/15	197	A1e	vand	ria	Virginia
	21, SIGNATURE OF FUNERAL SERVICE	CE LICENSEE		1	Fran	AE AND	ADDRES	S OF FAC	S S	ons	Fur	eral	Hom	ne, P.A.
	Jack	Hoten	ene	21	4739	Ba	lti	more	Av	e.,E	Iyat	tsvi	11e,	MD 20781
	23. PART . Enter the diseases, shock, or heart fell IMMEDIATE CAUSE (Finel disease or condition resulting in death)	or complications the ure. Liet only one ceu	t caused the	une.	da	mode	of dyle	ng, such	ae ce	rdlac o	reepl	ratory ar	reat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
ا بـ	PART II. Other significant cond	Itions contributing to	death but no	Dt reaulting i	n the under	lying c	ause g	iven in i	Part I.	24a. V	VAS AN	AUTOPSY	24b.	. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in								PERFORMED? 1 YES 2 TO O OF DEATH				AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				2	8. PLAC	E OF DE	ATH (Che	ck only o	ne)		-		
YSI	1 YES 2 NO	HOSPITAL: 1 Inpetient 2	ER/Outpatient	3 🗆 DOA	OTHER:	Home !	5 🗆 Rea	ildence (8 Other (Specify)					
	27. MANNER OF DEATH Netural 5 Pending	28a. DATE OF (Month, D			Bb. TIME OF 28c. INJURY AT WORK?				28d. DESCRIBE HOW INJURY OCCURED					
BY	Accident Investigat	M 1 TES 2 NO			28LLOCATION (Section 1)									
TED	3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — Al home, larm, street, factory, office building, atc. (Specify)								281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING P	HYSICIAN: To the best of MINER: On the bests of a	my knowledge, camination and	death occurre	d st lhe time, n, in my opinio	data and	d placa,	and dua t	to the ca	ruse(s) a	nd man	ner aa stat I dua lo th	ed. e ceuse(a) and manner as stated,
ш	29b. SIGNATURE AND TITLE OF CERT	IFIER				29	c. LICE	NSE NUMI	BER			29d. DATI	E SIGNED	(Month, Day, Year)
TO B	ferens .	Cott man					DI	1711	62	-				/1992
	Dr. Linda Whitb					Uppe				-	D.	2077	2	
	31. DATE FILED (Month Day Year)	22 REGISTRA				- PP	- L		0010	, 11	J	2011		
	JOE TO IS	392 Julia	r mandaga	An-Marian										





DHMH-16 Rev 1/89

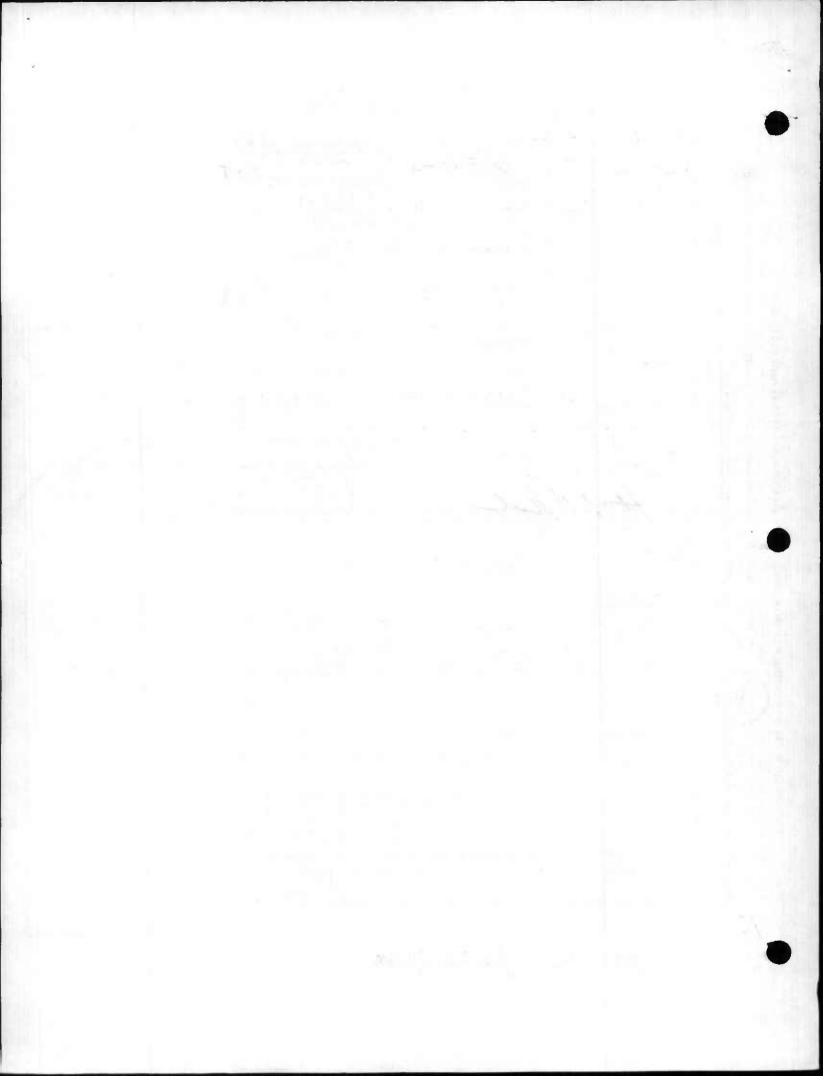
FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

	1. DECEDENT'S NAME (First, Middle, Last)	MARJORIE	D. MC	DOUGALL		2. DATE OF DE	Y 67, 19	gen a	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 DE SEX 1 M 2 DE SEX 1 M 2 DE SEX 1 M 2 DE SEX 1 M 2 DE SEX 1 M 2 DE SEX 1 MONTHS 1 MONTH										
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. COUNT	RNURSINGI		HYA	TTSUK			NCE C	GREES		
	MARYLAND 104. STREET AND NUMBER	P.G.		E CITY, TOWN OR LOCA HYATTSVILI			10a CITI		10d. INSIDE CITY LIMITS? 1 YES 2 NO HAT COUNTRY?		
FUNERAL	4922 LaSALLE ROA	D 12. WAS DECEDENT EVER IN	UII O ADMED		207		u.	SF	+ .		
D BY FL	1 Never Married 2 Married 3 XWildowed 4 Divorced	FORCES? 1 YES	2 4NO	If yes, s	CENDENT OF HISPAN specify Cuben, Mexica S 2 NO Specify	n, Puerto Rican,	etc.)	Black, Specify	— American Indian, White, etc. :: ACK		
ETE	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th		(Give kin	INT'S USUAL OCCUPAT Id of work done during in IOT use retired.) HOMEMAKEI	nost of working	16b, KIND	OF BUSINESS/IND				
BE COMPL		-100 JOH	IN SUT	ION	18. MOTHER'S NA			MARY 1	WILSON		
2	DOLORES D. PARME	S (DAUGHTER)	19b. MAI 1703	ILING ADDRESS (Street 3 Mt. PISC	and Number or Rural I	Poute Number, City #22: SI	y or Town, State, Zip LVER SPF	Code) RING,	MD. 2090		
	20e METHOD OF DISPOSITION 1 43 duriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of competery, cremetory, or other place) DATE 20c. LOCATIO								n, Stata MARYLAND		
	23. PART Enter the diseases, or shock or heart falling	FUNERAL, N.W.;	WDC	, INC. 20011							
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in dasth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	e Chibre or Due TO 1011 AS A global	CONSEQUENCE CONSEQUENCE CONSEQUENCE	n on:	el Acco				Interval Betwee		
N: MEDICAL	PART II. Other significant condition	s contilbuting to deeth bu	ut not resulti	Ing in the underlylr	ng ceuse given in		MAS AN AUTOPSY PERFORMED? YES 2 12 NO	0	WERE AUTOPSY FINDING WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
ву Рну	1 Inpatient 2 ER/Oulpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 4 Netural 5 Pending Investigation										
LETED	2 According 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 28a. PLACE OF INJURY — At home, ferm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Rown, State)										
COMPL	2 MEDICAL EXAMINE	CIAN: To the best of my knowle R: On the basis of examination	and/or investig	curred at the time, date gation, in my opinion, o	e and place, and due death occured at the	to the cause(a) a lime, data and pi	nd manner as state acs, and due to the	od. o cause(a) e	and menner es stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Cherce	W) (Tree Orter	29c. LICENSE NUM	439	29d. DATE	SIGNED (A	Aonth, Day, Year)		
	T. CARREND 1 31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ew A	ace 15he	oe ave 1	YE W	askengi	ton -	D< 20011		
	JUL 1 4 199	2 Julia Davi	dron-Ra	ndell					DHA!! 40 F		
									DHMH-		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Information of each certificate be executed TO THE FUNERAL DIRECTOR: After this certificate has been some or the attending physician and come be filed within 22 hours after death with the State Depth of Hearth of Mental Hygiene prior to burial be filed within 22 hours after death with the State Depth of Hearth of Mental Hygiene prior to burial

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
	ECEDENT'S NAME (First, Middle, Lest)	30	A	الم الم	2. DATE OF OEATH		3. TIME OF DEATH	
	Joseph Robert M	IIITEL -	EPH KI	TILLER	July 1	1 190	12 1215 PM	
	(A.C. 1 a.1 On10)	8. AGE (In yrs. Ia		EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution, give street			OWN OR LOCATION OF C	1126	9c. COUNTY	MASS	
OR	Kimbrough ARmy	,			ZEATH		ARundel	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY							
DIR	MD Ann	o Arunda		and de	^		10d. INSIDE CITY LIMITS?	
AL	100. STREET AND NUMBER			101, ZIP CODE		10g. CITIZEN	1 YES 2 NO	
FUNERAL	504 KITA	DRIVE		2111	3	1	15	
	11. MARITAL STATUS 1 Never Married 2 Married	2. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2	100 100	DECENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No 14.	RACE - American Indian, Black, Whita, atc.	
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	10	YES 2 NO Speci	ty:		Specify:	
TED	15. DECEDENT'S EDUCAT (Specify only highest grade co.	mpleted) (G	ECEDENT'S USUAL OCCI	IPATION na most of working	16b. KIND OF BUS	SINESS/INDUST	RY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	DO NOT use retired.)		IIC A	2000 - 1		
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Childi	TRATION	US A			
BE C	Joseph R Miller Sr Jennie M. Gardner							
70	19a. INFORMANT'S NAME (Type/Print)	100 11 19	b. MAILING ADDRESS (S	treet and Number or Rural	Route Number, City or Town	n, State, Zip Coo	(e) 5	
	MODEL TO	Truller	1405	OCKIN		Bowl	E MD 20720	
	20g: METHOO OF DISPOSITION 1 Surial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	I trom Stata 20b. PLACE,	AND DATE OF DISPOSITION OF THE PROPERTY OF OTHER PROPERTY OF THE PROPERTY OF T	N/Name of ional Cer		urel,	or Town, Stata MD	
	21. SIGNATURE OF BUNERAL SERVICE LICEN	SEE						
	22. NAME AND ADDRESS OF FACILITY Hardesty Funeral Home, P.A. 12 Ridgely Avenue, Annapolis, MD							
	23. PART I. Enter the diseases, or com	nplications that caused the de t only one cause on each line	ath Do not enter the	mode of dying, aud	ch as cardiac or reapi	ratory arreat,	Approximate	
	IMMEDIATE CAUSE (Final disease or condition)							
	resulting in death) a. Has there of kend and the Hyper clerky 78 mg.							
z	of the probable							
일	Sequantially list conditiona, if any, leading to immediate	OUE TO OR AS A CONSEC	OUENCE OF):	1 January	at the same	000		
FICA	CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):							
FR	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d.							
1 - 1	PART II. Other aignificant conditions of	Ontributing to death but not a	requiring in the under	fula a causa di una f				
ICAL		Mulo. C. a		lying cause given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MED	COPD 10							
SIC!		OSPITAL:	OTHER:	8. PLACE OF DEATH (Ch	eck only one)			
PHYSICIAN:	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 28s. DATE OF INJURY	28b. TIME OF 28d	Home S Regidence	8 Other (Specify) 28d, DESCRIBE HOW IN	IIIBY OCCUBE		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	WORK? YES 2 NO	200. DESCRIBE HOW IN	JUNY OCCUME		
ED E	3 Suicide 8 Could not be	28a. PLACE OF INJURY At hor building, atc. (Specify)	ma, term, street, factory,	office	28t. LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,	
E I	10. PERTIFICA							
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dus to the cause(a) and manner as stated.							
	29b. SIGNATURE AND TITLE OF CERTIFIER	the basis of aximination and/or i	nvestigation, in my opini					
BE	Sur Rouse W	- L. as 1.	· · hal	29c. LICENSE NUN	ABER	29d. DATE SIG	NEO (Month, Day, Year)	
일	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETEO CAUSE OF DEATH (ITEN	C- 11	510122	1	Here	411776	
	31. DATE FILED (Month, Day, Year)	my Commun	ty Hospil	al, HMea	du, Ma	uja	ud.	
	JUL 1 4 1992	32. REGISTRAR'S SIGNATURE	and the same					

the state of the s